#### NOTIFICATION OF ASBESTOS ABATEMENT MO#24499206731 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 09 11 / 17 Brian Whitmer Agencies Notified Type Notification Street Address **⊠** EPA X Initial **⊠** DOLWD Amended City, State, Zip Code ASLES, US CONTROL & X DHSS Amendment # Summit, NJ 07901 LICENSING ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Cancellation Brian Whitmer **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 Summit, NJ 07901 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Union Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 20 / 17 10 / 12 / 17 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_PM/ PM\_ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 lf > 160 sf or >260 lf Renovation Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Demolition Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Used Solely by 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) N/A Yes No $\times$ X 1st floor-back bedroom&front bedroom Wall & ceiling plaster 948 SF П X 478 SF X 1st floor-living room Wall & ceiling plaster X X 2nd floor-kitchen VAT floor tiles 192 SF X 528 SF 2nd floor-living room Wall & ceiling plaster NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Name of Registered Waste Hauler Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State City, State Disposal Date Wayne, NJ 07470 TBD Tullytown, PA Date Completed By (Print or Type) Title Signature ente wenad 09/11/17 N.Jevtic Owner ASB-41

State of New Jersey

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

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

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City, State, Zip Code						369 City, State, Zip	Code					_
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Project Manager for Mon	itoring Firm		Tele	ephone	Telephone No. 856 71	9-0472	License No.	444			_	
Start Date (10) 9-18-17	Sch	eduled (	Comple	tion Da	ate (11)	Name of OSHA	Monitor N /	A				_
Occupancy Status During						Street Address						
Facility Closed/Vacate Abatement Performed	ed During Entire F Outside of Norm	eriod of al Facili	Abate ty Hou	ment rs		City, State, Zip (	Code					=
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### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 09 17 Marc Bamonte Agencies Notified Type Notification Street Address **⊠** EPA . US CONTHOL & **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DOH Amendment # Howell, NJ 07731 ☐ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Marc Bamonte **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Point Pleasant 800 sf 1 65 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Ocean Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A Guardian Contracting, Inc. Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 732-349-9932 00624 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09 / 22 / 17 09 / 25 / 17 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_\_AM-\_\_\_PM/ PM-\_\_AM Piscataway, New Jersey 08854 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf □ Demolition ☐ Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Remova Encapsulate Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A exterior $\boxtimes$ asbestos siding M 800 sf П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Guardian Contracting, Inc. T.R.R.F. 20223 3 City, State Disposal Date City, State Toms River, New Jersey 09/26/17 Tullytown, Pennsylvania Completed By (Print or Type) Title Signature Date Nicholas Fernicola Project Manager



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



Date of Notification (1)					Name	of Building	Own	er/Operator (2	2)	Ī	portion - Term	Arm p	din o	-	710
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Agencies Notified	Type Notificat	ion			Street	Address				Dest	1531				
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□ DCA	☐ Emergenc		ding			s River,		8753		P P T La vie	* *	4			
(NJAC 5:23-8)	justification	n)				of Contact				E CONTRACTOR DE	Telephone Num	ber or	11211	OL	8
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Name of Facility Where A	Abatement is Ta	aking P	lace (3	)					1 5	pe of Facility (4 School (K-12)					
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City (5)		-							Sq	quare Feet	# of Floors	Bld	g. Ag	е	
Toms River										1000 sf	1	6	5		
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Name of Monitoring Firm	Hired by Buildi	ng Owi	ner (8)	A	ASCM I	No.	Nam	ne of Abateme	ent (	Contractor (9)					
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Street Address							Stre	et Address							
		nation and the second						889 Route 9		01 65					
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Project Manager for Mon	itoring Firm			Tele	phone I	No.		phone No.			License No.				
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Start Date (10) 09 / 21 /	No. of Contracts				ion Dat /			ne of OSHA M . <b>M.S.L. Ana</b>							
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Scope of Work (Check al	I that apply)							□ Full Con	toin	ment with Neg	etivo Proceuro				
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Guardian Contracti	ing, Inc.			H	lauler II 20223		Was			T.R.R.F.					
City, State	***************************************						_	osal Date	1	City, State					
Toms River, New J	ersey						09	9/25/17		Tullytown,	Pennsylvania		7		
Completed By (Print or T	ype)	Title	-					Signature			1 110	ate	1	1	
Nicholas Fernicola		Pro	Project Manager 9/1									1/1	1	٦	

Completed by (Print or Type)

BENJAMIN SANCHEZ

UC#31278		NO	TIFIC,	ATION O	e of New Jersey F ASBESTOS JAC 8:60-7 and	ABA	TEMEI 120-7)	NT	PA	III			
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Date of Notification (1)				1	MERCK SHARI	P & [	OOHME	CORP.	IN F	PI	3 1	W	B ľ
9 / 8 /17				3	Street Address				111115	<u> </u> n !		///	
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MERCK SHARP & DOHME CORPORAT	ION								ter 8 (Other tha				
Street Address	-								private & com				
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Street Address							_	Address					
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City, State, Zip Code								State, Zip					
SPARTA, NE	N JER								W YORK 1090	)1			
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH	-	┪		e Numbe	er			none Num	nber I	_icense	Numb	er	
Expected State Date (10)	Ic-I		-729-					69-7500		1101			
9 / 22 /17	Sch		ompi 2 /	etion Da	ite (11) 30 /17			of OSHA					
Month Day Year		onth		Day		ar	AWER	ISCI LAB	ORATORIES	INC	#	11480	)
Occupancy Status During Abatement (Che	eck on	ly one	9)				Street	Address					
X Facility Closed/Vacated During Abatement Performed Outside X Other - Describe: MONDA'	of Nor	mal F	acility	Hours -	nt Describe:		117 000-0000		H STREET	_			
		,,,,,	7 1101-2	2.50 T W			City, S	State, Zip	code V YORK, NEW	/ VODI	C 10016		
Scope of Work (Check all that apply)					Full C	ontai	ı inment		ative Pressure		10016	)	
Demolition X	Ren	ovatio	on		Mini E			0					
>3SF OR LF X >160 SF OR 260 LF							Proced						
X >160 SF OR 260 LF Location of	Τ.	1.000000				_	e Proce	edure					
Asbestos-containing	The second second	Loca	tion used	1	Description o Containing Ma			Λ.			Abaten		
Material (ACM)		olely			(ie. Therma			,	Amount (Specify	l R	유	E	EN
TO BE ABATED			stodia		insulation, sur				SF or LF)	REMOVAL	REPAIR	A	150
in Facility (13)		taff (	_	-	or other misc	cellar	neous)		9000 20000000°	P	1~	ENCAPSULE	ENCLOSURE
	Yes	No	N/A									m	R
1ST FLOOR-THROUGHOUT			X	VAT/MA	STIC				165 SF	X			
2ND FLOOR-THROUGHOUT			X	VAT/MA	STIC				300 SF	X			
3RD FLOOR-THROUGHOUT			X	VAT/MA	STIC				240 SF	X			
4TH FLOOR-THROUGHOUT			X	VAT/MA					75 SF	X	_	1	
									70 01	1^	+-		$\vdash$
										_	+-	-	
							11140.6					-	$\vdash$
Name of Registered Waste Hauler	N.IDE	EP W	aste	Cubic V	ards of Waste	- 1	Nama	of Boolet	rod Landell				
FREEHOLD CARTAGE, INC.	100000000000000000000000000000000000000	er ID		Judio 18	40				ered Landfill UNTY RESOU	RCE M	ΙΔΝΙΔΟ		IT OF
825 HIGHWAY 33	0.0030011300	15939							R DRIVE/ROL			CIVICIN	II SE
City, State	-			Disposal	Date		City, St			12 10			-
FREEHOLD, NEW JERSEY				9/22-12/3	30/17				, PA 17752		,	/	

Signature

DIRECTOR OF OPERATIONS

Date 6

### NO CK.

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

1/11/1 ( )	(Pu	rsuant	t to N.	JAC 8:60	J-7 and 12.120-	()					- C-
100 Ore				Name of	of Building Ow RUSTEES OF S	mer/Operator (2) STEVENS INSTITUTE	AF OF TECHNO	LOGY	$\mathbb{V}$		
Date of Notification (1)				Street	Address		31			1	
1				CASTL	E POINT ON H	IUDSON	III ern	-A-	2017		
Agencies Notice				City, S	tate, Zip Code		TI DEL	1 4 1	CULI	1	-
EPA X Initial Notification DEP Amended Notification	ition			ново	KEN, NEW JEF	RSEY 07030	The state of		and the second	1	
X DOL Cancellation				-	( Ota et		plantand Niverban	THE ST	THE	IL &	
On Hold		× T10	N.F		of Contact FERNANDEZ					The Assessment of the State of	-
DCA EMERGENCY N	OTIFIC			Participant of the Control of the Co	RMATION						
Taking P	ace /3		ACILI	I I INFC	KWATION	Type of Facility (	4)				
Name of Facility Where Abatement is Taking P	acc (c	,				School (K-12	2)	2)			
STEVENS INSTITUTE OF TECHNOLOGY - LIEB	BUIL	DING				Subchapter Other (ie. pr	8 (Other than K-1 ivate & commcl. b	oldas.,	home	s, etc.	.)
STEVENS INCTITE . I .						X Other (ie. pr Square Feet	# of Floors	Е	Bldg. A	ge	
Street Address						11.249	3		100		_
531 HUDSON STREET  City (5)   County (6)			T		ty Code (7)	Current Use (Prio	r if being demolis	hed) F	harm.	Lab.	
HUDSON				(STATE	USE ONLY)	COLLEGE/UNIVE	ent Contractor (	9)			
Name of Monitoring Firm Hired by Building Ov	vner (	3)			ASCM No. 99	PAR FNVIRONN	ENTAL CORPOR	RATIO	N		
LANGAN ENGINEERING					99	Street Address					
Street Address						313 SPOOK RO					
300 KIMBALL DRIVE						City, State, Zip C SUFFERN, NEW	ode / VORK 10901				
City, State, Zip Code PARSIPPANY, NEW	JERSE	Y 07	054			Telephone Numb		se Nu	mber		
Project Manager for Monitoring Firm				umber		845-369-7500	1101				
VIJAY PATEL		01-398		on Date	(11)	Name of OSHA	Monitor				
Expected State Date (10)	cheu	7 /	picti	15	/18	QUALITY ENVI	RONMENTL				
Manth Day Year	Mont			Day	Year	Street Address					
Check on	ly one	) d of A	haten	nent		1376 ROUTE 9					
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	FEILO	u oi n	Hours	s - Desci	ribe:		0.1			_	
X Other - Describe: MONDAY-FRI	DAY 7	AM-3:	30 PN	И		City, State, Zip	Code PINGERS FALLS	S, NY 1	2590		
					X Full Con	I stainment with Neg	ative Pressure				
Scope of Work (Check all that apply)	Renov	ation			Mini-En	clo,	Wra	p and	Cut		
Demolition X	1,0110				X Gloveba	ag Procedure					
× >160 SF OR 260 LF					Description of	able Procedure		Al	atem	ent Ty	уре
Location of	Is L	ocationally us	on sed		Containing Mate	erial (ACM)	Amount	쮸	REPAIR	EN	EN
Asbestos-containing Material (ACM)		lely b			(ie. Thermal	systems	(Specify SF or LF)	NO.	All	CAF	15
TO BE ABATED	Maint				insulation, surfa	acing, VAI,	31 01 21)	A	12	SUI	NCLOSURE
in Facility (13)	Yes	aff (12	2) N/A		or other misce	and recode /			-	m	m
	165	-	_	PIPE IN	SULATION		45 LF	X	-	_	+
1ST FLOOR ROOM 120 & 122 HALL	-	-	×	PIPE FI			50 LF	X		-	+
1ST FLOOR ROOM 103, 122, 120	-		×	VAT			730 SF	X	-		+
1 ST FL ACTIVE SENSING LAB & HALL	-		_	MIRRO	R GLUE		20 SF	X		-	+
1ST FLOOR BATHROOMS	+-		X		BOARD GLUE		60 SF	X		_	1
1ST FLOOR ROOM 122	+-				SULATION/ FI		550 LF	X			1
1ST FLOOR THROUGHOUT CCC	-		X		SULATION/ FI		550 LF	X			1
2ND FLOOR THROUGHOUT CONCEALED	-	-	X	-			20 SF	×			1
2ND FLOOR BATHROOMS	-	-	X		R GLUE		4,800 SF	X			
3RD FLOOR THROUGHOUT		-	X	VAT	HOLIL ATION!/ EI	ITTINGS	250 LF	X			
3RD FLOOR THROUGHOUT CONCEALED	-	-	X	-	NSULATION/ FI	111111111111111111111111111111111111111	20 LF	X			
3RD FLOOR BATHROOMS	-	-	X	+	OR GLUE		50 SF	X			
EXTERIOR - 1ST FLOOR		-	X	-	DW CAULK		57 SF	×			
EXTERIOR - 2ND FLOOR		-	X	_	OW CAULK		57 SF	×			
EXTERIOR -3RD FLOOR	1		X	IMMIDO	OW CAULK		101 01	1		_	_

			X	BUILT U	P ROOFING		6,000 SF	X		+
EXTERIOR ROOF  Name of Registered Waste Hauler  NEWARK CARTING			P Waste er ID No. 913	-	ards of Waste 160	Name of Reg GRAND CEI	gistered Landfill NTRAL SANITAR	Y LANDFI	LL	
369 RAYMOND BLVD City, State NEWARK, NEW JERSEY 07105				Disposa 7/24/17-		City, State	TOWNSHIP PA	Date /	7/	17
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIREC	TOR C	F OPERA	ATIONS	Signature	5//		1/	7/1	1,-

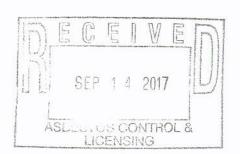


## NO CK

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

- ILU CIC	(P	ursuam to					) Parties and			0 0	17 5	Silverini .
<del>,</del> .			THE T	RUSTE	ES OF	vner/Operator (2 STEVENS INSTI	TUTE OF TE	CHROL	GY		y l	Ellin
Qate of Notification (1)				Addres			112	- the residence		-	r of man	
7 / 21 /17 Agencies Notified Type Notification						HUDSON	And the second s	000	4 8	0.0	047	
igeniaes results	in.		City, S	State, Zi	o Code			ULI	1 4	21	]]/	Janes Janes
EPA Initial Notification DEP x Amended Notification		#1	ново	OKEN, N	EW JEF	RSEY 07030						
X DOL Cancellation			Nina	of Cont	oot		Telenhone N	TRANS			HOL	. Ši
X DOH X On Hold EMERGENCY	NOTIF	ICATION		D FERN					NIG	11/10		named and district
DCA EMERGENCY	NOTH		ILITY INFO	ORMAT	ON	,						
Name of Facility Where Abatement is Taking	Place (		ILIT I II VI	01000		Type of Facility						
						School (K-		n V 12)				
STEVENS INSTITUTE OF TECHNOLOGY - LIE	B BUIL	DING				X Other (ie. p	r 8 (Other that private & com	mcl. bldg	gs., h	ome	es, etc	;.)
~						Square Feet		s	BI	dg. A	Age	
Street Address 531 HUDSON STREET						11,249	3			100		
City (5) County (6)				ty Code		Current Use (Pri	or if being de	emolished	d) Pr	narm	. Lab.	
HOBOKEN HUDSON	(1)		(STATE			COLLEGE/UNI\ Name of Abate		ctor (9)				$\neg$
Name of Monitoring Firm Hired by Building C	)wner	(8)			M No. 99	PAR ENVIRON	MENTAL CO	RPORA	TION			
LANGAN ENGINEERING						Street Address						
Street Address 300 KIMBALL DRIVE						313 SPOOK RO						
City State Zin Code						City, State, Zip SUFFERN, NEV	Code N YORK 109	01				
PARSIPPANY, NEW		EY 07054 elephone				Telephone Num		License	Num	ber		
Project Manager for Monitoring Firm		01-398-4				845-369-7500		1101				
VIJAY PATEL  Expected State Date (10)	100		tion Date	(11)		Name of OSHA	Monitor					
7 / 24 17		7 /	15		8 Year	QUALITY ENV	RONMENTL					
Month Day Year	Mon		Day		Teal	Street Address						
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Entire	e Perio	od of Abat	ement			1376 ROUTE 9						
Abatement Performed Outside of No	ormal F	acility Ho	ırs - Descr	ribe:		O'the Chata Zin	Codo					
X Other - Describe: MONDAY-FR	IDAY 7	'AM-3:30	PM			City, State, Zip WAI	PPINGERS F	ALLS, N	Y 12	590		
Scope of Work (Check all that apply)				X	ull Cont	tainment with Neg		re				
Demolition X	Renov	vation			∕lini-Enc			Wrap a	na C	ut		
>3SF OR LF						g Procedure able Procedure						
× >160 SF OR 260 LF	I le l	ocation				Asbestos-			Aba	tem	ent Ty	
Location of Asbestos-containing		ally used		Containi	ng Mate	rial (ACM)	Amou			REPAIR	ENC	ENC
Material (ACM)	15	lely by			nermal s	systems cing, VAT,	(Speci	- 10	3	AIF	ΆP	NCLOSURE
TO BE ABATED		t/Custodia aff (12)	1	or othe	n, suriac r miscel	llaneous)		1	2	~	SUL	SUF
in Facility (13)	Yes		1					_			m	m
1ST FLOOR ROOM 120 & 122 HALL		X	PIPE INS	SULATIO	ON		45 LF	×		_	-	
1ST FLOOR ROOM 103, 122, 120		×	PIPE FIT	TINGS			50 LF	×				$\vdash$
1 ST FL ACTIVE SENSING LAB & HALL		X	VAT				730 SF	>			-	-
		X	MIRROF	R GLUE			20 SF	>	(		_	$\vdash$
1ST FLOOR BATHROOMS	1	×	CHALK	BOARD	GLUE		60 SF	)	<			
1ST FLOOR ROOM 122		×	PIPE IN			TINGS	550 LF	)	<		_	
1ST FLOOR THROUGHOUT CCC		X	PIPE IN				550 LF		X			
2ND FLOOR THROUGHOUT CONCEALED	+-	X	MIRROF				20 SF		X			
2ND FLOOR BATHROOMS	-	X	VAT				4,800 SF		X			
3RD FLOOR THROUGHOUT	+-	X	PIPE IN	ISUI ATI	ON/ FIT	TINGS	250 LF		X			
3RD FLOOR THROUGHOUT CONCEALED		X	MIRRO		1 (0)-1		20 LF		X			
3RD FLOOR BATHROOMS	-	+	-	W CAU			50 SF		X			
EXTERIOR - 1ST FLOOR	-	X		W CAU			57 SF		X			
EXTERIOR - 2ND FLOOR	-	X					57 SF		X			
EXTERIOR -3RD FLOOR		X	IMMDO	W CAU	LN		15. 5.					

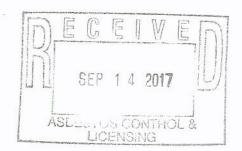
500 - 300E			×	BUILT UP ROOFING		6,000 SF	X
EXTERIOR ROOF Name of Registered Waste Hauler NETVARK CARTING 369 RAYMOND BLVD		Haule	P Waste r ID No. 913	Cubic Yards of Waste 160		gistered Landfill NTRAL SANITAR	Y LANDFILL
City, State NEWARK, NEW JERSEY 07105				Disposal Date 7/24/17-7/15/18	City, State	TOWNSHIP PA	: /
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIREC	TOR OF	OPERA	TIONS Signature	XXX		Date 7 / 21//



State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) THE TRUSTEES OF STEVENS INSTITUTE OF TECHNOLOGY Date of Notification (1) /17 Street Address Type Notification Agencies Notified CASTLE POINT ON HUDSON EPA Initial Notification City, State, Zip Code DEP Amended Notification HOBOKEN, NEW JERSEY 07030 DOL Cancellation DOH On Hold Name of Contact Telephone Number ING DCA **EMERGENCY NOTIFICATION** DAVID FERNANDEZ **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) STEVENS INSTITUTE OF TECHNOLOGY - LIEB BUILDING Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 531 HUDSON STREET

531 HUDSON STREET							11,249	3			100	
	County (6)				10 A STATE OF THE	Code (7)	Current Use (P	rior if being de	emolishe	d) Pha	arm. L	ab.
	IUDSON				(STATE L	JSE ONLY)	COLLEGE/UNI	VERSITY		-51		
Name of Monitoring Firm Hired	by Building	Owne	er (8)			ASCM No.	Name of Abate					
LANGAN ENGINEERING Street Address						99	PAR ENVIRON		RPORAT	LION		
300 KIMBALL DRIVE							Street Address					
City, State, Zip Code		The last					313 SPOOK RO					
	PPANY, NEV	V JER	RSEY	0705	4		City, State, Zip SUFFERN, NE		01			
Project Manager for Monitoring Fir					Number		Telephone Nun		License	Numb	or	
VIJAY PATEL			201-3				845-369-7500	.501	1101	INGITIO	Ci	
Expected State Date (10)		Sche	ed. Co	mple	etion Date (11	1)	Name of OSHA	Monitor	1101	77.37		
8 / 22	17		7		15	/18	QUALITY ENVI					
Month Day Yea			onth		Day	Year						
Occupancy Status During Abateme Facility Closed/Vacated				A L - 4			Street Address					
Abatement Performed (							1376 ROUTE 9					
	IONDAY-FR						City, State, Zip	Code				
The state of the s			-012-03820 -0	500000 50 X	To have			PINGERS FA	ALLS, NY	1259	0	
Scope of Work (Check all that appl		1			X		inment with Neg	ative Pressure	е			
Demolition	X	Rend	ovation	1		Mini-Enclo	10		Wrap and	d Cut		
>3SF OR LF × >160 SF OR 260 LF					X		Procedure					
Location of		Le	Locati	00	X	scription of As	le Procedure	1				
Asbestos-containing		- 0.500000	nally u	APR 11 11 11 11 11 11 11 11 11 11 11 11 11		aining Materia		Amount		baten	7,	-
Material (ACM)		1	olely b			e. Thermal sys		(Specify	m	REPAIR	NO.	N.
TO BE ABATED			t/Cust		insul	ation, surfacir	ng. VAT,	SF or LF	)   0	AF.	AP	15
in Facility (13)			taff (12		ord	other miscella	neous)		P	1~	ENCAPSULE	ENCLOSURE
, , , , , , , , , , , , , , , , , , ,		Yes	No	N/A							l m	R
1ST FLOOR ROOM 120 & 122 HA	LL			X	PIPE INSULA	NOITA		45 LF	×			
1ST FLOOR ROOM 103, 122, 120				X	PIPE FITTING	GS		50 LF	×			Г
1 ST FL ACTIVE SENSING LAB &	HALL			Χ	VAT			730 SF	X			
1ST FLOOR BATHROOMS				X	MIRROR GLU	JE		20 SF	X			
1ST FLOOR ROOM 122				X	CHALK BOAR	RD GLUE		60 SF	X			1
1ST FLOOR THROUGHOUT CCC				X	PIPE INSULA	ATION/ FITTIN	NGS	550 LF	X			1
2ND FLOOR THROUGHOUT CON	ICEALED			X	PIPE INSULA	ATION/ FITTIN	NGS	550 LF	X		T	T
2ND FLOOR BATHROOMS				X	MIRROR GLU	JE		20 SF	X			
3RD FLOOR THROUGHOUT				X	VAT			4,800 SF	X	1		T
3RD FLOOR THROUGHOUT CON	ICEALED			X	PIPE INSULA	ATION/ FITTIN	NGS	250 LF	X			
3RD FLOOR BATHROOMS				X	MIRROR GLU	JE		20 LF	X			T
EXTERIOR - 1ST FLOOR				X	WINDOW CA	ULK		50 SF	X			T
EVERIOR OUR ELOSE						ULK		57 SF	×			T
EXTERIOR - 2ND FLOOR				_							-	+

EXTERIOR ROOF  Name of Registered Waste Hauler		X		ROOFING		6.000 SF	T <sub>X</sub> T	TT
Nume of Registered Waste Hauler NE wARK CARTING 369 RAYMOND BLVD	ARK CARTING AYMOND BLVD		Cubic Ya	rds of Waste 160	Name of Re GRAND CE			
ity, State EWARK, NEW JERSEY 07105			Disposal 7/24/17-7		City, State	D TOWNSHIP PA		
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECT	FOR OF OPERAT		Signature			ate \$\frac{1}{2}\$	1/17



MOCK	N	OTIFICA	State of N FION OF AS	BEST	TOS ABAT	EMEN	Т	parameter and a second							
		(Pursua	nt to NJAC 8		and 12:12 Building		10	JA F		Ę.		FI			
Date of Notification (1)			THE	ETRU	JSTEES O	F STE	VENS INS	TITUTE OF			gy (1)				
9 / 5 /17			20,000,000		dress				0.00	24 1	204	7 !			
Agencies Notified Type Notification			CAS	STLE	POINT ON	HUD:	SON		DEF	4	201	1			
DEP Initial Notific		on #3			e, Zip Cod			- Committee							
X DOL X Amended N		UII #3	HOE	SUKE	N, NEW J	ERSE	7 07030	ASE	با بالناد			OL &			
X DOH On Hold				ne of	Contact			Telephone	Numbe	ENS	ING				
DCA EMERGENO	CY NOT	IFICATIO	N DAV	/ID FE	ERNANDE.	Z									
Name of Facility Where Abatement is Takin	na Plac	F (3)	ACILITY INF	FORM	MATION	T=									
ramo or rasmey vinore risatement is rann	ig i lac	e (3)				Туре	of Facili	1000000							
STEVENS INSTITUTE OF TECHNOLOGY -	LIEB BU	JILDING					4	ter 8 (Other t	han K-1	2)					
Street Address						X	Other (ie	private & co	mmcl. b	ldgs.,	homes	s, etc.)			
531 HUDSON STREET							uare Feet 11,249	# of Flo	ors	-	Bldg. A	ge			
City (5) County (6)			Coun	ity Co	ode (7)			rior if being o	temolish	ned) F	100	Lah			
HOBOKEN HUDSON			(STATE	_	E ONLY)	COL	_EGE/UN	IVERSITY			nann.	Lau.			
Name of Monitoring Firm Hired by Building LANGAN ENGINEERING	Owner	r (8)		A:	SCM No. 99			ement Contr							
Street Address			-		99		t Address	MENTAL CO	DRPOR	IOITA	1				
300 KIMBALL DRIVE								OCK ROAD							
City, State, Zip Code PARSIPPANY, NE	W IED	SEV 0705					State, Zip								
Project Manager for Monitoring Firm			e Number				hone Nun	W YORK 109	_						
VIJAY PATEL	- 1	201-398-4					69-7500	nber	Licens 1101	nse Number					
Expected State Date (10)	Sched	d. Compl	etion Date (	11)		1	of OSHA	Monitor	11101	- 1170					
8 / 22 17 Month Day Year	Mor	7 /	15 Day		/18 Year	QUAL	ITY ENV	RONMENTL							
Occupancy Status During Abatement (Check of	only one	9)			Teal	Stree	t Address								
Facility Closed/Vacated During Ent	ire Perio	od of Aba	tement			I .	ROUTE 9								
Abatement Performed Outside of N  X Other - Describe: MONDAY-FF	ormal F	acility Ho	urs - Descrit	be:		City	21-1- 7:								
The state of the s		7.101-0.00	I IVI			City, s	State, Zip WAF	Code PINGERS F	ALLS N	IY 12	590				
Scope of Work (Check all that apply)  Demolition  X	٦٥		[	Χ	Full Conta	inment	with Neg	ative Pressur	e	100					
Demolition X >3SF OR LF	Renov	ation	}		Mini-Enclo Glovebag		luca		Wrap a	nd Cu	it				
× >160 SF OR 260 LF				X	Non-Friabl	e Proc	edure								
Location of Asbestos-containing	1	ocation	D	escrip	otion of Ast	estos				Abate	ement <sup>-</sup>	Туре			
Material (ACM)	A CONTRACTOR OF THE PARTY OF TH	ally used lely by			ing Materia hermal sys		1)	Amoun	t R	Z.	E	m			
TO BE ABATED		Custodial			n, surfacin		-	(Specify SF or LF		REPAIR	CAF	55			
in Facility (13)	Sta Yes N	aff (12)	0	r othe	er miscellar	eous)			AL AL		ENCAPSULE	ENCLOSURE			
1ST FLOOR ROOM 120 & 122 HALL	165 1	No N/A	PIPE INSU	LATIO	201			45.15	-	+	<u>im</u>	- A			
1ST FLOOR ROOM 103, 122, 120		X	PIPE FITTI		JIN			45 LF	X	+	+	+			
1 ST FL ACTIVE SENSING LAB & HALL		×	VAT	1100				50 LF	X	+	-				
1ST FLOOR BATHROOMS		X	MIRROR G	LUE				730 SF	X	+	-	+-			
1ST FLOOR ROOM 122		X	CHALK BO		GLUE			20 SF	X	+	+-	+-			
1ST FLOOR THROUGHOUT CCC		X	PIPE INSUL			GS		60 SF	X	+	+	+			
2ND FLOOR THROUGHOUT CONCEALED		X	PIPE INSUL			10.000		550 LF	X	+	+-	+			
2ND FLOOR BATHROOMS		X	MIRROR G		ZINE CLITHN	00		550 LF	X	+	+	+			
3RD FLOOR THROUGHOUT		X	VAT					20 SF	X X	+	+-	+			
3RD FLOOR THROUGHOUT CONCEALED		X	PIPE INSUL	ATIC	NI/ EITTINI	Ge .		4,800 SF	X	+	+-	+			
3RD FLOOR BATHROOMS		X	MIRROR GI	The same	ZINI ETITIN	3		250 LF	X	+	+	$\vdash$			
EXTERIOR - 1ST FLOOR			WINDOW C					20 LF	X	+	-	-			
EXTERIOR - 2ND FLOOR			WINDOW C					50 SF	X	+	-	+-			
EXTERIOR -3RD FLOOR			WINDOW C					57 SF	X	+	+	-			
		^	VVIIADOVV C	MULP	\			57 SF	X						

EXTERIOR ROOF				BUILT UP ROOFING	6,	000 SF	x	
1st FLOOR -ENTIRE			X	VAT	2,	600 SF	х	
Name of Pegistered Waste Haule NEWARK CARTING 369 RAYMOND BLVD	r	NJDEP W Hauler ID 913	No.	Cubic Yards of Waste 200	Name of Registere GRAND CENTRAL		Y LANDFIL	L
City, State NEWARK, NEW JERSEY 07105	ity, State				City, State	NSHIP PA	7007	
Completed by (Print or Type) BENJAMIN SANCHEZ	1 1 1 1 1 1				2/1		ateg/ s	112

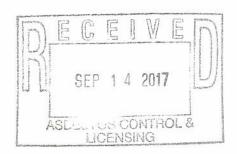


NOCK

## 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)			THE TRUSTEES OF STEVENS INSTITUTE OF TECHNOLOGY									
9 / 8 /17			339-4330-54	t Add			n E 6	15 11	W	15	17	
Agencies Notified Type Notification	Ex falle				OINT ON	HUDSON	KI					
EPA Initial Notificat	ion		City,	State	, Zip Code	4	lli cen	1 4	2017	7		
DEP x Amended Not	ificatio	n #4				RSEY 07030	THE SEP	1 41	2011	i	-	
X DOL Cancellation						179001	Telephone Num	ah az				
X DOH On Hold EMERGENCY	NOT	IEICATION			ontact RNANDEZ		l elephone Num	nnor	4	OL &		
DCAEMERGENCY	NOTI		CILITY INF								-	
Name of Facility Where Abatement is Taking	Place		CILITINE	UKIVI	ATION	Type of Facility	(4)				$\neg$	
raine of Facility Whole Facilities		- (-)				School (K-	100					
STEVENS INSTITUTE OF TECHNOLOGY - LI	EB BU	JILDING					er 8 (Other than					
						X Other (ie. p	# of Floors	cl. bldgs		nes, e Age	tc.)	
Street Address 531 HUDSON STREET						11,249	3		10			
City (5) County (6)			Coun	ty Co	de (7)	Current Use (Pri	or if being demo	olished)	Phari	m. Lal	b.	
HOBOKEN HUDSON				-	ONLY)	COLLEGE/UNI\	/ERSITY					
Name of Monitoring Firm Hired by Building	Owner	r (8)		AS	SCM No.	Name of Abate			201			
LANGAN ENGINEERING					99	PAR ENVIRONI	VIENTAL CORP	URATIO	JN			
Street Address 300 KIMBALL DRIVE						Street Address 313 SPOOK RC	CK ROAD					
City, State, Zip Code						City, State, Zip						
PARSIPPANY, NEV	V JERS	SEY 0705	4			SUFFERN, NEV						
Project Manager for Monitoring Firm	- 1	Telephone				Telephone Num		ense N	umbei			
VIJAY PATEL		201-398-4	0710074303	(44)		845-369-7500	Monitor 11	01				
Expected State Date (10) 8 / 22 17	Sche	d. Comple	etion Date		/18	Name of OSHA QUALITY ENVI						
Month Day Year	Moi		Day		Year	0071211						
Occupancy Status During Abatement (Check of						Street Address						
Facility Closed/Vacated During Enti Abatement Performed Outside of No				he:		1376 ROUTE 9						
X Other - Describe: MONDAY -FF				DG.		City, State, Zip	Code		//			
SATURDAY					,	WAP	PINGERS FALL	LS, NY	12590			
Scope of Work (Check all that apply)	Inone	vation		X	Full Conta Mini-Enclo	ainment with Nega		rap and	Cut			
Demolition X >3SF OR LF	Ikeno	ivation		X		Procedure		ap and	Out			
x >160 SF OR 260 LF				X	1	ole Procedure						
Location of		Location			ption of As		Amount		atem	ent Ty	/pe m	
Asbestos-containing Material (ACM)		nally used olely by			ning Materi Thermal sy		Amount (Specify		É	NC C	NC	
TO BE ABATED	Van. 1822	t/Custodia	l in	200	on, surfaci		SF or LF)	EMOVAL	EPAIR	APS	100	
in Facility (13)		taff (12)	-1	or oth	er miscella	aneous)		12		NCAPSULE	NCLOSURE	
	Yes		The second second				45.15		H	LU	Ш	
1ST FLOOR ROOM 120 & 122 HALL	-	X	PIPE INS				45 LF	X	-	-		
1ST FLOOR ROOM 103, 122, 120	$\vdash$	X	PIPE FITT	TINGS	3		50 LF	X	-	-		
1 ST FL ACTIVE SENSING LAB & HALL	1	X	VAT				730 SF	X	-			
1ST FLOOR BATHROOMS	$\perp$	X	MIRROR	GLUE			20 SF	X	-	-	-	
1ST FLOOR ROOM 122		X	CHALK B				60 SF	X	-		-	
1ST FLOOR THROUGHOUT CCC		X	PIPE INS	ULAT	ION/ FITTI	NGS	550 LF	X	-			
2ND FLOOR THROUGHOUT CONCEALED		X	PIPE INS	ULAT	ION/ FITTI	NGS	550 LF	X	_	_	_	
2ND FLOOR BATHROOMS		×	MIRROR	GLUE			20 SF	X	_			
3RD FLOOR THROUGHOUT		×	VAT			4,800 SF X						
3RD FLOOR THROUGHOUT CONCEALED		X	PIPE INS	ULAT	ION/ FITTI	INGS	250 LF	X				
3RD FLOOR BATHROOMS	×											
EXTERIOR - 1ST FLOOR	X											
EXTERIOR - 2ND FLOOR		×	WINDOW	-			57 SF	X				
EXTERIOR -3RD FLOOR		×			ATT OF THE PARTY O		57 SF	Х				
	1	1000	WINDOW CAULK 57 SF X									

EXTERIOR ROOF	ERIOR ROOF			BUILT UP ROOFING		6,000 SF	X	
1st FLOOR -ENTIRE			X	VAT		2,600 SF	х	
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD		NJDEP Hauler 9		Cubic Yards of Waste 200		gistered Landfill NTRAL SANITAR	Y LANDFILL	
City, State NEWARK, NEW JERSEY 07105				Disposal Date 7/24/17-7/15/18	City, State	TOWNSHIP PA		1
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIREC	TOR OF	OPERA	TIONS Signature	KXX		Date $9/8$	117



				īj	DAT	TA	Ch	eck				
0.00	N		CATION	ate of New Jers OF ASBESTOS to NJAC 8:60 a	SABATE		4	TIME	G 15		<u>)</u>	EI
Date of Notification (1)	7	Ī	Name of	Building Owner	Sperator Oi ( S	(2) B	`\.		50 4		•	
Agencies Notified Type Notification  □ EPA □ DEP □ Initial □ Amended			Street A	ddress 13	Mac	disc		AUE (	Su.		A)	L &
DOL Amendment #  Emergency (i justification)  DCA Cancellation			M	Mac Contact 2 Mc	visor Viair	n l	VÜ	L Tolonh		ISIN		
Name of Facility Where Abatement is Taking	Place (3)		Ellin	LITY INFORMA	TION	□ Sc	Facility ( hool (K-1	2) 8 (Other than K	(-12)			
City (5) Madison	· ) 1.	7		7940		Square	:.)	# of Floors		Bldg. A		
County (6) MORRIS	100		County C					or if being demo	lished)	6	) (	
Name of Monitoring Firm Hired by Building Co	wner (8)		ASCM	No.		of Abater Address	Tec	ntractor (9)	gie	\$ .		18.
City, State, Zip Code	NJ	8B (	80	533	No	tate, Zip	Code	pt No	50	8	13	3
Project Manager for Mouthing Firm Start Date (10)	Schedule	d Com	pletion [	758-3365 Date (11)	609	one No. 758- of OSHA	-	5 License	No.	39		
Occupancy Status During Abatement (Check		∋)	19-1	7	Mar. (2000)	EPC Address	_	hnologie 337	s I	nc		
Facility Closed/Vacated During Entire P  Abatement Performed Outside of Norma  Other – Describe:					City, S	tate, Zip	Code	TU	08.	 53	3	
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		enovat emoliti			<b>X</b>	Mini-E	Containme Enclosure Boag Prod	5 72	e Pressi	ire		
Location of	N	_ocatio	y	D	escription	Non-E		d (*) and Non-Fr	iable Pro	Abate	e ement rpe	
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Mair	Solel ntenan odial S (12)	taff?			s insulatio T, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Garage	Yes	No	,N/A	Air Du	ict W	irao	1,	50 LF	= X		Ф	
						•					•	
Name of Registered Waste Hauler			JDEP Wauler ID	No. of W	c Yards		annona.	Registered Land		,	. 0	2,0
City, State  New Egypt	NJ NJ		1700	Disp	osal Date 9-29-	(	City, State	e Manag isville	ener PA	t 0	FT	7.4
Completed by Schen Kee	Title Pres	side	ent		Signature		Sch		Date G-1	<u> - </u>	7	

CK 13082 UC# 18004

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



Date of Notification (1) 08/08/2017		Name of Building Owner/Operator (2)  Mercer County Improvement Authority											
Agencies Notified Type Notification	1			Address	proverne	JIIL A	dulonty	1:3/			<del></del>		- Alle
X EPA Initial			80 H	lamilton Av	enue				AUG	. 1	4	2017	1
DEP X Amended  DOL Amendmen	+ # 1	~		State, Zip Cod				-	AUG	, ,	7		***
Emergency	(includin	g ·		ton, NJ 086 of Contact	571								الم
➤ DOH justification     ➤ DCA			AI Co					Telépb	one Nu	mber	_ i = 1 +	v 11.	ں ہار
			FA	CILITY INFOR	RMATION			(3.45)					
Name of Facility Where Abatement is Takin Mercer County Courthouse (Old C	ng Place	(3)				Тур	e of Facility	(4)				-	
Street Address	iour triot	130)					School (K-				*		
209 South Broad Street						×	Other (i.e.	r 8 (Other th orivate & co	an K-1: mmerci	2) al bu	ilding	s, hon	nes.
City (5)						Sau	etc.) are Feet	# of Flo			100		
Trenton						100	0,000	4	015	1112	Bldg. 70+	Age	
County (6) Mercer				Code (7) USE ONLY)		Curr	rent Use (Pri	or if being d	emolish	ned)		-	
Name of Monitoring Firm Hired by Building	Owner /0						urthouse a		S				
Pennoni Associates Inc.	Owner (o	,	001	M No. 02			atement Cor nvironme		coe Ir	26		211.75	
Street Address					Street			ntai Gervii	Jes, 11	10.			
515 Grove Street Suite 1B					42 R	idge	Road						
City, State, Zip Code Haddon Heights, NJ 08035	San						Zip Code						
	oject Manager for Monitoring Firm						ille, PA 19						
Thomas Adams			one No. 56-2912	Teleph 610 9			1. 88	ense No 336	٥.				
Start Date (10)				Date (11)			HA Monitor	1 000				_	
. 08/21/2017	09/05/				Neub	er E	nvironmer	ntal Service	es, In	C.			
Occupancy Status During Abatement (Chec			ν		Street A								
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	al Facility	Abaten	nent s		42 Ri		ip Code						
Other - Describe: Construction Person	nel Only						lle, PA 19	460					
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 if × ≥160 sf or ≥260 if		enova			×	Ful	Il Containme	nt with Nega	ative Pr	essu	re		
2100 51 01 2200 11		emolit	ion			Mir	ni-Enclosure evebag Proce						
	T					No.	n-Exempted	(*) and Non	-Friable	Pro	cedur	e	
I wasten of	144	Locati Iormal										ement pe	h
Location of Asbestos-Containing Material (ACM)	Use	d Sole	ly by	Asbestos (	Description of Containing Ma	of aterial	(ACM)	Amoun	,				
TO BE ABATED In Facility	1 2000	odial S		(i.e. ther	rmal systems urfacing, VAT	insula		(Specify	,	Re	72	Enca	Enc
(13)		(12)			er miscellane			SF or LF	)	?emova	Repair	capsulate	nclosure
	Yes	No	N/A							3		ate	ē
Ground FI Electric/Storage Room			X	Floo	r Tile and N	Иasti	С	235 SF	= 1	X			
Ground FI Electric/Storage Room								455 SF		X			
Ground FI Electric/Storage Room		X	Р	ipe Insulati	on		75 LF	- 1	X				
Ground FI Electric/Storage Room		X	Dryw	all Partition	n Wa	ut -	122 SF		K			-	
Name of Registered Waste Hauler	100000	DEP W	aste   Cu	bic Yards		Mary and the second	egistered La	20000000				-	
forizon Disposal	auler ID  416	No. of	Waste 2			/Tullytowr		lfill					
City, State			sposal Date		City, State						-		
renton, NJ				08	/2017	-	Morrisvill	e, PA					
Completed by Patrick Larney	Title	t Man	2222		Signature	747	F	~ i	Date			-	
Thirting Latinoy	r Mai	nager		1 / W	11/2/1		1	08/0	08/2	017			

EH8		

CK非 33	36	N		CATION	tate of Ne N OF ASE to NJAC	SESTOS	ABATE		Official representations			E I	W	F	Proc.	
Date of Notification (1)				Name o	f Building	Owner/	Operator	(2)	Constitution (constitution)	XIF		-3 []	U/	15		
Agencies Notified	Type Notification		1	Street A	ddress		1712	٠,)	14	LL:	SEP	1-4	2017			
EPA DEP DOL	Initial Amended Amendment Emergency justification)	(including	-	A	ate, Zip Co	1	KT4	_ A	ch.	ASI	Salice Salice Jephone Ni	CON NSIN	THO G	DL &		
DCA DCA	Cancellation		i	5.	tuck	1										
				FAC	LITY INF	ORMAT	TON			2					10	
Name of Facility Where		78 A 688						Type	of Facility (	(4)						
Street Address	Nper+y	h							School (K-1 Subchapter Other (i.e. p	8 (Oth			dings	, hom	es,	
City (5)								With the same of the same	e Feet	# 0	f Floors	Е	ldg. /	_		
A)husy	HUKK							8 35	100 <u> </u>		d		ali	f		
County (6) /	ila				Code (7) USE ONLY	)			nt Use (Pric			shed)				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCA	A No.		Name		ement Cor							
rtanio or mormornig r iini	Timed by banding	owner (o)		AGON	1110.				575 J			7	-			
Street Address				1				Addres		P 8	7 4 1.7		A June			
							Cas	110	it con	00	C					
City, State, Zip Code			20.1000.00						Code			7 7.	<i>&gt;</i> -			
Project Manager for Moni			Telepho	ne No.		Teleph	one No		, 150 .	License I	No.					
Start Date (10)	3	Scheduled	Con	pletion (	Date (11)		THE RESERVE THE PARTY NAMED IN	-	A Monitor		(/Ca					
Occupancy Status During	Abatement (Chec	k Only One	)	11/			Street	Address	s							
Facility Closed/Vaca Abatement Performe Other – Describe:	ed Outside of Norm	al Facility H	atem lours	ent			City, S	tate, Zir	Code							
Scope of Work (Check All	That Apply)	j .										7				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	,,,,,	CONTRACTOR .	nova				E	Mini Glov	Containme -Enclosure rebag Proc -Exempted	edure				9		
		Isla	ocati	nn l						7 31.1	2110111110	1		ement		
Location Asbestos-Containing I		No Used	rmall Solel	y y by	Asbes		scription taining M		(ACM)	А	mount	-	Ту	ре		
TO BE ABA In Facilit		Maint Custod		300 CO		thermal surfa	systems cing, VA	insulat T, or		(S	pecify or LF)	Remova	Repair	Encapsulate	Enclosure	
(13)		-	No	N/A		otner	niscellan	eous)	ĺ			oval	air	ulate	sure	
inanement (	GUZK DOGUZ			X	D.\$	2l.	<u>. 75</u> 0	lat	127	15	UCF	1 N				
3	**	1 4			and the second											
Name of Registered Wast	e Hauler			JDEP Wa		Cubic of Wa	Yards	,	Name of F	Registe	red Landfil	1				
HU Tould.	on (0. To	lura.	1		i W	J. 77d.	ca/		FO	11/	EU5	Korr	15	H		
City, State	NK			totalia de		Dispos	sal Date	2	City, State	he,	DII.					
Completed by	1 -1	Title		-		Is	ignature	1	10	1	-	ate	1			
it de Milare		040	all T	No. 1V	- I	Han	1		Date   G   G   C							

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# State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NIAC 8:50 and 12:12:0)

	110	(Pursu	ant to NJAC	8:60 and 12:1	EMENT (20)	11531				1
Date of Notification (1)		Nam	e of Building	Owner/Operat	or (2) 1	SE	P 1	A	2017	,
91911			THE		11/1/28				CU11	
Agencies Notified Type Noti	fication		t Address	2006	· years					
— EPA			2390	KINGSI	de Per	ASELS	US	COI	VTRO	SL&
DEP Amer		City,	State, Zip Co	ode	1		ICEN	1211	lu .	
□ Emer	ndment # gency (including		ALI	WELL	10000	100 731	11			
DOH justifi	cation)	Name	or Contact		1000	/ Y=- `	4			
L Cano	ellation		100							
Name of Facility Where Abatement is	Taking Place (3)	FA	CILITY INFO	ORMATION	1-					-
1 FM Bill	JEES!				Type of Facili	ty (4)				
Street Address					School (I	K-12)				
City (5)  City (5)  POINT PLEAS	Enga				Other (i.e	ter 8 (Other than K-1 e. private & commerce	(2) cial bu	ildina	e hor	200
City (5)					etc.)					165,
FOIDT FIELD	DUT				Square Feet		1	Bldg.	Age	-
County (b)		Count	y Code (7)			Prior if being demolis	1		1-20	
OCEAN		(STAT	E USE ONLY)			RESIDEA		2		
Name of Monitoring Firm Hired by Bu	ilding Owner (8)	ASC	CM No.	Name	of Abatement C	Contractor (9)	-	-		
Charl Add				1/2	CE IN.	ulpfin.		1		
Street Address				1 Street	Address			100		
City, State, Zip Code				9	5 1000	nt firesc	Je.	2	>	
Oity, State, Zip Code				City, S	State Zin Code					
Project Manager for Monitoring Firm					2/1/1/18	leck n	15		579	22
s, et manager for Monitoring Firm		l eleph	one No.	1	ione no.	License N	0.			
Start Date (10)	Scheduled Co	moletion	Data (11)	137	29417	57 00	ر درسے	ĺ		
9/18/17	975	5 /	7	Name	of OSHA Monito	r				
Occupancy Status During Abatement	(Check Only One)	111		Stroot	Address	016				
Facility Closed/Vacated During E		mont				PINST				
Abatement Performed Outside of	Normal Facility Hour	S		City S	tate, Zip Code	1/2/5/				
Unier - Describe: 1277/19	- 120	3		_   0.1.9, 0	- C - C - C - C - C - C - C - C - C - C	IN POI	0	0	-27	-
Scope of Work (Check All That Apply)		-			11200	10 for 1 for	a L		12	-
≥3 sf or ≥3 lf	☐ Renova	ation		6	Full Contains	nent with Negative P		200		
≥160 sf or ≥260 lf	Demoli	ion			Mini-Enclosus	re	ressur	e		
				2	Glovebag Pro	cedure				
	Is Locat	ion			- Non-Exemple	ed (*) and Non-Friabl	1	12/27	ement	
Location of	Norma	ly		Description	of		1		ре	
Asbestos-Containing Material (ACN TO BE ABATED	Used Sole     Maintena		Asbestos	Containing M	aterial (ACM)	Amount				
In Facility	Custodial :		(i.e. th	ermal systems surfacing, VA1	insulation,	(Specify	Re	70	inca	E
(13)	(12)		0	ther miscellane	eous)	SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes No	N/A					2	٦.	ilate	ure
BARRONT		- Company	172:1	7 7	4/-	F-1				-
OUTDOOP C		100	69111	106 1	13-	2000				
			5/21	116		1200 9	L			
							Į.			
lame of Registered Waste Hauler										
or registered waste natier		JDEP W auler ID		Cubic Yards f Waste	Name of	Registered Landfill				
ACE INSULATION	ele le	08	5	5	0/2	Cins				
ity, State.	2	2	0	isposal Date	City, State					
VIS NEF R	ev.		16	1/25/17	905/	21 Pa				1
ompleted by	Title			Signature	1 6 6	Date	}			
ZUM LANIES	17285	ME	m.		MOG UND	if C	7-9	-1:	J	
				12	6 8		-	-	_	J

01 # 4257	N		CATIO	tate of New N OF ASBI t to NJAC 8	ESTOS		22.00	ck	), [	G	E		$\mathbb{V}$	E
Date of Notification (1)			工具	Building O				3	-	SEF	, 1	4	2017	
Agencies Notified  Type Notification  EPA  DEP  Medication  Type Notification  Medication  Medication  Medication  Type Notification  Medication  DOL  Amended  Amendment #  Emergency (inclinity)  justification)  DCA  Cancellation	luding	_	ELP Name of	te, Zip Code NW001 Contact	OP	ARK	FU, N		ASLU 407	LI	CEN	CON	ITRO G	)L 8
Name of Facility Where Abatement is Taking Place  3. BARRIOS  Street Address	e (3)		FACII	BARR LITY INFO	DRMAT	TON	Type of Facility  ☐ School (K-☐ Subchapter	12) r 8 (Other :						
City (5) ELMWOOD PARK							Square Feet 2100	# of	Floors	cial bu	Bi	ldg. A		
County (6)  BERGEW  Name of Monitoring Firm Hired by Building Own	er (8)		County C STATE L ASCM	USE ONLY)		Name o	Current Use (Pri	or if being	demolis	hed)				
Street Address						Street A	South Riv		et					
City, State, Zip Code Project Manager for Monitoring Firm		17	Telephon	ne No.		Hac Telepho	ate, Zip Code kensack, N. one No. 201-329-744		License	: No.	00			
9-22-17 Occupancy Status During Abatement (Check Only	3-	etion Da	ate (11)		Name o	f OSHA Monitor nega Enviro	nmenta							
Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Fac Other – Describe: BAM 5PM	of Aba	urs				City, St	ate, Zip Code outh Hacken		NJ 076	506				
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		Renovati Demolitic				章 章	Mini-Enclosu Glovebag Pro	re cedure	-			ure		
Location of		Location Normally	y			escription							ement pe	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	M	aintenan todial S (12)	ce/		mal syst		aterial (ACM) ation, surfacing, eous)	(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
ABOTTER ROOM CRAWL SPACE ATTIC IN FLOOR SPACE	1 65	140	·L	THER	MAC	INSU	LATTOOD ULATTO D	- 5	13 4	LF	X			
ATTIC IN FLOOR SPACE			X	THER	MAC	1165	O GOTTAN O		1	LF	×			
Name of Registered Waste Hauler Best Removal Inc		10 2000	JDEP W auler ID	No.	of Wa	z yo	,	f Registere			orise	es, L	LC	
City, State Hackensack, NJ 07601	Tie				9-2	sal Date		<sub>ate</sub> ynesbu	rg, OI	H 44		3		
Completed by Robert Veldran	Title E	stima	tor			R-Vel	dean					-17		

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Do not use this form for asbestos licensure exempted activities.

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

Name of Building Owner/Operator (2) Date of Notification (1) 1.1 Type Notification Street Address Agencies Notified 2017 D Initial EPA City, State, Zip Code Amended DEP 07666 TEANECK NJ Amendment # DOL. Emergency (including Name of Contact DOH. justification) MS. HARRIS Cancellation П DCA Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) MS. RUTH HARRIS School (K-12) Subchapter 8 (Other than K-12)
Other (i.e. private & commercial buildings, homes, etc.) Street Address Bldg. Age Square Feet # of Floors City (5) 70+ 1800 Current Use (Prior if being demolished) County Code (7) County (6) RESIDENCE BERCEN (STATE USE ONLY) Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Best Removal Inc Street Address Street Address 450 South River Street City, State, Zip Code City, State, Zip Code Hackensack, NJ 07601 Telephone No. Project Manager for Monitoring Firm Telephone No. 201-329-7444 Name of OSHA Monitor 00388 Scheduled Completion Date (11) Start Date (10) 9/21/17 22/17 Omega Environmental Street Address Occupancy Status During Abatement (Check Only One) 280 Huyler Street Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Houss
Other - Describe: 730 AM To 5:00 MM City, State, Zip Code South Hackensack, NJ 07606 Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ (i.e. thermal systems insulation, surfacing, (Specify Remova TO BE ABATED Custodial Staff? SF or LF) VAT. or In Facility (12)other miscellaneous) Yes No N/A THERMAN SURFACING 45SF BASEMENT Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler of Waste Hauler ID No. Minerva Enterprises, Best Removal Inc 17109 Disposal Date City, State 9/22 Hackensack, N.J 07601 Completed by Estimator J. Maiorano

#### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 09 11 / 17 International Flavors & Fragrances Agencies Notified Type Notification Street Address X EPA ASLLS. US CONTROL & 1515 State Route 36 ⊠ DOLWD LICENSING ☐ Amended City, State, Zip Code Amendment # □ DHSS Union Beach, New Jersey 07735 ☐ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number Cancellation Gary Stapperfenne, Project Manager **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) International Flavors & Fragrances School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 1515 State Route 36 homes, etc.) City (5) Square Feet # of Floors Bldg. Age Union Beach, New Jersey 07735 10,000 1 50 yrs. County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Monmouth Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Garden State Environmental N/A Lilich Corporation Street Address Street Address 555 South Broad Street 606 McBride Avenue City, State, Zip Code City, State, Zip Code Glen Rock, New Jersey 07452 Woodland Park, New Jersey 07424 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Bruce Wolf 201-652-1119 973-225-8400 01104 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09 / 21 / 17 10 / 03 / 17 IRIS Environmental Labs LLC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7amAM- PM/ PM-12AM Union, NJ 07083 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure >3 sf or >3 lf □ Renovation ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Removal Encapsulate Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Lab 14A П $\boxtimes$ Elbows(Wrap & Cut) X 10(ea) Lab 14A $\boxtimes$ Table Tops (Non Friable) 200 SF $\boxtimes$ Name of Registered Waste Hauler NJDEP Waste Name of Registered Landfill Cubic Yards of Hauler ID No. Waste Lilich Corporation G.R.O.W.S. Landfill 18724 City, State Disposal Date City, State Woodland Park, New Jersey 10/04/2017 Morrisville, Pennsylvania Completed By (Print or Type) \* Title Signature Adriana Olejarova 9/11/17 President

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

MAY 11

State of New Jersey

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 17 **Acier Holdings** Agencies Notified Type Notification Street Address ASELLIUS CONTROL & **⊠** EPA 150 Airport Road, Suite 1500 **⊠** DOLWD City, State, Zip Code ☐ DOH Amendment #2 Lakewood, NJ 08701 DCA ☐ Emergency (including Telephone Number Name of Contact (NJAC 5:23-8) justification) ☐ Cancellation Moshe Glatzer **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Former Elizabeth General Hospital School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 925 East Jersey Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Elizabeth, NJ 07201 300,000 >75 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Union **Hospital Complex** Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Lewis Consulting Group Tricon Enterprises, Inc. Street Address Street Address 2517 Highway 35, Bldg P, Suite 202 322 Beers Street City, State, Zip Code City, State, Zip Code Manasquan, NJ 08736 Keyport, NJ 07735 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Clive Williams 732-276-2420 732-739-1200 1095 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor \_\_7\_\_ / \_\_20\_\_ / \_\_16 12 / 30 / 17 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 - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_PM/\_PM-\_AM Scope of Work (Check all that apply) □ Full Containment with Negative Pressure  $\boxtimes \ge 3$  sf or  $\ge 3$  If ☐ Renovation ■ Mini-Enclosure □ Demolition ≥ 160 sf or > 260 lf Is Location Abatement Type Normally Location of Description of Used Solely by Remova Encapsulate Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Floors Throughout M **ACM Contaminated Debris** ~300,000 SF Beams and Ceilings  $\boxtimes$ Spray on Fire Proofing  $\boxtimes$ ~100,000 SF Ceilings and Pipe Chases M Thermal System Insulation ~2,500 LF X 1 Throughout M VAT & Mastic ~300,000 SF M П П Name of Registered Waste Hauler N.IDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Freehold Cartage, Inc. **Cumberland County Landfill** 

ASB-41 JAN 13

City, State

Freehold, NJ

Martin Mcrea

Completed By (Print or Type)

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

3,000

Disposal Date

12/30/2017

Signature

City, State

Newburgh, PA

S2265

Project Supervisor

Title

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

Name of Facility Where Abatement is Taking Place (3) Former Elizabeth General Hospital Is Location Abatement Type Normally Used Location of Description of Solely by Maintenance/ Repair Encapsulate Enclosure Removal Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A **Exterior Walls** Mastic Water/Damp proofing X ~100,000 SF X Roofs Built-up roofing, flashing, Coping ~60,000 SF X Exterior Piles X Asbestos Debris ~5,000 CY X US CONTROL & ASLLLICENSING

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

					:60-7 and 12:120-7		The state of the s						
Date of Notification	on (1)	N			ing Owner/Operator	r (2)	MEG	E [		E	In.		
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Agencies Notified	Type Notific	ation   S	treet	Addres	5	The state of the s		2 4 /	201	7			
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[ ]DEP		C			Zip Code	7.0					and the same of		
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[ ]DCA	[ ]EMERGENO		Ben	Garı	rison	8							
	[ ]Cancella	ation		FACILI	TY INFORMATION								
Name of Facility W	here Abatement	is Taking	g Place	(3)		Type of Facil	ity (4)						
Joanne Goldbe						[ ]School	(K-12)						
					HILANDER WAS TRACTICAL TO THE PARTY OF THE P	[ ]Subchap	ter 8 (Other						
Street Address							i.e., privat homes, etc.		mmerc	ial			
						Square Feet	# of Floor		dg. A	je	0.000		
City (5)		County (6	5)		County Code (7)	4,610	3	8	37	₹00			
South Orange		Essex			(STATE USE ONLY)	Current Use (	Prior if bei	ng der	nolish	ed)			
Name of Monitoring	Firm hired by	Building	ASCM	No.	Name of Abate	 ement Contracto	or (9)						
Owner (8) N/A					AZTECH 1	MANAGEMENT	, Inc.						
Street Address					Street Addres	SS							
					86 Chris	stopher St	•						
City, State, Zip Co	ode	######################################			City, State,								
					Montcla:	ir, NJ 070	42						
Project Manager for	r Monitoring F		ephone	Number				cense		r			
	548	N/I	A		(973) 74	4-8800		0037					
Scheduled Start Da	1906a - Frank 1907	ed. Comple				Monitor							
41000000 (10001000) N	2017 0			2017	N/A								
Month Day Occupancy Status Day		onth Da t (Check o	-	Year ne)	Street Addres	ss							
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200 10 Mill 10 Mill 10	erformed Outsi	de of Nor	mal Fa	cility	City, State,	Zip Code							
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Scope of Work (Chec	cribe: «Other C		Descri	<u>pe»</u>									
scope or work (cher	ck all diat abl	brā)			[ ]Full	Containment wi	th Negative	Pressu	ire				
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Name of Facility Whe	ro Abstomont	is Welsi	ne Di			INFORMATION	W					
Elizabeth Jefi		is Taki	ng PI	ace (3	)		Type of Facil					
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Street Address			33-3-3-30				[X]Other (	i.e., priva	ate & c			1
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City (5)		County	(6)		Cor	unty Code (7)	Square Feet 2800	# of Floo		.dg. 115	1	
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Name of Monitoring F: Owner (8)	irm hired by	Buildin	g AS	CM No.		Name of Abatem	ment Contracto	r (9)				
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Street Address						Street Address						<del>-10111-01-0</del> 1
						86 Chris	topher St	•				
City, State, Zip Code	9					City, State, Z						
						Montclai	r, NJ 070	42				
Project Manager for N	Monitoring Fi			ne Numl	per	Telephone Numb		Ī	icense		er	
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Scheduled Start Date 10 05 20	(10) Sche	d. Compi	letion )6	Date 201		Name of OSHA M	Conitor					
Month Day Ye	ar Mo	nth I	Dav	Year		N/A						
Occupancy Status Duri [X]Facility Clos	ing Abatement	(Check	only	one)		Street Address						
of Abatement												
[ ]Abatement Per Hours - Descr	formed Outsid	ie of No	rmal :	Facili	ty	City, State, Z	ip Code			*******		
[ ]other - Descr	ibe: «Other Oc	cupancy	Desc	ript»								
Scope of Work (Check	all that app	ly)				11						
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OS/07/2017 Agencies Notified    Property   Initial   Sept Address   Double   Initial   Ini	Date of Notification (1)									EG	E	<u> </u>		- 1		
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DEP   Amendment #   Amendment #   Emergency (including   Emergency	Agencies Notified Type Notification	n		Street	Address					SEP	14	20	17			
Montclair   Name of Facility Where Abatement is Taking Place (3)   Name of Centact   Time Studies   Name of Facility (4)   Street Address   Street Address   Street Address   Street Address   Name of Montclair   Name of Name of Montclair   Name of N	Tillual Itilia			City	State 7:-	0-1-										
DOCH	X DOL Amendme			Mont	tclair, N	J 07043	3		ASLES OS CONTROL &							
Name of Facility Where Abstement is Taking Place (3)    Streak Address	DOH justification	٦)	ng	Name	of Conta	ct			-							
Name of Facility (4)   School (K-12)   Schoo	DCA Cancellation	on							I access							
Streat Address  Streat Address  City (5)  Montclair  County (6) Essex  County (7 Agrate Use only) NAR  NAR  County (7 Agrate Use only) NAR  NAR  County (8) Essex  County (9) Essex  Name of Monitoring Firm Hired by Building Owner (8) N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/A	Name of Facility Where Abatement is Tak	ing Place	(3)	FAC	CILITY IN	IFORMAT	TION	Type of Facili	tv (4)				3			
Subchapter 8 (Other (Le. private & commercial buildings, homes, etc.)   City (5)   Montclair   Square Feet   # of Floors   Bidg. Age   N/A							. *									
Square Feet   Note								Subchar Other (i.e.	ter 8 (Ot	her than K & comme	-12) rcial bu	iilding	s, hor	nes,		
County (6) Essex    County (Code (7) (STATE USE ONLY)								Square Feet	100000		T	Bldg.	Age			
Start Date (10)   Scheduled Completion Date (11)   Start Date (10)   Og/20/2017   Scheduled Completion Date (11)   Og/20/2017   Occupancy Status During Abatement (Check Only One)   Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours   Office San Totowa, NJ 07512   Office Sa				County	Code (7)	ν		N/A N/A N/A								
Street Address  Street Address  11 Rosengren Avenue  City, State, Zip Code  City, State, Zip Code  Totowa, NJ 07512  Project Manager for Monitoring Firm  Telephone No.  Project Manager for Monitoring Firm  Telephone No.  12 Telephone No.  13 Telephone No.  14 Telephone No.  15 Telephone No.  16 Telephone No.  17 Telephone No.  17 Telephone No.  18 Telephone No.  18 Telephone No.  19 73-345-8685  10 1311  Occupancy Status During Abatement (Check Only One)  19 Asalting Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other — Describe: Occupied  Storet Address  11 Rosengren Avenue  City, State, Zip Code Totowa, NJ 07512  Scope of Work (Check All That Apply)  23 sf or 23 ff Staff Call Staff Custodial Staff	4.5VE 7.0X			(STATE	USE ONL	Y)			Prior if be	eing demol	ished)					
City, State, Zip Code  Totowa, NJ 07512  Project Manager for Monitoring Firm  Telephone No.  973-345-8685  01311  Name of Self-At Monitor  Project Manager for Monitoring Firm  Start Date (10)  99/20/2017  Oscupancy Status During Abatement (Check Only One)  Facility Closed/Acated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Scope of Work (Check All That Apply)  23 af or ≥3 lf ≥160 af or ≥260 lf  Example 1	N/A	Owner (	8)	ASC	M No.		Name D&S	of Abatement ( Abatement,	Contracto Inc.	г (9)						
City, State, Zip Code    City, State, Zip Code   Totowa, NJ 07512	Street Address						LESS 1990 CO (CO)						-			
Project Manager for Monitoring Firm  Telephone No.  Telephone No.  973-345-8685  D1311  Start Date (10)  09/20/2017  Scheduled Completion Date (11)  09/21/2017  Name of OSHA Monitor  D&S Abatement, Inc.  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code Totowa, NJ 07512  Totowa, NJ 07512  Street Address 11 Rosengren Avenue  City, State, Zip Code Totowa, NJ 07512  Totowa, NJ 07	City, State, Zip Code															
Project Manager for Monitoring Firm									2							
Start Date (10) 09/20/2017  Scheduled Completion Date (11) 09/21/2017  Scheduled Completion Date (11) 09/20/2017  D&S Abatement, Inc.    Abatement Performed Outside of Normal Facility Hours	Project Manager for Monitoring Firm			Telepho	one No.		Teleph	ione No.		100000000000000000000000000000000000000	No.					
Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Period of Abatement Abatement Period of Abatement Abatement Period of Abatement Abatement Period of Normal Facility Hours    Street Address   11 Rosengren Avenue					Date (11	)	Name	of OSHA Monito		01011		-				
Facility Closed/Vacated During Entire Period of Abatement Abatement Professorie: Occupied  Scope of Work (Check All That Apply)    Signature   Scope of Work (Check All That Apply)	TO SECURITION OF THE PROPERTY	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5							Inc.							
Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code Totowa, NJ 07512  City, State Totowa, NJ 07512  C				mont					enue							
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Second to personation   Demolition   Second to personation   Demolition   Second to personation   Demolition   Second to personate		Feet					-									
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Basement  X  Pipe Insulation  Name of Registered Waste Hauler  D&S Abatement, Inc.  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Pipe Insulation  Name of Registered Waste Hauler  D&S Abatement, Inc.  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Pep Useription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Pipe Insulation  Name of Registered Landfill  Waste Management of PA  City, State  Totowa, NJ  Completed by  Ned Joksimovic  Title  Date  Date	-00101-011							Mini-Enclosu Glovebag Pr	ire ocedure							
Location of Asbestos-Containing Material (ACM)  TO BE ABATED   In Facility (13)  Basement  X  Pipe Insulation  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Pipe Insulation  Name of Registered Waste Hauler  D&S Abatement, Inc.  City, State Totowa, NJ  Title  Totowa, NJ  Normally Used Solely by Maintenance/ Custodial Staff? (12)  No N/A  Pipe Insulation  Cubic Yards of Waste TBD  Disposal Date TBD  City, State TBD  Date  Type		1	s I oca	tion				Non-Exempt	ed (*) an	d Non-Fria	ble Pro					
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Completed by Title Signature Date	Totowa, NJ						al Date			1						
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State of New Jersey

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UC# 229	4	NC	(	Pursu	ant to N	SBESTOS ABA JAC 8:60 and 5:	TEMENT 16)	ME	C	尼		W	
Date of Notification (1)				Nai	ne of Build	ing Owner/Operator	(2)	113		-	***************************************	Name of Street,	
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Agencies Notified	Type Notific	cation	- COMPAN	-	et Address			1 11	SEP	14	2	UL.	
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(NJAC 5:23-8)	justificat	2022		Nar	ne of Conta	act	Telephone Nu	mhor					
	☐ Cancella	ation		J€	ennifer I	Michalek							
				F	ACILITY I	NFORMATION	****			9			
Name of Facility Where A	Abatement is	Taking Pla	ce (3)				Type of Facility	(4)				_	
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Street Address							Subchapter	8 (Other than K-1 private and comme	2)	مناطات			
							homes, etc.	)	erciari	Juliair	igs,		
Olig (5)	All Statement Statement					No.	Square Feet	# of Floors	E	Bldg. A	Age		
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lame of Monitoring Firm	Hirad by Duil	ding O	- (0)	1 1 2 2 2									
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ity, State, Zip Code						City, State, Zip C	West Suite	14					
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roject Manager for Moni	toring Firm		Te	lephone	e No	Totowa, No.	07512	License No.				775	
Start Date (10)	5	Scheduled	Comp	letion D	ate (11)	973-832-42 Name of OSHA M	244 Monitor	01155		_		_	
_09_ / _22_ /	17_	_09_				The state of the s							
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Facility Closed/Vacated	d During Entir	re Period o	f Abat	ement									
Abatement Performed Time of Abatement:	Outside of No	ormal Facili	ty Ho	urs - De	scribe	City, State, Zip C	ode						
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cope of Work (Check all	that apply)						CATALON OS SERVICIONES PRODUCTORAS CON				- 1-0		
≥3 sf or ≥3 If		X R	enova	tion		☐ Full Con  Mini-End	tainment with Neg	gative Pressure					
] ≥160 sf or ≥260 If			emolit	ion		☐ Gloveba	g Procedure						
			s Loca	ation	1	☐ Non-Exe	mpted (*) and No	n-Friable Procedu	ire				
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ilip Geleski		Super	VISC	r			de 2 / 2/2 /2 09/11/17						

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



Print Form

Date of Notification (1)	Name of Building Owner/Operator (2)															
09/09/17				K.Hovnanian at Cedar Grove							15	(6	E		$\mathbb{W}$	E
Agencies Notified	Type Notification	1			Address Fieldcres	t Ave					//				6.7	
EPA DEP	Initial  Amended				tate, Zip Co	TOTAL CONTROL					11	SFF	1	1	2017	1 2
▼ DOL	Amendmen				on, NJ 08					]bal i	-			77	-017	1
Ĭ DOH	Emergency justification	)		Name	of Contact					Τ τ.	12 .					
DCA	Cancellation	n			Crane				1	i						)L &
Name of Facility Where	Ahatement is Takir	na Place (3	1	FAC	CILITY INFO	ORMAT	TION	T	c= 30 c	7		- ottora drawn	A A CONTRACTOR	- 1	THE RESERVE	
Essex County Hos			1					[DOM:	f Facility (4	150		*		1		
Street Address						2=2-			chool (K-1)		or that	n K_12	4			
204 Grove Ave.								x O	Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes,							
City (5)								Square	c.) Feet	# of Floors			T F	3ldg. /	Age	
Cedar Grove								120,000			00.	<u> </u>	50+			
County (6)			T		Code (7)			Current	Use (Prio	r if be	ing dei	molish	ed)			
Essex				(STATE	USE ONLY)			Hosp								
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCI	M No.	ment Cont		(9)				eren a e				
Street Address				Lesco Services In												
Oli GOL Madi Coo				Street Address 156 Maple Ave.												
City, State, Zip Code	City, State, Zip Code						City, State, Zip Code									
						Wallington, NJ 07057										
Project Manager for Mon	Project Manager for Monitoring Firm						100000000000000000000000000000000000000	one No. 221-90	02			nse No	).			
Start Date (10)		Schedule	d Cor	noletion	Date (11)		V. O. C. C. C. C.	T. T. J.	Monitor		011	07				
09/09/17		10/10/1		promon	Date (11)			w Nalo								
Occupancy Status During	Abatement (Chec	k Only One	)				Street /	Address								-
Facility Closed/Vaca	ated During Entire I	Period of A	baten	nent				Maple A								
Abatement Performe Other – Describe:	ed Outside of Norm	nal Facility	Hours	City, State, Zip Code Wallington, NJ 070:												
Scope of Work (Check Al	I That Apply)					-	Walli	ngton,	NJ 0705	57						
23 sf or ≥3 lf	т тас дрргу)			41					Programme W. 17 (1971)	0.0000000000000000000000000000000000000						
≥160 sf or ≥260 lf		PROPERTY.	enova emolit	100 CT 100 CT			×	Full Containment with Negative Pressure Mini-Enclosure								
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Asbestos-Containing	Material (ACM)	Used	Sole			os Cont	taining Ma	aterial (A		Aı	mount				Е	
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(13)			(12)			other n	niscellane	eous)		٠,	O. L. ,	<b>'</b>	Removal	Repair	Encapsulate	Enclosure
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baseme	nt			*		pipe	insulati	on		2,8	50 lf.		*			
room 11-	-78			*		duct	insulati	on		80	0 sf.		*			
exterio		*		wind	dow cau	ılk		300	pcs.		*					
	throughout					flo	or tiles			11,1	00 s	f.	*			
Name of Registered Wast	e Hauler		1 1000	JDEP W	371000000000000000000000000000000000000	Cubic '		N	lame of Re	egister	ed La	ndfill				
Newark Carting Inc.			75400	Hauler ID No. of Waste 120				(	GCSL							
City, State Newark, NJ						Dispos 10/11	al Date /17		city, State Pen Argy	ıl PA						0
Completed by		Title				Signature				., . /		Date				_
Leslaw Nalodka	t L				- Nah- 09/09/17						7					

Print Form State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) 1 4 2017 SEP 750 Bloomfield Realty LLC 09-06-2017 Street Address Agencies Notified Type Notification 750 Bloomfield Ave CONTROL × Initial **EPA** City, State, Zip Code LICENSING DEP Amended DOL Amendment # Clifton NJ 07012 Emergency (including Telephone Number Name of Contact justification) DOH Dipal Pandiya DCA Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Commercial School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, × 750 Bloomfield Ave etc.) # of Floors Bldg. Age Square Feet City (5) n/a n/a n/a Clifton NJ 07012 Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) County (6) Commercial Passaic Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Amax Contracting LLC EnviroVision Consultants Street Address Street Address PO BOX 734 20-21 Wagaraw Road City, State, Zip Code City, State, Zip Code Woodland Park NJ 07424 Fair Lawn NJ 07410 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 001266 973-692-6298 973-636-9145 Frederick Larson Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) Anax Contracting LLC 09-22-2017 09-15-2017 Street Address Occupancy Status During Abatement (Check Only One) PO BOX 734 Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Woodland Park NJ 07424 Scope of Work (Check All That Apply) × Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure ≥160 sf or ≥260 lf Demolition × Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ Enclosure (Specify Remova (i.e. thermal systems insulation, Repair TO BE ABATED Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)Yes No N/A X 450 LF Pipe Insulation X Ground Level, Office Space Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler Hauler ID No. of Waste Fairless Hills Amax Contracting LLC 10 CY 0036184 Disposal Date City, State

Date

09-06-2017

Morrisville PA

09-28-2017

Signature

Tome Maslarkov

Woodland Park NJ 07424

Title

Project Manager

City, State

Completed by

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

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

ONTHISTORY				ON OF ASBE			Т Д	ALL				
Date of Notification (1)	-	•		0000 A000 - 0440 C000 AH 040 C0				F	C		W	FI
9-10-17			1000	of Building C			OF16		(0)	= 3	C)	
Agencies Notified Type Notifica	ation			Address		MAL	1-16	1411	0.50		2047	13
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DEP Amend	- Company		City, S	tate, Zip Coo		120	(					
Emerge	nent # ncy (includin	g	17/4	17/700	TON	$, \nu$	)	98 ASE	35705	CON	TRO	L &
DOH justifica		- //		of Contact	. 121	210-	-10	il Tolonhon	- ALULE	14.7235	Acces 1	
	<u> </u>			JE/YM		ALFI	16/10					1
Name of Facility Where Abatement is T	aking Place	(3)		VILLI Y III O	MIATION	Туре	e of Facility	/·(4)				_
RESIDENTIAL							School (K	(-12)				
Street Address							Subchapt	er 8 (Other than	n K-12)	و و دالوان		
City (5)						6	etc.)	private & com	merciai b	ullaings	s, nom	es,
HAMMONTON						Squa	are Feet	# of Floor	S	Bldg.	Age	
County (6)			County	Code (7)		Curr	200	rior if being der	II-t - IV	1	1/+	
				USE ONLY)								
Name of Monitoring Firm Hired by Build			ASC	M No.	Na	me of Ab	atement Co	ontractor (9)	6			
ATIAS ENU INSPE	27/01	p			F	RVM		OUSTA	UCT	ins	11	-
Street Address			() =		Str	eet Addre	ess	200 3777				
PO /30 K //6 45  City, State, Zip Code					P		BOX	1158	7	772-0111-		
6/11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/					Cit	y, State, Z	Zip Code	0 10	11			
Project Manager for Monitoring Firm			Telepho	one No	Tel	lephone N	A 1	17/	ISE No.			
JA500-		L	63 1	784-46			184-46	un i	276	381 1		
Start Date (10)	Schedu	led Cor	npletion	Date (11)		<u> </u>	HA Monito		2/6			
9-22-17	9	-27	2-1	7								
Occupancy Status During Abatement (C	(5)	50			Str	eet Addre	ss					
Facility Closed/Vacated During Ent Abatement Performed Outside of N	ire Period of	Abaten	nent									
Other – Describe:	ioimai raciii	y nour	S 		City	y, State, Z	ip Code					
Scope of Work (Check All That Apply)		,										
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≥160 sf or ≥260 lf		Demolit				Mir	ni-Enclosur		ive Press	ure		
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	Is	s Locati	ion					/ / and Holl !	Habie I I		ement	
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Asbestos-Containing Material (ACM)  TO BE ABATED		ed Sole aintena			Containing			Amount	_		m	Е
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(13)			_	0	ther miscel	llaneous)			oval	pair	Encapsulate	Enclosure
A -	Yes	No	N/A							_	ē	u
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										+		
Name of Registered Waste Hauler		10000	JDEP W	0000000	Cubic Yards	S	Name of	Registered Lar	ndfill			$\dashv$
-RYMAR COMSTR	13070	H	auler ID	No. o	of Waste			0.00000	10	1, ,		- 1
City, State /	110	0	036	127	isposal Da		City, Stat		251	K S		
PHILA PA				19	-200	17	Oity, Glat					
Completed by	Title	0			Signatu	ure /		11	Date			
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OC# 367	18			ICATION	tate of Ne N OF ASE t to NJAC	ESTOS	ABATE			PA	AID GE	<u> </u>			21
Date of Notification (1) 9/8/17		×			of Building					片	<u>(n '5</u>	11 (	1 5		
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DEP X DOL	Amended				ate, Zip Co	ode						ONIT	ROI	8	-
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Name of Facility Where A Condemned Structu		ng Place (3	3)					-	of Facility	1000000					
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City (5) Newark,								Squa	are Feet	2000000	f Floors	11112	Bldg. A	ge	
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						2000 1000 1000	CONTRACTOR OF THE PARTY OF THE	lon Rd S	uite 1	02					
City, State, Zip Code								ip Code NJ 0740	5						
Project Manager for Monit	Project Manager for Monitoring Firm						Teleph 908-2				License No 01228	0.			
Start Date (10) 9/18/17		Schedule 9/20/17		mpletion I	Date (11)		50000		HA Monitor		Services,	Inc			
Occupancy Status During	Abatement (Chec	k Only On	ne)				Street	-		Torritor		1110.			_
Facility Closed/Vacat	ed During Entire	Period of A	Abater	nent			135 k	Kinne	Ion Rd S	uite 10	02				
Abatement Performe  Other – Describe: 00	d Outside of Norr Indemned Building	nal Facility I	Hour	S					ip Code NJ 0740	5					
Scope of Work (Check All	That Apply)		100				KILILIK	51011,	113 0740	<u> </u>					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	7.50.00		Renova Demoli				×	Mir Glo	ni-Enclosur ovebag Pro	e cedure	Negative P			9	
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Location of Asbestos-Containing N		Use	lorma d Sole	ly by	Acheel		scription aining M		(ACM)	^	mount		1 9		
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(13)	/		(12)				cing, VA niscellan			SF	or LF)	Removal	Repair	Insdi	Enclosure
		Yes	No	N/A								<u>a</u>		ate	re
Entire Struc	cture			х		Entire	Struc	ture		45	500sf				
Name of Registered Waste	e Hauler		1000	JDEP Waller ID		Cubic of Was			Name of	Registe	red Landfill				

City, State 135 Kinnelon Rd Kinnelon NJ

Yannuzzi Group, Inc.

Title Ahera project

Hauler ID No. 17467

200 Disposal Date 9/18-9/20

Name of Registered Landfill Grows/Fairless

City, State Morrisville, pa

Signature Date 9/8/17

Completed by

John Mucha



### State of NJ Notification of Asbestos Abatement

B & G proj. #:

2017-125

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

B & G proj. #.								Check	# 8580			-	_	
Date of Notification	(1)	11	Name of Bu	uilding Ow	ner/Operator (2	!)		Town P. O.	r= n √	П	2 1		1	
0 19 1/111	1/1171		Ben Sis		•	•		In E G	<u> </u>			$\mathbb{N}$		
Agencies Notified EPA	Type Notificat  Initial	ion	Street Addr	ess				SEP	1 4 20	017	of the fact of the control of the co	IJ		
DEP DOL	Amend		City, State, Spring		eights, NJ 07	762					1 8 10			
DOH DCA	Cancell	. 11	Name of Co Ben Si					Telephoi	ne Number	·	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, whic		1	
					CILITY INFORM	MOITAN	Į.				=			
Name of facility wh	nere abatement i	s taking p	place (3)					Type of Facility						
Ben Sisti			1.7						ol (K - 12)		,	40)		
Street Address							2	X Other	napter 8 (Oth (Private/Con ./Homes, etc	mme		-12)		
proces								Square Feet	# of Floors		Blo	dg. A	ge	
City (5)	Lataba		unty (6)				nty Code (7) te use only)	Current Use (F	rior if being	dem	nolishe	ed)		
Spring Lake I			onmouth		T 4001414	<u>.                                    </u>	Name of Abatemer	residential						
Name of Monitoring	g Firm Hired by	Blag. Ow	ner (6)		ASCM No. n/a		B & G Restora							
Street Address							Street Address 105 Ryerson	Road						
City, State, Zip Cod	е						City, State, Zip Cod Lincoln Park							
Project Manager for	Monitoring Firm	1	P	hone Num	nber	_	Telephone Number	,	License N	lumb	er	-		
successive and the second of t							(973)696-68		003	378	8			
Scheduled Start Da	te (10)	Sche	ed. Complet	ion Date (	11)		Name of OSHA Mo							
09/21/2017		09	/22/2017				Street Address	<u> </u>						
Occupancy Status I							105 Ryerson Road							
Facility closed Abatement pe	d/vacated during erformed outside						City, State, Zip Code							
Other-Describ	oe:					_	Lincoln Park,	NJ 07035						
Scope of Work (che	eck all that apply	() Renovat	ion			X	ull Containment w/n	negative pressure	☐ Gloveba	ag pr	ocedu	ıre		
>3 sf or >3 lf		>160 sf o					Mini-enclosure		☐ Non-fria	٠.				
Location of		Is locati	on normally		ely		-			R	R	E	E	
asbestos-con material to be	2000 CO	by main staff(12	itenance/cus )	stodial			sbestos-containing	Amount (Specify	SF or	e m	e p	n c	n	
abated in faci		Yes	No	N/A	- material	(ACIVI)		LF)	200	0 V	i	a p	L	
2nd floor bedro	om		1	×	VAT (no r	nastio	:)	180 sf		e X				
	CONTRACTOR OF THE PARTY OF THE													
						Corto de					무	무	뷔	
			1	-	<b></b>		##/###################################			屵	屵	H	붜	
Registered Waste H	auler	INJI	DEP Hauler	ID#	Cubic Yards of	Waste	Name of Registere	ed Landfill		Ш		Ц.	1_	
B & G Restorat			19563		3 yds		Tullytow	n Resource & R	ecovery C	ent	er			
City, State Lincoln Park, N	1J	I ru Tuttamatti		Disposal 09	Date /25/2017		City, State Tullytown	n, PA				8,2		
Completed by (Print Gordana Luna	or Type)	Title Secret	arv/Treas	urer	Signature		Gordana Luna		Date 09/11/	201	7			



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

Check # 25590

Date of Notification (1)		L Nam	f D. :I-I		10	(0)		1 6	7 =	1 1	- F						
9/	/11/17	_			Nam	ne of Buildi	ng (	Owner/Operato	r (2) Keuffe			, lè		$\mathbb{W}$	15		
Agencies Notified	Type Notif	fication			Stre	et Address	3	_		11							
EPA DEP	Initial	(alto)								eet	II SF	P 1	Λ	2017	7		
₩ DOL	Amend Amend				City,	State, Zip	Coc	le		1	1		1	CUI	1		
	☐ Emerge	ency (inclu	iding	9	_			Law	renceville, l	NJ 086	548						
DOH DCA	justific	ation)			Nam	e of Conta	ct			Tele	phone Nrim	had (	in.	THE	11 /		
	Cancel	lation				El	iza	beth Keuffe	el	-					82		
					FA	CILITY IN	FOF	RMATION			=				=		
Name of Facility Where	Abatement is			0.000					Type of Facili	ty (4)							
		Reside	nta	ıl					School (K-				3.				
Street Address							☐ Subchapter 8 (Other than K-12)  ☑ Other (i.e., private & commercial buildings,										
									homes, et	private c.)	& commerc	ial bui	lding	s,			
City (5)									Square Feet		f Floors	TE	Bldg.	Age			
	Lav	wrencev	ille	e, N	J				2400		2		0.000	0+/-	_		
County (6)					Cou	inty Code (	(7)	(STATE	Current Use (I	Prior if b	eing demoli	-   - shed)		<u> </u>			
	1ercer			_		E ONLY)											
Name of Monitoring Firm (8)	Hired by Bu MECS	ilding Owr	ier		ASCN	i No.	N		nent Contractor								
	MECS						_		ens Enviror	ment	al Service	es, I	nc.		_		
Street Address	DO D	241					Street Address										
0'' 0'' 7'' 0	PO Bo	x 341					PO Box 322										
City, State, Zip Code	NITOOA	-16				C	ity, State, Zip C										
	osswicks,	, NJ 083	)15						Allentov	vn, NJ	08501						
Project Manager for Mon		phone		Te	elephone No.		Lic	ense N <del>o.</del>									
Bill We			98-4070	_	(609) 25		_	0	049	3							
Start Date (10)		Schedule				ate (11)	N	ame of OSHA N									
9/21/17				/23/	17				N	1ECS							
Occupancy Status During							St	reet Address							-3.7		
Facility Closed/Vacate	ed During En	tire Period	of A	Abate	ment		_		PO	Box 3	41						
Abatement Performed	Outside of N	Normal Fa	cility	Hou	rs		Ci	ty, State, Zip C									
Other - Describe:			115,450						ks, NJ	08515							
Scope of Work (Check al	I that apply)																
≥3 sf or ≥3 lf		~	Rer	novat	ion			☐ Full Con ☐ Mini-Enc	tainment with Ne	egative l	Pressure						
≥160 sf or ≥260 lf				nolitic				Gloveba									
			1 2000 2000					Non-Exe	mpted (*) and N	(*) and Non-Friable Procedure							
				ocatio mally								1		ment			
Location o				Sole				Description of					Ту	oe .			
Asbestos-Containing M		)   M		enan		Asbest	os (	Containing Mate	erial (ACM)	17,000	nount			ш			
TO BE ABATE IN Facility	ED			taff?	"	(ı.e.,		rmal systems in			oecify or LF)	Re	Z	nca	Enclosure		
(13)			(	12)				er miscellaneo		OI.	OI LI')	Remova	Repair	psu	losi		
		Ye	s	No	N/A							a	7	Encapsulate	ure.		
Basemer	nt		+	X		The	arra	nal Pipe Ins	ulation		3 lf	40					
Basemer		_	+	×		1111		ransite Boa			0 sf	X			-		
Basemer		_	+	^		-	1	Tallolle Dua	114		0 81	X					
			+			_	_										
Name of Registered Wast	e Hauler			ΤN	JDEP V	Vaste I	Cu	bic Yards	Name of Registered Landfill								
Stevens Environm		vices Ir	ıc		auler ID	No.		Waste	Fairless Landfill								
City- State		. 1000, 11		<u> </u>	182	.72	Die	l cu sposal Date	City, State	1 diff	ess Land	IIII			_		
0.3500 <b>3.16</b> 0 0.500 5.201	Allentow	n NI						9/25/17	Oity, State	11.		D 4					
Completed By	. IIIOIIIO W	Title					_	Signature		IVIOI	risville, l	A	_		_		
Mahlon E. Stev	ens	ARTERIO	Pro	iect	Man	ager		olynature	Date 9/11/17								
2.500		- '		1000	1,1411	4501	_				.	7/11	/1/				

Check # 25592

						C 8:60 and 5			ME	P	E	7 П	\// 1
Date of Notification (1)				l Nam	e of Buildi	ng Owner/Ope	rator	(2)		6	<u>'5</u>	<u> </u>	<u> </u>
100	12/17	20		1	o Danai	ig ownerrope	rator	Soto					
Agencies Notified	Type Notific	cation		Stre	et Address				lad lad	SEP	14	20	)17
□ EPA □ DEP	Initial Amende	od.		_									
☑ DOL	Amenda			City,	State, Zip	Code		1 277 0	8868 ASL	( )	so	TINC	BOI
<b>⊠</b> DOH	Emerger justifica	ncy (includin	g	NI-	(0- 1		F	ords, NJ 0	0000	-LIC	ENS	INC	7101
DCA DCA	Cancella			Nam	e of Conta	rt Orlando So	oto		Telephone Nun	nher			
				FA	CILITY IN	ORMATION			_ <del>_</del>				=_
Name of Facility Where		7.00	433 530				T	Type of Facilit	ty (4)				
		Resident	al				_	School (K-					
Street Address		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						Other (i.e., homes, etc	r 8 (Other than K-1 private & commerce	(2) Dial bui	ldings	,	
City (5)		v. 4000m c	55m =					Square Feet	# of Floors	В	ldg. A	ge	-
	For	ds, NJ 0	8863				_	1800	2	_  _		+/-	
County (6)	ddlesex			USE	inty Code ( E ONLY)	7) (STATE		Current Use (F	Prior if being demol	ished)			
Name of Monitoring Firm	Hired by Buil	ding Owner	$\equiv$	ASCM	l No.	Name of Ab	ateme	ent Contractor (	9)				-
	MECS		_			S	Steve	ens Environ	mental Service	es, I	nc.		
Street Address	DO Da	- 241				Street Addre	ess	20					
City, State, Zip Code	PO Box	X 341				City Chata 7	7: 0-		Box 322				
스타일 하다님은 경우리에서 가게 하게 없었다면 그 전에게 하시네다.	osswicks,	NJ 0851:	5			City, State, Z	zip Cc		n, NJ 08501				
Project Manager for Mon	-			ephone		Telephone N	10.		License Ne-				$\dashv$
Bill We			-		<u>98-4070</u>	(609)	259	9-9688		0049	3		
Start Date (10)		Scheduled C			ate (11)	Name of OS	HA M		TEGG.				
9/21/17 Occupancy Status During	a Abatement		9/29/	17		Street Addre		N	IECS				_
☐ Facility Closed/Vacate				ement		Street Addre	ess	PO I	Box 341				
☐ Abatement Performed	Outside of N	ormal Facilit	y Hou	irs		City, State, Z	Zip Co		30X 311				-
Other - Describe: 8	3 am - 4 pr	n				3,			ks, NJ 08515				
Scope of Work (Check al	Il that apply)												=
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		<b>X</b> Re De	novat molitic			Mini	-Encl	ainment with Ne osure g Procedure	egative Pressure				
		1 1 1 2	!!			Non	-Exer	mpted (*) and N	on-Friable Procedu				
		1000000	ocationally							<i>P</i>	bater Typ		
Location o Asbestos-Containing M	A CONTRACTOR OF THE CONTRACTOR		Solei		Achost	Descriptio		rial (ACM)		-	- 7		-
TO BE ABATI		Ci	ustodia	al	(i.e.,	os Containing thermal syster	ms ins	sulation,	Amount (Specify	l z		Enc	ш
IN Facility (13)			Staff? (12)			surfacing, V other miscella	AT, c	or (e)	SF or LF)	Remova	Repair	aps	Enclosure
(/		Yes	No	N/A		other miscelle	aricou	13)		val	#	Encapsulate	sure
Basemer	nt		×		The	ermal Pipe	Inst	ulation	40 lf	×		-	$\dashv$
										1		$\dashv$	$\dashv$
										+			$\neg$
													$\neg$
Name of Registered Wast	te Hauler		10000	JDEP \	Control of the contro	Cubic Yards		Name of Regi	stered Landfill				$\neg$
Stevens Environm	ental Serv	rices, Inc	_   +	lauler ID 182	0 No. 292	of Waste 1 cu			Fairless Lan	dfill			
City, State						Disposal Date		City, State					-
Completed D	Allentow					9/29/17	- 1	1-1	Morrisville,	PA			
Completed By Mahlon E. Stev	/ens	Title Pr.	oiect	t Man	2002	Signature	e// 1/	11 7	Date	0/12	/17		
Transon E. Stev	10110		UJECI	riviall	agei		1		_	9/12	/1/	-	_

AV#INIA			ICATION	N OF ASE	BESTOS	ABATEN		PA	TI	1			
CC" 1019				to NJAC				5		EI	W/	E	F
Date of Notification (1)			Name o	of Building	Owner/0	Operator	(2)		- (0)	<u> </u>	U	<u></u>	1111
09/12/2017			Andre	ea Ciam	pitti		The state of the s	mil					1
Agencies Notified Type N	Notification		Street A	Address			1		SEP	14	201	7	
	nitial							إنسا					Imanus
	mended mendment #			ate, Zip C					de de la companya de	-		01	
E	mergency (including	<del>,</del>		nfield, N		13			LLUIL			OL	Ďŧ.
	stification) ancellation			ea Ciam			l <sub>os</sub>	Te	lephone	(umbe	ING	name of the	CANADA COO
	anochadon			ILITY INF	**************************************	ION				A,G			
Name of Facility Where Abateme	ent is Taking Place (	3)	1710	icit i ildi	OKWIATI		Type of Facility	/ (4)				-	-
Private Home							School (K	-12)					
Street Address	,,,	533					☐ Subchapt	er 8 (Oth	er than K	-12)			
							Other (i.e etc.)	. private	& comme	rcial bu	ıildings	, hom	es,
City (5) Bloomfield							Square Feet	#0	f Floors		Bldg.	Age	
County (6)			0 :	0 1 1=1									
Essex				Code (7) USE ONLY	)		Current Use (F	rior if be	ing demol	lished)			
Name of Monitoring Firm Hired by	y Building Owner (8	)	ASCN	M No.			of Abatement C		(9)				
Street Address			1				oval Safety I Address	LC					
City State 71- 0- 1							sby Ave						
City, State, Zip Code						100000000000000000000000000000000000000	ate, Zip Code rson, NJ 075	<b>0</b> 2					
Project Manager for Monitoring F	irm		Telepho	ne No.		Telepho			License	No.			
Ct-+ D-+- (40)							400-8711		01332	2			
Start Date (10) 09/21/2017	09/22/			Date (11)			of OSHA Monito Oval Safety L						
Occupancy Status During Abaten				7		Street A	-						-
Facility Closed/Vacated Duri	ng Entire Period of	Abaten	nent				sby Ave						
Abatement Performed Outsi	de of Normal Facility	y Hours	3				ate, Zip Code						
Other – Describe: 8:00am-					_	Pater	rson, NJ 075	02					
Scope of Work (Check All That A	oply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	- Committee	Renova Demolit				H	Full Contains	nent with	Negative	e Press	ure		
	Ц,	Jemoni	.1011			×	Mini-Enclosu Glovebag Pr						
						×	Non-Exempt	ed (*) an	d Non-Fri	able Pr	ocedur	е	
	100	Locati Normal	300000000000000000000000000000000000000									ement /pe	t
Location of Asbestos-Containing Material	11	ed Sole		Achoe		scription o	of aterial (ACM)			-	Τ.,		
TO BE ABATED	· / Ma	intenar	1.0000000000000000000000000000000000000		thermal	systems	insulation,		mount Specify	72	77	Enc	m
In Facility (13)	043	(12)	Juli :			cing, VAT		SF	or LF)	Remova	Repair	apsı	Enclosure
N /	Yes	No	N/A		Out of 11	nochane	sous)			\\ \alpha	=	Encapsulate	ure
Basement			х		Pipe	Insulati	ion	1.	40LF	x	_	х	
Basement			х		Vir	nyl Tiles	3		9SF	x		х	
First floor			х		Vir	nyl Tiles	3	1	2SF	x		х	
Third floor			х		Vir	nyl Tiles	3		3SF	x		х	
Name of Registered Waste Haule	r	22.0	JDEP W		Cubic '	Yards	<u> </u>		red Land	THE STATE OF THE S			
Removal Safety LLC			lauler ID 037007		of Was	ste	100000000000000000000000000000000000000	NS Nor					
City, State	100					al Date	City, Sta						
Paterson, NJ					TBD		Morris	ville, P	Α				
Completed by Lasko Veskov	Title	ident			8	ignature	1 1/2	1		Date			
- CONO Y CONOY	ries	ident				XIBSU	W 1/62	15/11		09/12	/2017	f)	

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	فلك	2 1	15	83	154	
- 1	37	1	324	23	107	
	W	18	604	52	400	

CV#1239	979	N	IOTI				BESTOS ABAT AC 8:60 and 5:1		. F.	41		)	
Date of Notification (1)  09 /	12 /	17				of Building	g Owner/Operator ( abile	2)	DECE		$\mathbb{V}$		T
Agencies Notified  EPA DOLWD	Type Notific				Street	t Address		A STATE OF THE STA	SEP 1	4	201	7	
☑ DOLWD	☐ Amended Amendm					State, Zip C		ĺ	Politica v				
☐ DCA	☐ Emergen	cy (inclu	uding			lleville, N	DOLL TO MANUEL ON THE PARTY OF	1752	ASLESTUS	CO	NTR	OL &	8
(NJAC 5:23-8)	justificati  Cancella					of Contac	SACROSCO ACCUSATO SCI		Telenhone Minist	HCIN	IG	pre	
	Li Cancella	tion					abile or Sharon I	lendee	1		_		
None of Facility (A)					FA	CILITY IN	IFORMATION	44					
Name of Facility Where residential house	Abatement is	l aking F	lace (	(3)				Type of Facility	\$1.55V				
Street Address								School (K-12	?) 3 (Other than K-12)				
same as above								Other (i.e., p	rivate and commerc	ial bu	ilding	s,	
City (5)					-			homes, etc.)	2021				
								Square Feet	# of Floors		ig. Ag	je	
County (6)					Cour	nty Code (7	)(STATE USE ONLY)		ior if being demolish	ed)			
Name of Manitorina Firm	15-41- B. T			, T	10011			residential l					
Name of Monitoring Firm	i Hirea by Build	aing Ow	ner (8	5)	ASCM	No.	Name of Abateme	2000 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Street Address							Street Address	inc.					
							15 Somerset	Place					
City, State, Zip Code							City, State, Zip Co						
Project Manager for Mon	itorina Eirm			Tala		NI-	Clifton, NJ 07	7012	7				
Project Manager for Mon	iitoring Firm			reie	phone	No.	Telephone No. (973) 470-020	00	License No.				
Start Date (10)		Schedule					Name of OSHA M	lonitor					
//		09	_ /	27	_ / -								
Occupancy Status During					Li		Street Address						
<ul> <li>☑ Facility Closed/Vacate</li> <li>☐ Abatement Performed</li> </ul>						orib o							
Time of Abatement:	AM	PM/	Cinty	PM-	s - Des	AM	City, State, Zip Co	ode					
Scope of Work (Check a													
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	ii siat appiy)	7.0	Ren Den				☐ Mini-Enc 図 Glovebac	Procedure					
		T	ls l	ocat	ion	T	□ Non-Exe	impled ( ) and No	n-Friable Procedure				
Location			N	orma	lly		Description of	f			ateme	_	T .
Asbestos-Containing TO BE ABA		1)		i Sole ntena	ely by nce/		stos Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure
IN Facili			Custo		Staff?	(1.6	<ul> <li>thermal systems surfacing, VAT</li> </ul>		(Specify SF or LF)	ova	#	psu	nsc
(13)		-	, [	(12)	T	-	other miscellane	ous)	•			late	e
			/es	No	N/A							777.55	
basement		L	]	Ш		piping			70 lf				
													П
Name of Registered Was	ste Hauler			IN	JDEP \	Waste	Cubic Yards of	Name of Regis	stered Landfill			_	_
Pow/R/Save Inc.				H	17132	757	Waste		tral or tullytown				
City, State					11 132		Disposal Date	City, State					
Clifton, NJ								500 000	or tullytown, PA				
Completed By (Print or T	ype)	Title					Signature	11/1/	Dat	e/	1		
sharon Hendee		Pre	side	nt			9	14.01/48	9,	12	/,-	7	
ASB-41			-				- //	11/11/1		17	11	/	

JAN 13

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



Date of Notification (1)			Nar	ne of Build	ing Owner/Operator	(2)					
9 / 11 /	17		100		t Stret Equities, I		Job #1709-2231	С	hk. #	4807	7
Agencies Notified  ☐ EPA ☐ Initial ☐ DOLWD ☐ Amended				et Address 1-10 37 <sup>th</sup>	Avenue, Suite 50	0					
☐ DHSS Amendme			City	, State, Zip	Code		MERI	7 1	D.C		
□ DCA □ Emergence		ina	L	ong Islan	d City, NY 11101		IID), LE G I		W	E	F
(NJAC 5:23-8) justification		···9	-	ne of Conta			Telephone Num	her			111
Cancellati	on			eter Kost		Tariff Carpet Long	II I I I I I I I I I I I I I I I I I I	ibei		-	
Name of Facility Where Abatement is Ta	okina Dla	(2)	F.	ACILITY I	NFORMATION		1			-	-300
Commercial Property	aking Pia	ce (3)				Type of Facili	ity (4) -12) -18 (Other than K-1)	~~~			
Street Address						School (K	-12) er 8 (Other than K-12	GUN IRINI	1130	)L &	
160-168 Market Street						Other (i.e.	, private and comme				
City (5)						homes, et	c.)				
Paterson						Square Feet	# of Floors	E	3ldg.	Age	
County (6)						24782	2				
Passaic			Col	unty Code	(7)(STATE USE ONLY)		Prior if being demolis	shed)			1
Name of Monitoring Firm Hired by Buildi	0	- (0)				Vacant/St	The state of the s				- Developer
Criterion Labs	ng Owne	r (8)	ASCN	/I No.	Name of Abateme			F	IW	1 6	T
Street Address					Asbestos an	d Mold Servi	ces, Corp.	13 !	1 11		
400 Street Road					Street Address		1131				111
And the second control of the second control					3859 Sylon B	oulevard	SEP	1 4	20	17	la la
City, State, Zip Code					City, State, Zip Co	ode	LI LI	1	-	•	Tural I
Bensalem, PA 19020					Hainesport, N	NJ 08036	Property and a second s				_
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No.		License No.	15 G	FINO	ROL	-84
Mike Panepresso				4-1300	609-702-0400		00862 LIC	EN	SING	NAME OF TAXABLE PARTY.	Name and Address of the Owner, where
	heduled				Name of OSHA M	lonitor			-		
	9		1_/	17	EMSL Analyti	ical, Inc.					
Occupancy Status During Abatement (Ch	eck only	one)			Street Address	**************************************					
☐ Facility Closed/Vacated During Entire	Period of	Abate	ment		200 U.S. Rout	e 130 North					
Abatement Performed Outside of Norr	nal Facili	ty Hou	rs - De	scribe	City, State, Zip Co						
Time of Abatement:AM	_PM/	PM		_AM	Cinnaminson						
Scope of Work (Check all that apply)					0.000						
$\boxtimes \ge 3$ sf or $\ge 3$ If $\square \ge 160$ sf or $\ge 260$ If		enovat emolitio			☐ Mini-Encl	osure Procedure	egative Pressure				
	15	s Locat	ion	T	□ Non-Exen	npted (*) and N	on-Friable Procedure	8			
Location of		Norma	lly		Description of	ē		Ab	atem	ent T	уре
Asbestos-Containing Material (ACM)  TO BE ABATED	Use	ed Sole aintena	ely by	Asbe	stos Containing Mate	erial (ACM)	Amount	Re	Re	四	En
IN Facility	Cus	todial	Staff?	(i.e	., thermal systems ir	nsulation,	(Specify	Removal	Repair	cap	clos
(13)		(12)			surfacing, VAT, other miscellaneo	or us)	SF or LF)	a		Encapsulate	Enclosure
Basement	Yes	No	N/A							ite	
Dasement	$\perp$ $\sqcup$			Pipe Ins	ulation		13 LF				
			$\boxtimes$								
						2115		П	П	П	П
					2			П			
Name of Registered Waste Hauler		100	JDEP V	222712	Cubic Yards of	Name of Regis	stered Landfill				
Waste Management			auler ID 17273		Waste	Grand Cer					
City, State			11213		5 Disposal Date	City, State					
Lafayette, NJ					9/21/17	Penn Argy	In PA				
Completed By (Print or Type)	tle		-		. 2 1	- cilii Aigy				ale, Tange	
Kimberly A. Trumbetti	Office C	oord	inator		Signature		Date		1-1	7	
SB-41	-				CIXI			1 1	1 1	1	

ASB-41 MAY 11

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



W# 4800	0		NO				BESTOS ABATAC 8:60 and 5:1			PA		D)	
Date of Notification (1)	23 /	17				ne of Buildin	ng Owner/Operator ( w Jersey		#1707-2210	Chk	480	6	,
Agencies Notified	Type Notifi	ication				et Address	150			(C) (C)			
□ EPA	☐ Initial	.oution					ate Street, 9th Flo	or F			-		
⊠ DOLWD		The statement was	-			State, Zip	The state of the s		MEG	写用	-\//	E	Part Part
⊠ DHSS	Amend					enton, NJ		The state of the s	U) -=-	<u> </u>	U		-11
DCA (NJAC 5:23-8)	☐ Emerge justifica	ency (ind	cludin	ng	-	e of Contac			million No.				#
(	Cancell					ark Vetter	57.0	4	Telephone Nu	imber	201	y	$\parallel L$
							-	Project of the Control of the Contro	-d		,		henous
Name of Facility Where A	batement is	Taking	Plac	e (3)		ACILITY	NFORMATION	Time of Facility	- L				<u></u>
Health & Agriculture	Building	1	, , , , ,	0 (0)				School (K-1	(4) ASLLO	ENSI		OL 8	St
Street Address			-					☐ Subchapter	8 (Other than K-	12)	40	necessity of the last	
369 South Warren S	treet							Other (i.e., )	private and comn	nercial l	ouildir	ıgs,	
City (5)								homes, etc.					
Trenton								Square Feet	# of Floors	1	Bldg. /	Age	
County (6)					Col	inty Codo /7	)(STATE USE ONLY)	140505	8		53		
Mercer					000	ility Code (/	NOTATE USE UNLY)		rior if being demo	olished)			
Name of Monitoring Firm H	dired by Bui	Idina O	wner	(8)	ASCN	1 No	This are a Colori	Office Build		PI	3 1	0.0	F
USA Environmental				(0)	ASCIV	I NO.	Name of Abateme			U I	3  J	TA)	L
Street Address	Mariagein	ieiit, ii	10.					d Mold Service	es, Corp.				
344 West State Stree	of.						Street Address		11111 5	EP 1	Λ	2045	7
City, State, Zip Code							3859 Sylon B			-1	4	2011	
Trenton, NJ 08618							City, State, Zip Co						
Project Manager for Monito	oring Firm			Tol	226222	Nie	Hainesport, N	IJ 08036	ASELE	105	CON	ITRO	OL 8
William Weisgarber	oring r iiiii			1	ephone	6-8101	Telephone No.		License No.	LICEN	ISIN	G	
Start Date (10)		School	ilad C			ate (11)	609-702-0400		00862				
11 / 3 /	17	12	2_/	_ 3		17_	Name of OSHA M EMSL Analyti						
Occupancy Status During	Abatement (	(Check	only o	one)			Street Address					-	
☐ Facility Closed/Vacated	During Ent	ire Peri	od of	Abate	ment		200 U.S. Rout	e 130 North					
Abatement Performed C Time of Abatement:	AM-	, PM				scribe AM	City, State, Zip Co	de	112				
h W22 1/2 1/1-	I For		to		ilite	ry	Cinnaminson	NJ 08077					
Scope of Work (Check all to	hat apply)	1				)							
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>				novat moliti			☐ Mini-Enclo	Procedure	gative Pressure n-Friable Proced	ure			
				Loca							atem	ent T	vne
Location of Asbestos-Containing Ma		4)		Norma	illy ely by		Description of						
TO BE ABATI	ED	")	Mai	intena	nce/	Asbes	tos Containing Mate thermal systems in	erial (ACM)	Amount	čem	Repair	nce	nol
IN Facility			Cust		Staff?	(1.0.)	surfacing, VAT,	or	(Specify SF or LF)	Removal	=	ıpsı	Enclosure
(13)		-	V	(12)	T	-	other miscellaneo	us)	J. J. 4. 7			Encapsulate	6
Basement			Yes	No	N/A								
basement						Pipe Ins	ulation		9 LF				
		] [			$\boxtimes$						П	П	
		1								+			
Name of Registered Waste	Hauler			_ N	JDEP V	Vaste	Cubic Yards of	Name of Regist	torod Landfill				Ш
Champion Disposal, L	LC			Н	auler ID	No.	Waste	Fairless La					
City, State					32707		5 Disposal Date	City, State					
Hainesport, NJ							12/3/17	Morrisville,	ΡΔ				
Completed By (Print or Type	*)	Title		-			Signature		N30 700-2	-1.			
Kimberly A. Trumbetti	532		ce C	oord	inator		Signature		D	ate ()-r	7-11	1	

#### NOCK

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

Date of Notification (1)			Name	of Building	g Owner/Operator (	2)				
9 / 6 /	17		Fra	nk Donic	, Inc.	/ Job #1	709-2229 Chi	k. #NAW	E	F
Agencies Notified Type Notific	ation		Street	Address		#100 P	ture in	- 11 ()		1111
☐ EPA ☐ Initial			692	Egg Har	bor Road	novi literative	Inil			
☑ DOLWD ☑ Amended			City, S	State, Zip C	Code		II III SEP	1 4 201	7	11
□ DHSS Amendm			Wir	nslow, NJ	08095	and the second	П П			
DCA Emergen (NJAC 5:23-8) Emergen		ng		of Contac			Telephone Numb	oer		1
☐ Cancella			Jur	ij Demiar	ntschak				(	Št
			FA	CILITY IN	FORMATION	L	namese		Digital Service Servic	
Name of Facility Where Abatement is	Taking Plac	e (3)				Type of Facility	(4)			
Frank Donio, Inc.						School (K-1	2)			
Street Address						Subchapter	8 (Other than K-12) private and commerce	i cial building	70	
692 Egg Harbor Road						homes, etc.		ciai bullulli	<b>y</b> s,	
City (5)						Square Feet	# of Floors	Bldg. A	ge	
Winslow							1	65		
County (6)			Cour	nty Code (7	)(STATE USE ONLY)	Current Use (P	rior if being demolis	hed)		
Camden						Office				
Name of Monitoring Firm Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9	)			
Horizon Environmental					Asbestos and	d Mold Service	es, Corp.			
Street Address	10.				Street Address					
PO Box 316					3859 Sylon B	oulevard				
City, State, Zip Code					City, State, Zip Co					
Thorofare, NJ 080806					Hainesport, N	NJ 08036				
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No.		License No.			-
Dave Flanigan		20,000	56-848		609-702-0400		00862			
Start Date (10)	Scheduled	Comple	tion Da	te (11)	Name of OSHA M	lonitor				
9 / 8 / 17	_9_	- 50		53: 1/5	EMSL Analyt	ical, Inc.				
Occupancy Status During Abatement (	Check only	one)			Street Address					
☐ Facility Closed/Vacated During Enti					200 U.S. Rou	te 130 North				
Abatement Performed Outside of No					City, State, Zip Co	ode				
Time of Abatement:AM	PIVI/	PIVI		AIVI	Cinnaminson	ı, NJ 08077				
Scope of Work (Check all that apply)					⊠ Forth€aut	rainementemith Na		1 .		
≥3 sf or ≥3 lf	⊠R	enovat	on		☐ Mini-Enc	losure	gative Pressure	nciosu	H	
≥160 sf or ≥260 lf		emolitic	on		☐ Glovebag	g Procedure				
					∐ Non-Exe	mpted (*) and No	on-Friable Procedur	1		
Location of		s Local Norma			D	,		Abatem	ent T	уре
Asbestos-Containing Material (ACM		ed Sole	ely by	Asbes	Description o stos Containing Ma		Amount	Remov	En	En
TO BE ABATED	′   M	aintena stodial			, thermal systems	insulation,	(Specify	Repair	cap	Enclosure
IN Facility (13)	Cu	(12)	Stall?		surfacing, VAT, other miscellane	or	SF or LF)	<u>a</u>	Encapsulate	ure
(10)	Yes	No	N/A		Other miscellane	ousj			te	
Office				Transite	e Ceiling		3240 SF			
					94 <del>-</del> 20				П	П
		1								
Name of Registered Waste Hauler			JDEP \	Naste	Cubic Yards of	Name of Regis	stered I andfill		ш	ᆜ
Waste Management		1133	auler II	O No.	Waste	Grand Cer				
City, State			17273	)	5 Disposal Daté	City, State				
Lafayette, NJ					9/14/17	Penn Argy	rle, PA			
Completed By (Print or Type)	Title		76.7		Signature		Dat	te		
Kimberly A. Trumbetti	Office	Coord	linator	•	4			9-8-1	7	

ASB-41 MAY 11

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

Date of Notification (1)		Az. a		Name	of Building	g Owner/Operator (	2)					
9 / 6	/17			Fra	nk Donic	o, Inc.	/ Job #1		.#48		E3	-
Agencies Notified Type N	Notification			Stree	t Address		La Carrier	MEG 5	#	W	E	In
☑ EPA ☑ Initi				692	Egg Har	bor Road	and the second		***************************************	-		
	ended				State, Zip C					0015		#
	endment #				nslow, N.		Large	∐ U SEP 1	4	2017		الما
	ergency (ir tification)	cluding	g	-	of Contac			Telephone Number	er			
	ncellation				ii Demiar		-	(olophono rama		B	DL 8	2
				1200		IFORMATION		LICE	VSIN		V 1 C	-
Name of Facility Where Abateme	nt is Takin	Place	(3)	I A	CILITI	IFORWATION	Type of Facility	(4)	poortoomen	1000000000		
Frank Donio, Inc.	TO TURNI	g i laoc	, (0)				School (K-1)					
Street Address								8 (Other than K-12)				
692 Egg Harbor Road								rivate and commerc	ial bu	ilding	s,	
City (5)							homes, etc.	50.	DI	-l~ Λ.		
Winslow							Square Feet	# of Floors	1	ig. A	ge	
County (6)			-	Cour	ati Cada /7	VOTATE LIGE ONLY	Course at the city			00		
Camden				Cour	ity Code (/	)(STATE USE ONLY)		rior if being demolish	ea)			
	· Duitelie e (		(O)	10014	N	Tal. Cat.	Office					
Name of Monitoring Firm Hired by Horizon Environmental	y Building C	Jwner	(8)	ASCM	No.	Name of Abateme		•				
							d Mold Service	es, Corp.				
Street Address						Street Address						
PO Box 316						3859 Sylon B				200		
City, State, Zip Code						City, State, Zip Co						
Thorofare, NJ 080806			1= :			Hainesport, N	NJ 08036					
Project Manager for Monitoring F	ırm			phone		Telephone No.		License No.				
Dave Flanigan					-0800	609-702-0400		00862				
Start Date (10)9 /8 /17					ite (11) 17	Name of OSHA M EMSL Analyt						
Occupancy Status During Abaten	Variation of the second					Street Address						
□ Facility Closed/Vacated During	Control Control Manager Control			ment		200 U.S. Rou	to 130 North					
☐ Abatement Performed Outside					scribe	City, State, Zip Co			_			
Time of Abatement:AN						Cinnaminson						
Scope of Work (Check all that ap	oly)	*				Ommaninison	, 10 00077					
	,,	_				☐ Full Cont	ainment with Ne	gative Pressure				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>		_	novati molitic			☐ Mini-Enc ☐ Glovebac						
Z = 100 31 01 = 200 11		□ ре	monuc	)II				on-Friable Procedure	,			
		Is	Locat	ion			, , , ,			ateme	ent T	vne
Location of			Norma			Description o	f					T
Asbestos-Containing Material TO BE ABATED	(ACM)		ed Sole intena			stos Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure
IN Facility			todial		(i.e	., thermal systems surfacing, VAT,		(Specify SF or LF)	ova	₹.	psu	Sur
(13)			(12)	T	-	other miscellane		•	2000		late	е
		Yes	No	N/A								
Office				$\boxtimes$	Transite	e Ceiling		3240 SF				
				$\boxtimes$								
Name of Registered Waste Haule	r		19983	JDEP \		Cubic Yards of	Name of Regis	stered Landfill				
Waste Management			Н	auler II 17273	Service P	Waste 5	Grand Cer	ntral				
City, State		(**************************************		11210		Disposal Date	City, State					
Lafayette, NJ						9/14/17	Penn Argy	rle, PA				
Completed By (Print or Type)	Title	)				Signaturé ,	1	Date	9_			17
Kimberly A. Trumbetti	0	ffice (	Coord	linato	r	OK 1			0-1	1-1	V	
ASB-41			1022000			TARI	X		1 (	1 1	ę	
MAV 11	*	no not	una th	in form	for anhant	an lineagure avenue	food postinition					



Date of Notification (1)					Nam	e of Buildin	ng Owner/Operator		A BREE	-			
9 /	12 /	17				r. Blair S <sub>l</sub>		- 5865 	709-2235 Ch	ık. #4	814		
Agencies Notified	Type Notifi	ication			Stre	et Address							
⊠ EPA								The same	DECE	= 1	7.7	P	lames.
□ DOLWD	☐ Amende				City	State, Zip	Code		DE G	- 1	$\mathbb{W}$	占	In
☑ DHSS	Amendr	V. C.			- Control 1	Therman for an	Park, NJ 08010	A STATE OF THE PERSON OF THE P	3				IIII
☐ DCA (NJAC 5:23-8)	☐ Emerge justifica		cluding	3		e of Conta			Telephone River		0015		Ш
(1.07.10 0.20 0)	☐ Cancell					air	OL .	and a	Leiennone	nar	11147	<i>r</i>	L
					FA	CILITY	NFORMATION		-	,			
Name of Facility Where Al	patement is	Taking	Place	(3)				Type of Facility	ASLIN US	4OD	HAC	)L &	
Residential								☐ School (K-1	noncommunity to the l	12114	Li_	*****	N-QAN-STREET
Street Address								Subchapter Other (i.e.,	8 (Other than K-12 private and comme	2) ercial b	uildin	gs,	
City (5)		7/2						homes, etc.		10	Ialas d		
Edgewater Park								Square Feet 1800	# of Floors		ldg. A 80+		
County (6)					Cou	nty Code (	7)(STATE USE ONLY)		rior if being demoli	shed)	001		
Burlington						8 (			/ Vacant Garag				
Name of Monitoring Firm H		ilding O	wner (	8)	ASCN	l No.	Name of Abatem	ent Contractor (9					
Horizon Environmen	tal							d Mold Service		C	厚	пп	ЛЕ
Street Address							Street Address			U	12	11-1	y (E
PO Box 316							3859 Sylon B	Boulevard	1131				
City, State, Zip Code							City, State, Zip C		- 111111 6	SEP	1 /	00	149
Thorofare, NJ 08086							Hainesport,			JLI	1 4	20	1/
Project Manager for Monito	ring Firm			Tel	ephone	No.	Telephone No.		License No.				
Dave Flanigan						3-0800	609-702-0400	)	00862 <sup>SL</sup>	110	S CC	NTI	ROL
Start Date (10)						ate (11)	Name of OSHA N	Monitor		LIUL	NSI	NG	
9/25/					9_ /	17	EMSL Analyt	tical, Inc.					
Occupancy Status During A							Street Address						
☐ Facility Closed/Vacated	During Ent	ire Peri	od of A	Abate	ment		200 U.S. Rou	te 130 North					
Abatement Performed C	AM-	ormai i PM	-acılıty /	Hou	rs - Des -	Scribe AM	City, State, Zip C	ode					
				_			Cinnaminsor	n, NJ 08077	water and a second second				
Scope of Work (Check all the	nat apply)						M Full Con	tainmantith No.		1			
☐ ≥3 sf or ≥3 lf			⊠ Rer				☐ Mini-End	<del>lainment with Ne</del> g losure	gative Pressure	helo	ski	u.	
⊠ ≥160 sf or ≥260 lf		I	_ Der	noliti	on		☐ Gloveba	g Procedure					
			le	Loca	tion	T	□ Non-Exe	mpted (*) and No	n-Friable Procedur				
Location of			N	orma	lly		Description of	, f		Ab	atem	ent T	1
Asbestos-Containing Ma	terial (ACM	/I)			ely by ance/	Asbe	stos Containing Ma	terial (ACM)	Amount	Rer	Repair	Enc	Enclosure
TO BE ABATE IN Facility	<u>:D</u>				Staff?	(i.e	, thermal systems		(Specify	Removal	oair	aps	dos
(13)		L		(12)			surfacing, VAT other miscellane		SF or LF)	<u>n</u>		Encapsulate	ure
			Yes	No	N/A			/				fe	
Detached Garage					$\boxtimes$	Asbesto	s Paper on Wal	ls	770 SF				
		1									П	П	П
		I											
		1		П	П				70.	12			H
Name of Registered Waste	Hauler			IN	JDEP V	Vaste	Cubic Yards of	Name of Regis	torod Landfill		ш	Ц	
Waste Management				1.00	auler IE	No.	Waste	Grand Cen					
City, State					17273		5 Disposal Date						
Lafayette, NJ							9/26/17	City, State Penn Argyl	o BA				
Completed By (Print or Type	)	Title					1 2	Felin Argyl					
Kimberly A. Trumbetti	60	100000000000000000000000000000000000000	ice C	2024	linator		Signature		Dat		) (	1	
CB 44		Oili	.55 01	Joru	mator		KID	1/		1-10	7-1	-	

ASB-41 MAY 11

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



Date of Notification (1)					Nam	ne of Buildin	ng Owner/Operator	(2)				
9/	12 /	17	7				Shirley Bennett	(2)	/ Job #1709-223	34	Chk.	#4805
Agencies Notified  ⊠ EPA  ⊠ DOLWD	Type Notifi				Stree	et Address		Chief a round dominate	DEGE		WE	
⊠ DHSS	Amend	7.00			City,	State, Zip	Code		5			111
□ DCA	☐ Emerge			ng	W	est Deptf	ord, NJ		IIII SEP 1	4	2017	
(NJAC 5:23-8)	justifica	tion)		•	Nam	e of Conta	ct		Telephone Num			1
	☐ Cancell	ation			Sh	irley Ben	inett	9			1	_
Name of Facility 1871					FA	CILITY II	NFORMATION		MODESTUS	NSI	w. <del>RO</del> I VG	_ &
Name of Facility Where A		Takin	g Plac	e (3)				Type of Facility	y (4)	NACOTO DE		
Residential Propert Street Address	.y	-						☐ School (K-1☐ Subchapter	12) r 8 (Other than K-12 private and commer	) rcial b	uildings	
2: -								homes, etc	:.)	Oldi Di	anamgo	
City (5)							<b>-</b>	Square Feet	# of Floors	В	ldg. Age	<b>a</b>
West Deptford								1604	2		93	
County (6)					Cou	inty Code (	7)(STATE USE ONLY)	Current Use (F	Prior if being demolis	hed)		
Gloucester		_						Residentia	I			
Name of Monitoring Firm		ilding (	Owner	(8)	ASCN	No.	Name of Abateme	ent Contractor (9	9)			
Tiger Environmenta	ıl						Asbestos and	d Mold Servic	es, Corp.			
Street Address							Street Address					
16 W Elizabeth Ave	# 2						3859 Sylon B	oulevard				
City, State, Zip Code							City, State, Zip Co	ode				
Linden, NJ 07036							Hainesport, N	J 08036				
Project Manager for Monit	toring Firm			Те	lephone	No.	Telephone No.		License No.			
Kelly Walton						62-4301	609-702-0400		00862			
Start Date (10)9 /25 /				11/2	letion Da 26 /		Name of OSHA M EMSL Analyti					
Occupancy Status During							Street Address	oui, iiio.				
☐ Facility Closed/Vacated					ement		200 U.S. Rout	to 120 Nowth				
☐ Abatement Performed	Outside of N	lormal	Facilit	y Hou	urs - Des	scribe	City, State, Zip Co					
Time of Abatement:	AM	PI	Λ/	PN	1	_AM	Cinnaminson					
Scope of Work (Check all	that apply)	-							gative Pressure			
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			⊠ Re □ De				☐ Mini-Encl ☐ Glovebag	osure Procedure	on-Friable Procedure	e		
				Loca						_	atement	t Type
Location of Asbestos-Containing M		<b>/</b> /\		Norma d Sol	ally lely by		Description of					
TO BE ABAT	ED	<sup>(1)</sup>	Ma	inten	ance/		stos Containing Mat ., thermal systems in		Amount (Specify	Removal	Repair	Enclosure
IN Facility	′		Cus	todial (12)	Staff?		surfacing, VAT,	or	SF or LF)	oval	=   0	SUD
(13)			Yes	No		1	other miscellaned	ous)			200	2 0
Attic						Vermica	ulite		625 SF			1
									020 01	-		
Name of Devictors 1384												
Name of Registered Waste	Hauler				NJDEP N Hauler II		Cubic Yards of	Name of Regis				
Waste Management				_   「	17273		Waste 5	Grand Cer	ntral			
City, State							Disposal Date	City, State				
Lafayette, NJ							9/25/17	Penn Argy	le, PA			
Completed By (Print or Typ	. 50	Title					Signature	Λ	Date			
Kimberly A. Trumbet	ti	Of	fice C	coord	dinator					4-	12-1	r
CD 44			_				1 1 11		2.0	1	C.	

ASB-41 MAY 11

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

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

(1/ # 1/) Lo	X		(P	ursuant	to NJAC	8:60 and	d 12:12	0)	and the same of th	$\overline{C}$	E C	厚	П	W	E	[
Date of Notification (1) 9/11/2017		-			f Building rset Hol			(2)	A STATE OF THE STA	K.	1- (0)	<u> </u>	11	[1]	5	
Agencies Notified	Type Notification		_	Street A	ddress					100 mm	SEP	1 1 4	1 :	017	- 1	Ш
П ЕРА	✓ Initial			101 C	rawford	s Corne	er Roa	d	1	- Land	OLI	1 -	, ,	.017	The same of	
□ DEP	Amended				ate, Zip Co					L						
DOL DOL	Amendmen Emergency		— L		del, NJ,	07733					ا بالله				L &	
☑ DOH DCA	justification	Kanada Katalan Kanada K			f Contact				Verson	T	elephone	Atront	BF VI	1	- December	
☐ DCA	Cancellation	1			Kahan					11						
Name of Facility Where A	hatement is Takir	ng Place (3	1)	FACI	LITY INFO	ORMATI	ON	Tyr	e of Facility	(4)				44		
Bell Works		·9 · · · · · · · · · · · · ·	7					1 1/1	2	200.00						
Street Address								H	School (K- Subchapte		her than	K-12)				
101 Crawfords Corr	ner Road							X	Other (i.e.				build	dings,	home	es,
City (5)								Squ	etc.) uare Feet	# .	of Floors	8	В	ldg. A	ge	
Holmdel									000,000	8			5	10000		
County (6)		×			Code (7)			Cur	rent Use (Pr	ior if be	eing dem	olished	1)			
				(STATE (	USE ONLY,	)	-	Co	mmercial							
Name of Monitoring Firm		Owner (8)	•	ASCM	I No.				batement Co		100 500					
AAA Lead Profession	nals		-				Shor	elin	e Contrac	ts, Ind	<b>.</b>					
Street Address 6 White Dove Ct							Street									
City, State, Zip Code								200	rton Avenu	ıe				angues -		
Lakewood, NJ, 0870	11								Zip Code , NY, 1070	24						
Project Manager for Moni			- 1	Telephoi	ne No		Teleph			J4 ———	Licens	n No	_			
and the second s	ioig : iiii			7.	68-9078		(85)		-0033		8202					
Start Date (10)		Schedule			Date (11)				SHA Monitor		0202		_			
9/25/2017		9/24/20					Shor	elin	e Contract	ts, Inc	).					
Occupancy Status During	Abatement (Chec	k Only On	e)				Street	Addr	ess							
Facility Closed/Vaca	ted During Entire	Period of A	batem	ent			13 F	uller	rton Avenu	ıe						
Abatement Performe  Other – Describe: S	d Outside of Norr	nal Facility	Hours		,				Zip Code							
·		T TGOGLOG C		Or Iddinty		_	Yonk	cers	, NY, 1070	)4						
Scope of Work (Check All	That Apply)						157	ก								
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		presenta .	enovat emoliti				X	F	ull Containm Ini-Enclosur		h Negati	ve Pre	ssur	е		
			OTTIONI	011			×		Slovebag Pro	cedure						
							<u>N</u>	1 /	lon-Exempte	d (*) ar	nd Non-F	riable	-			
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Location Location Location											Abate Ty		
Location Asbestos-Containing I		1 650	d Solel	,	Achael		cription		al (ACM)		Amount					
TO BE ABA	TED	2000	ntenar odial S	AT THE REAL PROPERTY.		thermal	systems	s insu	ulation,	(	Specify		קק	ZI I	Enc	m
In Facilit (13)	у	Cust	(12)	itan:			ing, VA			S	F or LF)		Remova	Repair	Encapsulate	Enclosure
V /		Yes	No	N/A		01.101.11			• /				/al	=	ilate	Jre
D 1111 4 0 1	140 50	165	INU			_										
Building 4, 3rd an			_	X			ite Pa		5		84 SF		X			
Building 4, 3rd and				X			Fittin			4	00 LF		X			
Building 4, 3rd and	d 4th Floors			X	F	loor Til	e and	Mas	stic	42	,500 SF		X			
Name of Registered Wast	e Hauler		N	JDEP W	aste	Cubic \	Yarde		Name of	Regist	ered Lan	dell				
R.E.D. Technologies			H	auler ID		of Was			6.000							
	LLO		C.	T-185					Minerv		erprise	5				
City, State Bloomfield, CT 06002						Dispos	al Date		City, Sta		011.	1000				
Completed by	-	T:#-				100			Wayne	spurg	j, UH 4					
Sean Ruane		Title Estim	ator			Si	gnature		11			Date 9/11	120	17		
		Louis		114111	-311		A	BA	- Hu	and	2	3/11	120	11		

NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NAIGA Set) and 12:120  Jate of Notification (1)  Jate of Notification (1)  Jack of Notification (1)							alternation of the state of the			= 11	7/	Pi	int-E
STERM Address Street	Nock	N	OTIFICATIO	ON OF ASBES	TOS ABATE		And the second s		C I	1 1	204	<u></u>	
Initial Amended   Amende	Date of Notification (1) 9-13-17			Mark and the state of the state	ner/Operato	r (2)	li	100	SEL	1-4	201	ä	-
Amendment #2   DOH	Interest Investor		Street 200	Address	N SOUTH	COR	PORATE	CERSE	- U	S CO	NTF	OL	<u>g</u>
DOH	X DEP X Amended					CON	TOTALL	CENTE	-N LICE	=NSI	NG		
School (K-12)   School (K-12	Emergency	(including		NOTICE 11-3 (2000) 10-3 (2000)	28			T = .					
Jame of Facility Where Abstement is Taking Pilace (3) CTITOG'S PETTY ISLAND  School (K-12) School (K								Lelen	hone Niii	mhar			
Scheduler (August Size (August	Name of Facility Where Abatement is Takin	ng Place (3)		CILITY INFORM	MATION	Type	of Eacility (4	\					
Size Address   Successor   Suc							12 (4)	50					
Square Feet	Street Address 105 PETTY ISLAND					×	Subchapter 8 Other (i.e. pr	3 (Other	than K-1: ommerci	2) al buil	dings	, hom	es,
ASCM No.   Name of Abatement Contractor (9)	City (5) PENNSAUKEN				5.32	Squa	are Feet	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	loors	1000		-	
STECRI LANE, SUITE 4  Street Address 3 TERRI LANE, SUITE 4  Street Address 3 TERRI LANE, SUITE 4  City, State, Zip Code 3 URLINGTON, NJ 08016  For peet Manage for Monitoring Firm  JOHN LUTZ  Scheduled Completion Date (11)  JO-31-17  Cocupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other — Describe:  Cope of Work (Check All That Apply)  2 S of or ≥3 ff ≥160 of or ≥260 lf  Abestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)  Is Location Normally  Sued Solely by Maintenance/ Custodial Staff?  (12)  Yes No N/A  SEE ATTACHED TABLE  Name of Registered Landfill  Min-Enclosure  Clober Abatement  Abatement  Type  Abatement	County (6) CAMDEN		County (STATE	Code (7) USE ONLY)		100000		r if being	demolish	ned)			
STERRI LANE, SUITE 4   225f FRALEY STREET	ATC	Owner (8)	ASC	M No.						RVIC	ES		
BURLINGTON, NJ 08016  PHILADELPHIA, PA 19137  PHILADELPHIA, PA 19137  Telephone No. 609-386-8800  215-533-5155  License No. 01166  JOHN LUTZ  Scheduled Completion Date (11)  Name of OSHA Monitor  ATC  ATC  ATC  ATC  ATC  ATC  ATC  AT	Street Address 3 TERRI LANE, SUITE 4							EET					
Telephone No. 609-386-8800 215-533-5155 01166  Telephone No. 215-534-515 01166  Telephone No. 215-534-5156  Telephone No. 215-54-54  Telephone No. 215-54  Telephone No. 215-54  Telephone No. 215-54  Telephone No	City, State, Zip Code BURLINGTON, NJ 08016							19137	7				
tart Date (10) 9-5-17 Scheduled Completion Date (11) 10-31-17 ATC ATC ATC ATC ATC  Streat Address 3 TERI LANE, SUITE 4  City, State, Zip Code BURLINGTON, NJ 08016  Cope of Work (Check All That Apply)  ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM) ID BE ABATED In Facility (13)  Location of Registered Waste Hauler  Abselvance of Registered Waste Hauler  ERVICE TRANSPORT GROUP  ATTICL  Name of OSHA Monitor ATC  Streat Address 3 TERI LANE, SUITE 4  City, State, Zip Code BURLINGTON, NJ 08016  Streat Address 3 TERI LANE, SUITE 4  City, State, Zip Code BURLINGTON, NJ 08016  Streat Address 3 TERI LANE, SUITE 4  City, State, Zip Code BURLINGTON, NJ 08016  Streat Address 3 TERI LANE, SUITE 4  City, State City, State City, State City, State City, State City, State Cubic Yards Minerovation Mormally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  SEE ATTACHED TABLE  Name of Registered Landfill MINERVA LANDFILL  Disposal Date City, State LIBSON, OH  Date	Project Manager for Monitoring Firm		1 3000000000000000000000000000000000000		Teleph	none N	lo.	L	icense N	0.			
Street Address   Str	Start Date (10)	Scheduled	201000000000000000000000000000000000000			200000000000000000000000000000000000000	300000000000000000000000000000000000000		1100				
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours	9-5-17	(FOREX DEEO STORY)											
Abatement Performed Outside of Normal Facility Hours Other − Describe:  City, State, Zip Code BURLINGTON, NJ 08016  City, State Libson, OH  City, State City, State City, Sta								TE 4					
Same of Registered Waste Hauler   Signature   Signat	Abatement Performed Outside of Norn	nal Facility I	Hours					20040					
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  SEE ATTACHED TABLE  NUMBER ABATED Custodial Staff? (12)  NUMBER ABATED Custodial Staff? (12)  NUMBER ABATED Custodial Staff? (12)  Yes No N/A  SEE ATTACHED TABLE  NUMBER ABATED Custodial Staff? (12)  NUMBER ABATED Custodial Staff? (12)  NUMBER ABATED Custodial Staff? (12)  Yes No N/A  SEE ATTACHED TABLE  NUMBER ABATED Custodial Staff? Of Waste  Name of Registered Landfill MINERVA LANDFILL  Title  Signature  Date	Scope of Work (Check All That Apply)				BUR	KLING	JON, NJ	08016					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  SEE ATTACHED TABLE  Name of Registered Waste Hauler  ERVICE TRANSPORT GROUP  Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  Normally Used Solely by Maintenance/Custodial Staff? (12)  Yes No N/A  SEE ATTACHED TABLE  Name of Registered Landfill MINERVA LANDFILL  Disposal Date  City, State EWARK, DE  Disposal Date  City, State LIBSON, OH  Disposal Date  Disposal Date  Signature  Date					×	Ful Mir Glo	ni-Enclosure ovebag Proce	dure					
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  SEE ATTACHED TABLE  NJDEP Waste Hauler ID No.  Name of Registered Waste Hauler  ERVICE TRANSPORT GROUP  Title  Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Name of Registered Landfill MINERVA LANDFILL  City, State LIBSON, OH  Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Registered (Specify SF or LF)  Registered Landfill MINERVA LANDFILL  City, State LIBSON, OH  Date		ls L	ocation		1	i NO	n-Exempled	(*) and iv	оп-глар	1	Abate	ement	
TO BE ABATED   In Facility (13)   Yes   No   N/A   SEE ATTACHED TABLE   SEE ATTACHED TABLE   SEE ATTACHED TABLE   Signature   Date   Da		5,03345		Ashastas						-	Ту	ре	
SEE ATTACHED TABLE  Amme of Registered Waste Hauler  ERVICE TRANSPORT GROUP  Title  NJDEP Waste  Cubic Yards of Waste  MINERVA LANDFILL  Disposal Date  City, State  LIBSON, OH  Date	TO BE ABATED	Custo	dial Staff?	(i.e. ther	rmal systems	s insula		(Spe	cify	Rer	Re	Enca	Enc
SEE ATTACHED TABLE  Amme of Registered Waste Hauler  ERVICE TRANSPORT GROUP  Title  SEE ATTACHED TABLE  Name of Registered Landfill  MINERVA LANDFILL  Disposal Date  City, State  LIBSON, OH  Date		-						01 01	_, ,	noval	pair	osulate	osure
ERVICE TRANSPORT GROUP  Hauler ID No. of Waste MINERVA LANDFILL  Disposal Date City, State  EWARK, DE  Disposal Date LIBSON, OH  Date		res	INO IN/A	SEE A	TTACHE	D TAE	BLE						
ERVICE TRANSPORT GROUP  Hauler ID No. of Waste MINERVA LANDFILL  Disposal Date City, State  EWARK, DE  Disposal Date LIBSON, OH  Date													
ERVICE TRANSPORT GROUP  Hauler ID No. of Waste MINERVA LANDFILL  Disposal Date City, State  EWARK, DE  Disposal Date LIBSON, OH  Date					10-								
EWARK, DE LIBSON, OH  ompleted by Title Signature Date	Name of Registered Waste Hauler SERVICE TRANSPORT GROUP							8778					
ompleted by Title Signature Date	City, State NEWARK, DE	¥		Di	sposal Date			ОН					
	Completed by	A. (1) (1) (1)	E ODED	TIONS	Signature	1			111111111111111111111111111111111111111		7		

DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	Amount	Code**	Code** Code***
12x12 beige VAT	throughout floor-fire suppression bldg.		SF	REM
12x12 black VAT/mastic	throughout floor-fire suppression bldg.	500 SF	I	REM
built up roofing	roofing-fire suppression bldg.	500 SF		REM
transite paneling	throughout bldg-storage bldg.	3380 SF		REM
roofing mastic	roof peak/penetrations-storage bldg.	60 SF	Γ	REM
pipe gaskets	pipe fittings-loading rack	3	Γ	REM
plaster and wire mesh wall board	north wall, east wall, and west wall-millhouse	540 SF		REM
TSI tar	fittings and elbows of piping-west loading rack	15 SF	Γ	REM
transite paneling	splash walls and ceiling at laboratory hood-laboratory	96 SF	Γ	REM
transite roofing	roof-office laboratory	6160 SF	Γ	REM
roofing mastic	roof-office laboratory	382 SF	T	REM
TSI	piping on sw corner of bldg. roof-warehouse	9	T	REM
transite roofing	roof-substation	80 SF		REM
transite roofing	roof-engineering office	1440 SF		REM
roofing mastic	roof -engineering office	27 SF	T	RFM
transite roofing	roof-maintenance shop	700 SF	T	REM
roofing mastic	roof-maintenance shop	9 3 3 8	T	REM
built up roofing	roof-garage	720 SF	T	RFM
black felt	roof-garage	340 SF	T	REM
grey roof flashing tar	roof-garage	130 SF	Γ	REM
		-	Manufacture and an artist of the least of th	-

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1,0	NO.	TIFICATIO	State of Ne N OF ASB It to NJAC	ESTOS A			DE	) E C	E			M			
Date of Notification (1) September 13, 2017	Name Lacka	Name of Building Owner/Operator (2)  Lackawanna Warehouse Corporation of New Jersey II													
Agencies Notified Type Notification		Street Address 1185 Sixth Ave, 10th floor ASBESTOS CONTROL &													
DEP Amended	EP Amended OL Amendment #				City, State, Zip Code New York, NY 10036					LICENSING					
DOH Emergency (in justification)  DCA Cancellation	including	Name	Name of Contact David Malanga					Telenhone	Nimbor						
		FACILITY INFORMATION													
Name of Facility Where Abatement is Taking	g Place (3)					Type of F	acility (4)								
Street Address 629 Grove Street		Subch				ool (K-12) chapter 8 er (i.e. priv	l (K-12) apter 8 (Other than K-12) (i.e. private & commercial buildings, homes,								
City (5) Jersey City						eet	# of Floors		Bldg.		-				
County (6) Hudson		County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) manufacturer										
Name of Monitoring Firm Hired by Building O Bio Terra Environmental	ASC				Name of Abatement Contractor (9) Abatement Unlimited, Inc.										
Street Address 1130 W. Chestnut St.			1000		Address Bullard Avenue										
City, State, Zip Code Union, NJ 07083					City, State, Zip Code Bronx, NY 10644										
Project Manager for Monitoring Firm Rick Eustaquio	0.000	Telephone No. Te			Telephone No. License No. 718 994-1374 01067										
		mpletion Date (11) Nan			Name of OSHA Monitor Abatement Unlimited, Inc.										
Occupancy Status During Abatement (Check		Street Address													
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma Other – Describe:	ement urs	City, S			32 Bullard Avenue State, Zip Code Drix, NY 10466										
Scope of Work (Check All That Apply)				_   [	Bronx	, NY 104	466								
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf     Demolition     Demolition						Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
	Is Loc	ation				NOTIFIEX	empted (	) and Non-Fr	lable Fit	Abate	emen				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	nally blely by nance/ al Staff? 2)	os Contain thermal sys surfacing	escription of staining Material (ACM) I systems insulation, acing, VAT, or			Amount (Specify SF or LF)	Remova	Repair	e Encapsulate	Enclosure					
(13)	Yes No			other misc	cellane	ous)			oval	air	sulate	sure			
Ground		X		Pipe In	sulati	ion		200 LF	Х						
										-					
Name of Registered Waste Hauler ATC	C Hauler ID No. o				Vaste			f Registered Landfill  va Enterprises							
City, State Shirley, NY					sal Date City, State Waynesburg, OH										
Completed by John Barone	Title Sigr Senior Project Manager					nd	BN		Date 9/13/1	7					