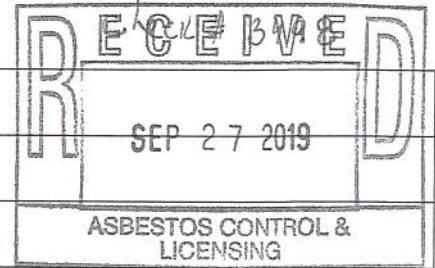


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



|  |   |   |  |  |                           |                   |        |             |           |
|--|---|---|--|--|---------------------------|-------------------|--------|-------------|-----------|
| Date of Notification (1)<br>9/20/2019  |   | Name of Building Owner/Operator (2)<br>Teaneck Board of Education   |  |  |                           |                   |        |             |           |
| Agencies Notified  | Type Notification   | Street Address<br>One Merrison Street   |  |  |                           |                   |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA  | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Teaneck, New Jersey 07666  |  |  |                           |                   |        |             |           |
|  |   | Name of Contact<br>Mr. Anthony D'Angelo   | Telephone Number<br>(201) 833-5526                       |  |                           |                   |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |   |  |  |                           |                   |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Eugene field Admin Building  |   | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                               |  |  |                           |                   |        |             |           |
| Street Address<br>One Merrison Street  |   | Square Feet<br>30,000   | # of Floors<br>2   |  |                           |                   |        |             |           |
| City (5)<br>Teaneck  |   | Bldg. Age<br>63   |  |  |                           |                   |        |             |           |
| County (6)<br>Bergen   | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)<br>Administrative Offices   |  |  |                           |                   |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Environmental Design Inc.   |   | ASCM No.<br>00095   | Name of Abatement Contractor (9)<br>Sky Contracting, LLC |  |                           |                   |        |             |           |
| Street Address<br>5434 King Avenue, Suite 101  |   | Street Address<br>1385 Valley Road, Suite K   |  |  |                           |                   |        |             |           |
| City, State, Zip Code<br>Pennsauken, NJ 08109  |   | City, State, Zip Code<br>Wayne, New Jersey 07470  |  |  |                           |                   |        |             |           |
| Project Manager for Monitoring Firm<br>Jay Murray  |   | Telephone No.<br>(856) 616-9516   | License No.<br>00874                                     |  |                           |                   |        |             |           |
| Start Date (10)<br>10/14/2019  | Scheduled Completion Date (11)<br>12/31/2019  | Name of OSHA Monitor<br>Sky Contracting, LLC  |  |  |                           |                   |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other – Describe: _____ |   | Street Address<br>1385 Valley Road, Suite K   |  |  |                           |                   |        |             |           |
|  |   | City, State, Zip Code<br>Wayne, New Jersey 07470  |  |  |                           |                   |        |             |           |
| Scope of Work (Check All That Apply)   |   |   |  |  |                           |                   |        |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |  |  |                           |                   |        |             |           |
|  |   | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |                           |                   |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   |  | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type    |        |             |           |
|  | Yes   | No  | N/A  |  |                           | Removal           | Repair | Encapsulate | Enclosure |
| See Attached   |   |   |  |  |                           |                   |        |             |           |
|  |   |   |  |  |                           |                   |        |             |           |
|  |   |   |  |  |                           |                   |        |             |           |
| Name of Registered Waste Hauler<br>Service Transport Group, Inc.   |   | NJDEP Waste Hauler ID No.<br>20990  | Cubic Yards of Waste<br>TBD                              | Name of Registered Landfill<br>Minerva Enterprises, LLC  |                           |                   |        |             |           |
| City, State<br>New Castle, Delaware  |   |   | Disposal Date<br>TBD                                     | City, State<br>Waynesburg, Ohio  |                           |                   |        |             |           |
| Completed by<br>Ljiljana Sekularac   |   | Title<br>Office Assistant   | Signature<br>  |  |                           | Date<br>9/20/2019 |        |             |           |

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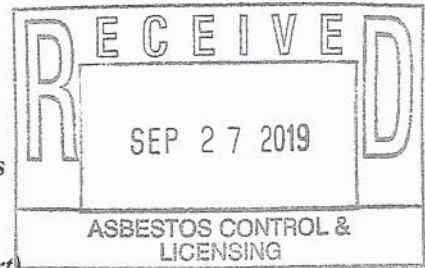
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

|                              |             |            |
|------------------------------|-------------|------------|
| R                            | RECEIVED    | Print Form |
|                              | SEP 27 2019 |            |
| ASBESTOS CONTROL & LICENSING |             |            |

|   |  |   |   |  |                           |                |                 |             |           |
|---|--|---|---|--|---------------------------|----------------|-----------------|-------------|-----------|
| Date of Notification (1)<br>8-19-19   |  | Name of Building Owner/Operator (2)<br>HRP Hudson, LLC  |   |  |                           |                |                 |             |           |
| Agencies Notified   | Type Notification  | Street Address<br>401 N Michigan Ave, Suite 1630  |   |  |                           |                |                 |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA   | <input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>3</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Chicago, IL 60611  |   |  |                           |                |                 |             |           |
|   |  | Name of Contact<br>Genaro Holguin   | Telephone Number<br>312-796-6593                                    |  |                           |                |                 |             |           |
| <b>FACILITY INFORMATION</b>   |  |   |   |  |                           |                |                 |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Hudson Generating Station   |  | Type of Facility (4)  |   |  |                           |                |                 |             |           |
| Street Address<br>Dutfield Avenue   |  | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |  |                           |                |                 |             |           |
| City (5)<br>Jersey City   |  | Square Feet<br>627,470  | # of Floors<br>10   |  |                           |                |                 |             |           |
| County (6)<br>Hudson  |  | County Code (7)<br>(STATE USE ONLY)   | Bldg. Age<br>55   |  |                           |                |                 |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Finog Environmental Inc  |  | ASCM No.  | Name of Abatement Contractor (9)<br>Precision Environmental Company |  |                           |                |                 |             |           |
| Street Address<br>617 Stokes Rd, Suite 4-318  |  | Street Address<br>5500 Old Brecksville Rd   |   |  |                           |                |                 |             |           |
| City, State, Zip Code<br>Medford, NJ 08055  |  | City, State, Zip Code<br>Independence, Ohio 44131   |   |  |                           |                |                 |             |           |
| Project Manager for Monitoring Firm<br>Mark Rubnitz   |  | Telephone No.<br>856-596-9994   | License No.<br>01212  |  |                           |                |                 |             |           |
| Start Date (10)<br>9-17-19  | Scheduled Completion Date (11)<br>12-20-19   | Name of OSHA Monitor<br>Precision Environmental Company   |   |  |                           |                |                 |             |           |
| Occupancy Status During Abatement (Check Only One)  |  | Street Address<br>5500 Old Brecksville Rd   |   |  |                           |                |                 |             |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____  |  | City, State, Zip Code<br>Independence, Ohio 44131   |   |  |                           |                |                 |             |           |
| Scope of Work (Check All That Apply)  |  |   |   |  |                           |                |                 |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf<br><br><input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |   |  |                           |                |                 |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |   | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |                 |             |           |
|   | Yes  | No  | N/A   |  |                           | Removal        | Repair          | Encapsulate | Enclosure |
| SEE ATTACHED LIST   |  |   |   |  |                           |                |                 |             |           |
|   |  |   |   |  |                           |                |                 |             |           |
|   |  |   |   |  |                           |                |                 |             |           |
|   |  |   |   |  |                           |                |                 |             |           |
| Name of Registered Waste Hauler<br>Newark Carting Inc.  |  | NJDEP Waste Hauler ID No.<br>04509  | Cubic Yards of Waste<br>900   | Name of Registered Landfill<br>Grand Central Sanitary Landfill   |                           |                |                 |             |           |
| City, State<br>Newark, New Jersey   |  | Disposal Date   |   | City, State<br>Pen Argyl, PA   |                           |                |                 |             |           |
| Completed by<br>John Savage   |  | Title<br>Vice President   |   | Signature<br><i>John Savage</i>  |                           |                | Date<br>9-24-19 |             |           |



**Hudson Generating Station  
Precision Environmental Work Hours**



***Week 1 (Week of 9/16/19)***

*Monday off*  
Tuesday: 7am to 5:30pm (*Sept 17th Start*)  
Wednesday: 7am to 5:30pm  
Thursday: 7am to 5:30pm  
Friday: 7am to 5:30pm  
Saturday 7am to 3:30pm  
*Sunday: off*

***Week 2-***

Monday: 7am to 5:30pm  
Tuesday: 7am to 5:30pm  
Wednesday 7am to 5:30pm  
Thursday 7am to 5:30pm  
*Friday off*  
*Saturday off*  
*Sunday off*

**\*\*Precision Environmental shall follow the above listed work hours on a rotating two week schedule\*\***

**This schedule shall take effect at the listed state date**

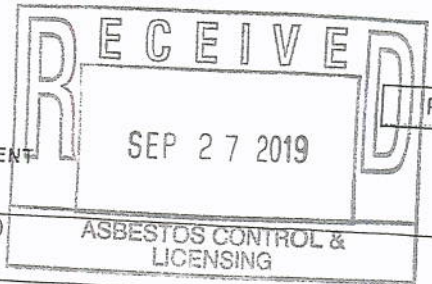
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

|                              |             |
|------------------------------|-------------|
| RECEIVED                     | Print Form  |
|                              | SEP 27 2019 |
| ASBESTOS CONTROL & LICENSING |             |

|   |   |   |   |   |                           |                |        |             |           |
|---|---|---|---|---|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1)<br>8-19-19   |   | Name of Building Owner/Operator (2)<br>HRP Hudson, LLC  |   |   |                           |                |        |             |           |
| Agencies Notified   | Type Notification   | Street Address<br>401 N Michigan Ave, Suite 1630  |   |   |                           |                |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA   | <input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>2</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Chicago, IL 60611  |   |   |                           |                |        |             |           |
|   |   | Name of Contact<br>Genaro Holguin   | Telephone Number<br>312-796-6593                                    |   |                           |                |        |             |           |
| <b>FACILITY INFORMATION</b>   |   |   |   |   |                           |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Hudson Generating Station   |   | Type of Facility (4)  |   |   |                           |                |        |             |           |
| Street Address<br>Dutfield Avenue   |   | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |   |                           |                |        |             |           |
| City (5)<br>Jersey City   |   | Square Feet<br>627,470  | # of Floors<br>10   |   |                           |                |        |             |           |
| County (6)<br>Hudson  |   | Bldg. Age<br>55   |   |   |                           |                |        |             |           |
| County Code (7)<br>(STATE USE ONLY)   |   | Current Use (Prior if being demolished)<br>Power Plant  |   |   |                           |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>TBD  |   | ASCM No.  | Name of Abatement Contractor (9)<br>Precision Environmental Company |   |                           |                |        |             |           |
| Street Address  |   | Street Address<br>5500 Old Brecksville Rd   |   |   |                           |                |        |             |           |
| City, State, Zip Code   |   | City, State, Zip Code<br>Independence, Ohio 44131   |   |   |                           |                |        |             |           |
| Project Manager for Monitoring Firm   |   | Telephone No.<br>216-642-6040   | License No.<br>01212  |   |                           |                |        |             |           |
| Start Date (10)<br>9-17-19  | Scheduled Completion Date (11)<br>12-20-19  | Name of OSHA Monitor<br>Precision Environmental Company   |   |   |                           |                |        |             |           |
| Occupancy Status During Abatement (Check Only One)  |   | Street Address<br>5500 Old Brecksville Rd   |   |   |                           |                |        |             |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____  |   | City, State, Zip Code<br>Independence, Ohio 44131   |   |   |                           |                |        |             |           |
| Scope of Work (Check All That Apply)  |   |   |   |   |                           |                |        |             |           |
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |   |   |                           |                |        |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|   | Yes   | No  | N/A   |   |                           | Removal        | Repair | Encapsulate | Enclosure |
| SEE ATTACHED LIST   |   |   |   |   |                           |                |        |             |           |
|   |   |   |   |   |                           |                |        |             |           |
|   |   |   |   |   |                           |                |        |             |           |
|   |   |   |   |   |                           |                |        |             |           |
| Name of Registered Waste Hauler<br>Delaware Valley Container  |   | NJDEP Waste Hauler ID No.<br>12838  | Cubic Yards of Waste<br>900   | Name of Registered Landfill<br>Cumberland County Landfill   |                           |                |        |             |           |
| City, State<br>Redding, PA  |   |   | Disposal Date   | City, State<br>Newburg, PA  |                           |                |        |             |           |
| Completed by<br>John Savage   |   | Title<br>Vice President   | Signature<br>John Savage  |   |                           | Date<br>9-9-19 |        |             |           |



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

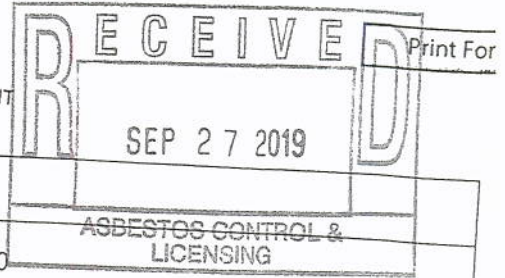


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|   |  |  |  |   |  |
|---|--|--|--|---|--|
| Date of Notification (1)<br>8-19-19   |  | Name of Building Owner/Operator (2)<br>HRP Hudson, LLC   |  | ASBESTOS CONTROL & LICENSING  |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA                    |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <u>1</u><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  | Street Address<br>401 N Michigan Ave, Suite 1630<br>City, State, Zip Code<br>Chicago, IL 60611<br>Name of Contact<br>Genaro Holguin<br>Telephone Number<br>312-796-6593 |  |
| Name of Facility Where Abatement is Taking Place (3)<br>Hudson Generating Station   |  |  |  | FACILITY INFORMATION  |  |
| Street Address<br>Dutfield Avenue   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                        |  | Square Feet<br>627,470  |  |
| City (5)<br>Jersey City   |  | County (6)<br>Hudson   |  | # of Floors<br>10   |  |
| County Code (7)<br>(STATE USE ONLY)   |  | Current Use (Prior if being demolished)<br>Power Plant   |  | Bldg. Age<br>55   |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>TBD  |  | ASCM No.   |  | Name of Abatement Contractor (9)<br>Precision Environmental Company   |  |
| Street Address  |  | Street Address<br>5500 Old Brecksville Rd  |  | City, State, Zip Code<br>Independence, Ohio 44131   |  |
| City, State, Zip Code   |  | Telephone No.<br>216-642-6040  |  | License No.<br>01212  |  |
| Project Manager for Monitoring Firm   |  | Telephone No.  |  | Name of OSHA Monitor<br>Precision Environmental Company   |  |
| Start Date (10)<br>9-10-19  |  | Scheduled Completion Date (11)<br>12-20-19   |  | Street Address<br>5500 Old Brecksville Rd   |  |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br>Other - Describe: _____ |  | City, State, Zip Code<br>Independence, Ohio 44131  |  | Full Containment with Negative Pressure<br>Mini-Enclosure<br>Glovebag Procedure<br>Non-Exempted (*) and Non-Friable Procedure   |  |
| Scope of Work (Check All That Apply)<br><input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf   |  | <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition  |  |   |  |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)   |  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)<br>Yes No N/A  |  | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   |  |
| SEE ATTACHED LIST   |  |  |  | Amount (Specify SF or LF)   |  |
|   |  |  |  | Abatement Type<br>Removal Repair Encapsulate Enclosure  |  |
|   |  |  |  | ✓   |  |
|   |  |  |  |   |  |
| Name of Registered Waste Hauler<br>Delaware Valley Container  |  | NJDEP Waste Hauler ID No.<br>12838   |  | Cubic Yards of Waste<br>900   |  |
| City, State<br>Redding, PA  |  | Disposal Date  |  | Name of Registered Landfill<br>Cumberland County Landfill   |  |
| Completed by<br>John Savage   |  | Title<br>Vice President  |  | City, State<br>Newburg, PA  |  |
|   |  | Signature<br>John Savage   |  | Date<br>8-30-19   |  |



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



|  |  |   |  |
|--|--|---|--|
| Date of Notification (1)<br>8-19-19  |  | Name of Building Owner/Operator (2)<br>HRP Hudson, LLC  |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA |  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |  |
| Street Address<br>401 N Michigan Ave, Suite 1630   |  | City, State, Zip Code<br>Chicago, IL 60611  |  |
| Name of Contact<br>Genaro Holguin  |  | Telephone Number<br>312-796-6593  |  |

|   |  |   |  |
|---|--|---|--|
| Name of Facility Where Abatement is Taking Place (3)<br>Hudson Generating Station |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |
| Street Address<br>Dutfield Avenue   |  | Square Feet<br>627,470  |  |
| City (5)<br>Jersey City   |  | # of Floors<br>10   |  |
| County (6)<br>Hudson  |  | Bldg. Age<br>55   |  |
| County Code (7)<br>(STATE USE ONLY)   |  | Current Use (Prior if being demolished)<br>Power Plant  |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>TBD                        |  | ASCM No.  |  |

|   |  |   |  |
|---|--|---|--|
| Street Address<br>5500 Old Brecksville Rd         |  | Name of Abatement Contractor (9)<br>Precision Environmental Company |  |
| City, State, Zip Code<br>Independence, Ohio 44131 |  | Telephone No.<br>216-642-6040                                       |  |
| Project Manager for Monitoring Firm               |  | License No.<br>01212  |  |
| Start Date (10)<br>9-3-19                         |  | Scheduled Completion Date (11)<br>12-20-19                          |  |

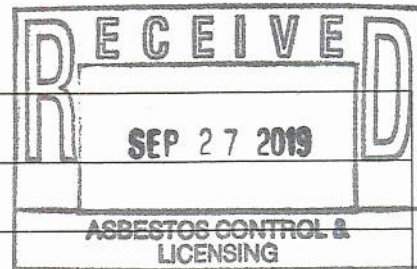
|  |  |   |  |
|--|--|---|--|
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe:   |  | Name of OSHA Monitor<br>Precision Environmental Company |  |
| Scope of Work (Check All That Apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf<br><input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  | Street Address<br>5500 Old Brecksville Rd               |  |
|  |  | City, State, Zip Code<br>Independence, Ohio 44131       |  |

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|--|---|----|-----|--|---------------------------|----------------|--------|-------------|-----------|
|  | Yes   | No | N/A |  |                           | Removal        | Repair | Encapsulate | Enclosure |
| SEE ATTACHED LIST  |   |    |     |  |                           |                |        |             |           |
|  |   |    |     |  |                           |                |        |             |           |
|  |   |    |     |  |                           |                |        |             |           |
|  |   |    |     |  |                           |                |        |             |           |

|  |  |                                    |  |                             |  |   |  |
|--|--|------------------------------------|--|-----------------------------|--|---|--|
| Name of Registered Waste Hauler<br>Delaware Valley Container |  | NJDEP Waste Hauler ID No.<br>12838 |  | Cubic Yards of Waste<br>900 |  | Name of Registered Landfill<br>Cumberland County Landfill |  |
| City, State<br>Redding, PA                                   |  | Disposal Date                      |  | City, State<br>Newburg, PA  |  |   |  |
| Completed by<br>John Savage                                  |  | Title<br>Vice President            |  | Signature<br>John Savage    |  | Date<br>8-19-19   |  |



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



Date of Notification (1)  
9-18-2019

Name of Building Owner/Operator (2)  
413 Summit Holding, LLC

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
  
☒ DOH  
☐ DCA

Type Notification

☐ Initial  
☐ Amended  
☐ Amendment #  
☒ Emergency (including justification)  
☐ Cancellation

Street Address  
390 Broadway, 4th Floor

City, State, Zip Code  
New York, NY 10013

Name of Contact  
Michel Joffe

Telephone Number  
732-547-4982

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Commercial

Type of Facility (4)

☐ School (K-12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other (i.e. private & commercial buildings, homes, etc.)

Street Address  
407-413 Summit Avenue

City (5)  
Jersey City, NJ 07306

Square Feet  
15532

# of Floors  
1

Bldg. Age  
80+

County (6)  
Hudson

County Code (7)  
(STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

Green Environmental Services, LLC

Street Address

Street Address  
235 Virginia Avenue

City, State, Zip Code

City, State, Zip Code  
Jersey City, NJ 07304

Project Manager for Monitoring Firm

Telephone No.

Telephone No.  
201-333-8855

License No.  
01174

Start Date (10)  
9-19-2019

Scheduled Completion Date (11)  
9-23-2019

Name of OSHA Monitor  
Green Environmental Services, LLC

Occupancy Status During Abatement (Check Only One)

☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
☐ Other - Describe: \_\_\_\_\_

Street Address  
235 Virginia Avenue

City, State, Zip Code  
Jersey City, NJ 07304

Scope of Work (Check All That Apply)

☐  $\geq 3$  sf or  $\geq 3$  lf  
☒  $\geq 160$  sf or  $\geq 260$  lf

☐ Renovation  
☒ Demolition

☐ Full Containment with Negative Pressure  
☒ Mini-Enclosure  
☒ Glovebag Procedure  
☒ Non-Exempted (\*) and Non-Friable Procedure

| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|--|---|----|-----|---|---------------------------|----------------|--------|-------------|-----------|
|  | Yes   | No | N/A |   |                           | Removal        | Repair | Encapsulate | Enclosure |
| Roof   |   | x  |     | Roofing Material  | 6120 SF                   | x              |        |             |           |
| Basement   |   | x  |     | Pipe insulation   | 30 LF                     | x              |        |             |           |
| Garage   |   | x  |     | Transite Panels   | 40SF                      | x              |        |             |           |
|  |   |    |     |   |                           |                |        |             |           |

Name of Registered Waste Hauler  
Green Environmental Services, LLC

NJDEP Waste Hauler ID No.  
0034889

Cubic Yards of Waste  
35

Name of Registered Landfill  
Fairless Landfill

City, State  
Jersey City, NJ

Disposal Date  
9-23-2019

City, State  
Morrisville, PA

Completed by  
Liliana Serrano

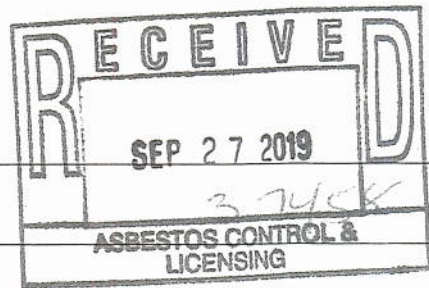
Title  
Office Manager

Signature

Date  
9-18-2019



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



|  |   |  |  |
|--|---|--|--|
| Date of Notification (1)<br>09 / 24 / 19   |   | Name of Building Owner/Operator (2)<br>Regency Development   |  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>315 Monmouth Avenue, Suite 208<br>City, State, Zip Code<br>Lakewood, NJ 08701<br>Name of Contact<br>Jack<br>Telephone Number<br>732-664-3982 |  |

**FACILITY INFORMATION**

|   |  |  |                      |
|---|--|--|----------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Residence   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                      |
| Street Address<br>[REDACTED]  |  | Square Feet<br>2500 sf   |                      |
| City (5)<br>Lakewood  |  | # of Floors<br>2   | Bldg. Age<br>70      |
| County (6)<br>Ocean   | County Code (7)(STATE USE ONLY)                | Current Use (Prior if being demolished)<br>Residence   |                      |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A  | ASCM No.                                       | Name of Abatement Contractor (9)<br>Guardian Contracting, Inc.   |                      |
| Street Address  |  | Street Address<br>1889 Route 9, Unit 61  |                      |
| City, State, Zip Code   |  | City, State, Zip Code<br>Toms River, New Jersey 08755  |                      |
| Project Manager for Monitoring Firm   | Telephone No.                                  | Telephone No.<br>732-349-9932  | License No.<br>00624 |
| Start Date (10)<br>10 / 07 / 19   | Scheduled Completion Date (11)<br>10 / 11 / 19 | Name of OSHA Monitor<br>E.M.S.L. Analytical  |                      |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: ____AM-____PM/____PM-____AM |  | Street Address<br>1056 Stelton<br>City, State, Zip Code<br>Piscataway, New Jersey 08854  |                      |

Scope of Work (Check all that apply)

|  |  |  |
|--|--|--|
| <input type="checkbox"/> ≥3 sf or ≥3 lf                | <input type="checkbox"/> Renovation            | <input type="checkbox"/> Full Containment with Negative Pressure               |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure  |
|  |  | <input type="checkbox"/> Glovebag Procedure                                    |
|  |  | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

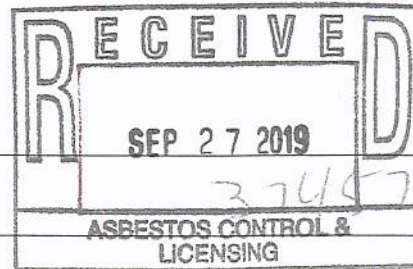
| Location of Asbestos-Containing Material (ACM)<br>TO BE ABATED<br>IN Facility<br>(13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                                     |                          | Description of Asbestos Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount<br>(Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|---|---|-------------------------------------|--------------------------|---|------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|   | Yes   | No                                  | N/A                      |   |                              | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| exterior  | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | asbestos roof   | 500 sf                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| exterior  | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | asbestos siding   | 2800 sf                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/> |   |                              | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/> |   |                              | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   |                                    |  |   |
|---|------------------------------------|--|---|
| Name of Registered Waste Hauler<br>Guardian Contracting, Inc. | NJDEP Waste Hauler ID No.<br>20223 | Cubic Yards of Waste<br>10             | Name of Registered Landfill<br>T.R.R.F. |
| City, State<br>Toms River, New Jersey                         | Disposal Date<br>10/11/19          | City, State<br>Tullytown, Pennsylvania |   |
| Completed By (Print or Type)<br>Nicholas Fernicola            | Title<br>Project Manager           | Signature<br>                          | Date<br>9/29/19                         |



Inv 14809  
CK 37457

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



|   |  |  |                                  |
|---|--|--|----------------------------------|
| Date of Notification (1)<br>09 / 24 / 19  |  | Name of Building Owner/Operator (2)<br>Seminole Construction                           |                                  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8) | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>123 Bartlett Avenue<br>City, State, Zip Code<br>West Creek, NJ 08092 |                                  |
|   |  | Name of Contact<br>Joyce Corliss   | Telephone Number<br>609-296-0700 |

**FACILITY INFORMATION**

|  |  |  |                      |
|--|--|--|----------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>Residence  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                      |
| Street Address<br>[REDACTED]   |  |  |                      |
| City (5)<br>Ship Bottom  | County (6)<br>Ocean                            | Square Feet<br>1350  | # of Floors<br>1     |
| County Code (7) (STATE USE ONLY)<br>08008  |  | Bldg. Age<br>70  |                      |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |  | Name of Abatement Contractor (9)<br>Guardian Contracting, Inc.   |                      |
| Street Address   |  | Street Address<br>1889 Route 9, Unit 61  |                      |
| City, State, Zip Code  |  | City, State, Zip Code<br>Toms River, New Jersey 08755  |                      |
| Project Manager for Monitoring Firm  |  | Telephone No.<br>732-349-9932  | License No.<br>00624 |
| Start Date (10)<br>10 / 04 / 19  | Scheduled Completion Date (11)<br>10 / 07 / 19 | Name of OSHA Monitor<br>E.M.S.L. Analytical  |                      |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM |  | Street Address<br>1056 Stelton<br>City, State, Zip Code<br>Piscataway, New Jersey 08854  |                      |

Scope of Work (Check all that apply)

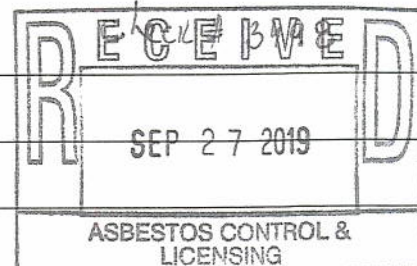
|  |  |  |
|--|--|--|
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf                | <input type="checkbox"/> Renovation            | <input type="checkbox"/> Full Containment with Negative Pressure               |
| <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure  |
|  |  | <input type="checkbox"/> Glovebag Procedure                                    |
|  |  | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>IN Facility<br>(13) | Is Location Normally Used Solely by Maintenance/Custodial Staff?<br>(12) |                                     |                          | Description of Asbestos Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount<br>(Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|--|--|-------------------------------------|--------------------------|---|------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Yes  | No                                  | N/A                      |   |                              | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| exterior   | <input type="checkbox"/>   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | asbestos siding   | 1350 sf                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/> |   |                              | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/> |   |                              | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>            | <input type="checkbox"/> |   |                              | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   |                                    |                           |   |
|---|------------------------------------|---------------------------|---|
| Name of Registered Waste Hauler<br>Guardian Contracting, Inc. | NJDEP Waste Hauler ID No.<br>20223 | Cubic Yards of Waste<br>3 | Name of Registered Landfill<br>T.R.R.F. |
| City, State<br>Toms River, New Jersey                         |                                    | Disposal Date<br>10/07/19 | City, State<br>Tullytown, Pennsylvania  |
| Completed By (Print or Type)<br>Nicholas Fernicola            | Title<br>Project Manager           | Signature<br>             | Date<br>9/24/19                         |



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



|   |   |   |                              |
|---|---|---|------------------------------|
| Date of Notification (1)<br>9/20/2019   |   | Name of Building Owner/Operator (2)<br>Teaneck Board of Education |                              |
| Agencies Notified   | Type Notification   | Street Address<br>One Merrison Street                             | ASBESTOS CONTROL & LICENSING |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input checked="" type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Teaneck, New Jersey 07666                |                              |
| Name of Contact<br>Mr. Anthony D'Angelo   |   | Telephone Number<br>(201) 833-5526                                |                              |

## FACILITY INFORMATION

|  |  |   |  |
|--|--|---|--|
| Name of Facility Where Abatement is Taking Place (3)<br>Eugene field Admin Building  |  | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |
| Street Address<br>One Merrison Street  |  | Square Feet<br>30,000   | # of Floors<br>2   |
| City (5)<br>Teaneck  |  | Bldg. Age<br>63   |  |
| County (6)<br>Bergen   | County Code (7)<br>(STATE USE ONLY) _____    | Current Use (Prior if being demolished)<br>Administrative Offices   |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Environmental Design Inc.   |  | ASCM No.<br>00095   | Name of Abatement Contractor (9)<br>Sky Contracting, LLC |
| Street Address<br>5434 King Avenue, Suite 101  |  | Street Address<br>1385 Valley Road, Suite K   |  |
| City, State, Zip Code<br>Pennsauken, NJ 08109  |  | City, State, Zip Code<br>Wayne, New Jersey 07470  |  |
| Project Manager for Monitoring Firm<br>Jay Murray  |  | Telephone No.<br>(856) 616-9516   | License No.<br>00874                                     |
| Start Date (10)<br>10/14/2019  | Scheduled Completion Date (11)<br>12/31/2019 | Name of OSHA Monitor<br>Sky Contracting, LLC  |  |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |  | Street Address<br>1385 Valley Road, Suite K   |  |
|  |  | City, State, Zip Code<br>Wayne, New Jersey 07470  |  |

## Scope of Work (Check All That Apply)

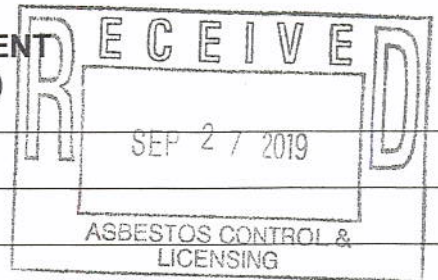
|   |   |   |
|---|---|---|
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |
|---|---|---|

| Location of Asbestos Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|--|---|----|-----|---|---------------------------|----------------|--------|-------------|-----------|
|  | Yes   | No | N/A |   |                           | Removal        | Repair | Encapsulate | Enclosure |
| See Attached   |   |    |     |   |                           |                |        |             |           |
|  |   |    |     |   |                           |                |        |             |           |
|  |   |    |     |   |                           |                |        |             |           |
|  |   |    |     |   |                           |                |        |             |           |

|  |  |                                    |                             |   |                   |
|--|--|------------------------------------|-----------------------------|---|-------------------|
| Name of Registered Waste Hauler<br>Service Transport Group, Inc. |  | NJDEP Waste Hauler ID No.<br>20990 | Cubic Yards of Waste<br>TBD | Name of Registered Landfill<br>Minerva Enterprises, LLC |                   |
| City, State<br>New Castle, Delaware                              |  |                                    | Disposal Date<br>TBD        | City, State<br>Waynesburg, Ohio                         |                   |
| Completed by<br>Ljiljana Sekularac                               |  | Title<br>Office Assistant          | Signature<br>               |   | Date<br>9/20/2019 |



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



|   |  |  |                                  |
|---|--|--|----------------------------------|
| Date of Notification (1)<br>9-24-2019   |  | Name of Building Owner / Operator (2)<br>The East Hill |                                  |
| Agencies Notified   | Type Notification  | Street Address<br>PO Box 644                           |                                  |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Emergency<br><input type="checkbox"/> Cancellation | City, State & Zip Code<br>Englewood, NJ 07631          |                                  |
|   |  | Name of Contact<br>Harold Knebel                       | Telephone Number<br>201-394-0257 |

**FACILITY INFORMATION**

|  |  |                                  |   |                         |                 |
|--|--|----------------------------------|---|-------------------------|-----------------|
| Name of Facility Where Abatement is Taking Place (3)<br>East Hill Gardens Apartments *UNIT I*  |  |                                  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |                         |                 |
| Street Address<br>14 Bliss Avenue  |  |                                  | Square Feet<br>30,000   | # of Floors<br>2        | Bldg. Age<br>45 |
| City (5)<br>Tenafly, NJ  | County (6)<br>Bergen                         | County Code (7)                  | Current Use (Prior if being demolished)<br>Security Building  |                         |                 |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Health & Safety Services  |  | ASCM No.                         | Name of Abatement Contractor (9)<br>Resource Management Group, LLC  |                         |                 |
| Street Address<br>PO Box 365   |  |                                  | Street Address<br>2115 Hamilton Ave, Suite 202  |                         |                 |
| City, State & Zip Code<br>Berlin, NJ 08009   |  |                                  | City, State & Zip Code<br>Trenton, NJ 08619   |                         |                 |
| Project Manager for Monitoring Firm<br>Jim Proctor   |  | Telephone Number<br>856-839-2432 | Telephone Number<br>609-914-4279  | License Number<br>01185 |                 |
| Scheduled Start Date (10)<br>10-8-2019   | Scheduled Completion Date (11)<br>10-11-2019 |                                  | Name of OSHA Monitor<br>J&S Environmental Laboratories, Inc.  |                         |                 |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed during regular operating Hours:<br>Describe: 7:30am – 5:00pm<br><input checked="" type="checkbox"/> Facility Occupied During Abatement |  |                                  | Street Address<br>2333 Route 22 West  |                         |                 |
|  |  |                                  | City, State & Zip Code<br>Union, NJ 07083   |                         |                 |

Scope of Work (Check all that apply)

|  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥160 sf ≥260 lf           | <input type="checkbox"/> Demolition            | <input type="checkbox"/> Mini-Enclosure                          |
|  |  | <input checked="" type="checkbox"/> Glove Bag Procedures         |
|  |  | <input type="checkbox"/> Non-Exempted and Non-Friable Procedure  |

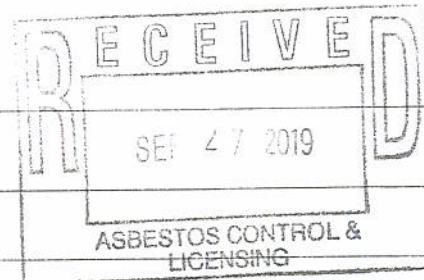
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) |                          |                                     | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|--|--|--------------------------|-------------------------------------|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Yes  | No                       | N/A                                 |   |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Unit I-Basement  | <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation   | 32 LF                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/>            |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|   |                                      |                                 |   |
|---|--------------------------------------|---------------------------------|---|
| Name of Registered Waste Hauler<br>Resource Management Group, LLC | NJDEP Waste Hauler ID No.<br>0035218 | Cubic Yards of Waste<br>TBD     | Name of Registered Landfill<br>Grows Landfill |
| City, State<br>Trenton, NJ 08619                                  | Disposal Date<br>TBD                 | City, State<br>Morrisville, PA  |   |
| Completed By (Print or Type)<br>Mr. Brian Haney                   | Title<br>President                   | Signature<br><i>Brian Haney</i> | Date<br>9-24-2019                             |



Inv# 14807  
OK 6604 PAID

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



|   |  |  |                  |
|---|--|--|------------------|
| Date of Notification (1)<br><b>09 / 24 / 19</b>   |  | Name of Building Owner/Operator (2)<br><b>Bradley Mills.</b>                         |                  |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8) | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>[REDACTED]<br>City, State, Zip Code<br><b>Moorestown, NJ 08057</b> |                  |
|   |  | Name of Contact<br><b>Bradley Mills</b>  | Telephone Number |

**FACILITY INFORMATION**

|  |   |  |   |
|--|---|--|---|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Mills Residence</b>   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |   |
| Street Address<br>[REDACTED]   |   | Square Feet<br><b>2,284</b>  | # of Floors<br><b>3</b>   |
| City (5)<br><b>Moorestown</b>  |   | Bldg. Age<br><b>91</b>   |   |
| County (6)<br><b>Burlington</b>  | County Code (7) (STATE USE ONLY)                      | Current Use (Prior if being demolished)<br><b>Residence</b>  |   |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Management &amp; Enviro. Consulting Services</b>   |   | ASCM No.   | Name of Abatement Contractor (9)<br><b>Shade Environmental, LLC</b> |
| Street Address<br><b>PO Box 341</b>  |   | Street Address<br><b>623 Cutler Avenue</b>   |   |
| City, State, Zip Code<br><b>Chesterfield, NJ 08515</b>   |   | City, State, Zip Code<br><b>Maple Shade, NJ 08052</b>  |   |
| Project Manager for Monitoring Firm<br><b>Bill Weisgarber</b>  | Telephone No.<br><b>609-298-4070</b>                  | Telephone No.<br><b>856-755-0099</b>   | License No.<br><b>00842</b>   |
| Start Date (10)<br><b>10 / 04 / 19</b>   | Scheduled Completion Date (11)<br><b>10 / 08 / 19</b> | Name of OSHA Monitor<br><b>EMSL Analytical, Inc.</b>   |   |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: ____ AM- ____ PM/ ____ PM- ____ AM |   | Street Address<br><b>200 Route 130 North</b><br>City, State, Zip Code<br><b>Cinnaminson, NJ 08077</b>  |   |

Scope of Work (Check all that apply)

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure    |
| <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf        | <input type="checkbox"/> Demolition            | <input checked="" type="checkbox"/> Mini-Enclosure                  |
|  |  | <input checked="" type="checkbox"/> Glovebag Procedure              |
|  |  | <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                                     |                          | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|--|---|-------------------------------------|--------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Yes   | No                                  | N/A                      |  |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Basement   | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pipe Insulation  | 60 LF                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/> |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/> |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/> |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  |  |   |                                       |   |  |
|--|--|---|---------------------------------------|---|--|
| Name of Registered Waste Hauler<br><b>Freehold Cartage</b> |  | NJDEP Waste Hauler ID No.<br><b>15939</b> | Cubic Yards of Waste<br><b>1</b>      | Name of Registered Landfill<br><b>Fairless Landfill</b> |  |
| City, State<br><b>Freehold, NJ</b>                         |  | Disposal Date<br><b>10/08/2019</b>        | City, State<br><b>Morrisville, PA</b> |   |  |
| Completed By (Print or Type)<br><b>Christina Fay</b>       | Title<br><b>Vice President of Operations</b> | Signature<br><i>Christina Fay</i>         |                                       | Date<br><b>9/24/19</b>                                  |  |



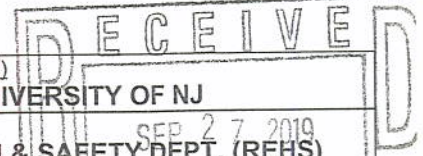
Inv# 14808

check# 13653

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

GAC Project # 060-19

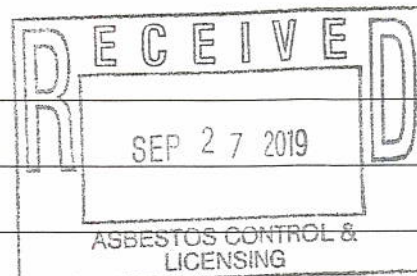
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|  |  |   |   |
|--|--|---|---|
| Date of Notification (1)<br><b>September 23, 2019</b>  |  | Name of Building Owner/Operator (2)<br><b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>   |   |
| Agencies Notified<br><br><input type="checkbox"/> EPA<br><input type="checkbox"/> DCA<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DEP- No Longer REQUIRED<br><input checked="" type="checkbox"/> DOH   | Notification Type<br><input checked="" type="checkbox"/> Initial Notification<br><input type="checkbox"/> Amended Notification #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancelled |   | Street Address<br><b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS)<br/>         74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b><br><br>City, State, Zip Code<br><b>PISCATAWAY, NJ 08854</b><br><br>Name of Contact<br><b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b> |
|  | Telephone Number<br><b>848-445-2550</b>  |   |   |
| <b>FACILITY INFORMATION</b>  |  |   |   |
| Name of Facility Where Abatement is Taking Place (3)<br><b>PHARMACY, BLDG# 3750</b>  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input checked="" type="checkbox"/> Subchapter 8 (other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)<br>Sq. Feet: <b>N/A</b> # of Floors: <b>6</b> Bldg. Age: <b>60+ years</b> |   |
| Street Address<br><b>BUSCH CAMPUS</b>  |  | Current Use (prior if being demolished): <b>ACADEMIC</b>  |   |
| City (5)<br><b>PISCATAWAY</b>  | County (6)<br><b>MIDDLESEX</b>   | County Code (7)<br>(State Use Only)   |   |
| Name of Monitoring Firm Hired by Bldg. Owner (8)<br><b>ATC</b>   |  | ASCIM No.<br><b>00098</b>   | Name of Contractor (9)<br><b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>  |
| Street Address<br><b>3 TERRI LANE</b>  |  | Street Address<br><b>511 MAIN STREET</b>  |   |
| City, State, Zip Code<br><b>BURLINGTON, NJ 08016</b>   |  | City, State, Zip Code<br><b>BUTLER, NJ 07405</b>  |   |
| Project Manager for Monitoring Firm<br><b>BRIAN R. KEARNEY</b>   | Telephone Number<br><b>609-386-8800</b>  | Telephone Number<br><b>973-492-0477</b>   | License Number<br><b>00840</b>  |
| Scheduled Start Date (10)<br><b>10/4/2019</b>  | Scheduled Completion Date (11)<br><b>10/7/2019</b>   | Name of OSHA Monitor<br><b>ENVIROVISION, INC.</b>   |   |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Facility Occupied During Abatement<br><input checked="" type="checkbox"/> Other- Describe:<br>Describe: <b>Schedule: 5PM - 5AM (24 HRS. &amp; WEEKENDS AS NEEDED)</b>  |  | Street Address<br><b>20-21 WARGARAW ROAD, BLDG# 35E</b>   |   |
|  |  | City, State, Zip Code<br><b>FAIRLAWN, NJ 07410</b>  |   |
| Scope of Work (Check all that apply)   |  |   |   |
| <input type="checkbox"/> $\geq 3$ sf or $>3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glove bag Procedure / Wrap & Cut<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |   |
| Location of Asbestos-Containing Material (ACM) in Facility (13)  | Is Location Normally Used Solely by Maint./Custodial Staff? (12)<br>YES NO NA  | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)  | Amount (Specify SF or LF)   |
| Room 318   | <input checked="" type="checkbox"/>  | VAT   | 120 SF  |
| Room 402   | <input checked="" type="checkbox"/>  | BENCH TOPS  | 130 SF  |
| Name of Reg. Waste Hauler<br><b>See Hauler Below #1 &amp; 2</b>  |  | NJDEP Waste Hauler ID #<br><b>See Below</b>   | Cubic Yards of Waste: <b>10 CY</b>  |
| Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405<br>NJDEP # 12561   |  | Name of Registered Landfill<br><b>G.R.O.W.S. North Landfill</b>   |   |
| Hauler #2) Newark Carting, Inc., Newark, NJ 04509<br>NJ DEP # 4509   |  | Disposal Date<br><b>10/7/2019</b>   | City, State<br><b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>  |
| Completed by (Print or Type)<br><b>RAYMOND C. PEDALINO</b>   | Title<br><b>SENIOR PROJECT MANAGER</b>   | Signature<br><i>Raymond C. Pedalino</i>   | Date<br><b>September 23, 2019</b>   |



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

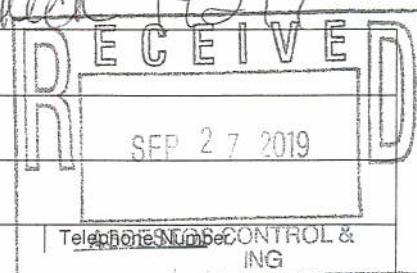


|   |   |  |   |  |                              |                |        |             |           |
|---|---|--|---|--|------------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1)<br>9/23/2019 CHECK#3453  |   | Name of Building Owner/Operator (2)<br>ST JOHN THE BAPTIST SCHOOL  |   |  |                              |                |        |             |           |
| Agencies Notified   | Type Notification   | Street Address<br>239 Anderson Avenue  |   |  |                              |                |        |             |           |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Fairview, NJ 07022  |   |  |                              |                |        |             |           |
|   |   | Name of Contact<br>Fr Jose Gamba   | Telephone Number<br>201-945-4865                            |  |                              |                |        |             |           |
| <b>FACILITY INFORMATION</b>   |   |  |   |  |                              |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>St John the Baptist School  |   | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                    |   |  |                              |                |        |             |           |
| Street Address<br>239 Anderson Avenue   |   | Square Feet<br>10,000  | # of Floors<br>2  |  |                              |                |        |             |           |
| City (5)<br>Fairview  |   | Bldg. Age<br>50+   |   |  |                              |                |        |             |           |
| County (6)<br>BERGEN  | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)<br>School  |   |  |                              |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A  |   | ASCM No.   | Name of Abatement Contractor (9)<br>EA Services Corporation |  |                              |                |        |             |           |
| Street Address  |   | Street Address<br>426 69th Street  |   |  |                              |                |        |             |           |
| City, State, Zip Code   |   | City, State, Zip Code<br>Guttenberg, NJ 07093  |   |  |                              |                |        |             |           |
| Project Manager for Monitoring Firm   |   | Telephone No.<br>201-295-1700  | License No.<br>01074  |  |                              |                |        |             |           |
| Start Date (10)<br>9/27/19  | Scheduled Completion Date (11)<br>9/30/2019   | Name of OSHA Monitor<br>Same as above  |   |  |                              |                |        |             |           |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: Starting 5 PM |   | Street Address   |   |  |                              |                |        |             |           |
|   |   | City, State, Zip Code  |   |  |                              |                |        |             |           |
| Scope of Work (Check All That Apply)  |   |  |   |  |                              |                |        |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf   |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |   |  |                              |                |        |             |           |
|   |   | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |  |                              |                |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |  |   | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount<br>(Specify SF or LF) | Abatement Type |        |             |           |
|   | Yes   | No   | N/A   |  |                              | Removal        | Repair | Encapsulate | Enclosure |
| Second Floor  |   | x  |   | Floor Tile   | 8 SF                         | x              |        |             |           |
| First Floor   |   | x  |   | Floor Tile   | 3 SF                         | x              |        |             |           |
| Mechanical Room-2nd Floor   |   | x  |   | Sprayed on ceiling   | 2 SF                         |                | x      |             |           |
|   |   |  |   |  |                              |                |        |             |           |
| Name of Registered Waste Hauler<br>EA Services Corporation  |   | NJDEP Waste Hauler ID No.<br>101278  | Cubic Yards of Waste<br>TBD                                 | Name of Registered Landfill<br>Minerva Enterprises   |                              |                |        |             |           |
| City, State<br>Guttenberg, NJ   |   |  | Disposal Date<br>TBD  | City, State<br>Waynesburg, OH  |                              |                |        |             |           |
| Completed by<br>Gina Betances   |   | Title<br>Office Manager  | Signature<br>   | Date<br>9/26/2019  |                              |                |        |             |           |



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


Inv# 14810  
 OK 19294 PAID  
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|  |   |   |   |  |                           |                |                 |             |           |
|--|---|---|---|--|---------------------------|----------------|-----------------|-------------|-----------|
| Date of Notification (1)<br>9/24/19  |   | Name of Building Owner/Operator (2)<br>Shalon Piccurro  |   |  |                           |                |                 |             |           |
| Agencies Notified  | Type Notification   | Street Address<br>[REDACTED]  |   |  |                           |                |                 |             |           |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Millburn, NJ 07041   |   |  |                           |                |                 |             |           |
|  |   | Name of Contact<br>Shalon Piccurro  | Telephone Number<br>[REDACTED]                                      |  |                           |                |                 |             |           |
| <b>FACILITY INFORMATION</b>  |   |   |   |  |                           |                |                 |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>house  |   | Type of Facility (4)  |   |  |                           |                |                 |             |           |
| Street Address<br>[REDACTED]   |   | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |  |                           |                |                 |             |           |
| City (5)<br>Cranford   |   | Square Feet<br>17000  | # of Floors<br>2  |  |                           |                |                 |             |           |
| County (6)<br>Union  |   | Bldg. Age<br>76   |   |  |                           |                |                 |             |           |
| County Code (7)<br>(STATE USE ONLY) _____  |   | Current Use (Prior if being demolished)<br>home   |   |  |                           |                |                 |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)  |   | ASCM No.  | Name of Abatement Contractor (9)<br>ABS Environmental Services, LLC |  |                           |                |                 |             |           |
| Street Address   |   | Street Address<br>PO Box 483, 4 E Gate Drive  |   |  |                           |                |                 |             |           |
| City, State, Zip Code  |   | City, State, Zip Code<br>Glenwood, NJ 07418   |   |  |                           |                |                 |             |           |
| Project Manager for Monitoring Firm  |   | Telephone No.<br>973-764-2276   | License No.<br>703  |  |                           |                |                 |             |           |
| Start Date (10)<br>10/03/19  | Scheduled Completion Date (11)<br>10/12/19  | Name of OSHA Monitor  |   |  |                           |                |                 |             |           |
| Occupancy Status During Abatement (Check Only One)   |   | Street Address  |   |  |                           |                |                 |             |           |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: basement        |   | City, State, Zip Code   |   |  |                           |                |                 |             |           |
| Scope of Work (Check All That Apply)   |   |   |   |  |                           |                |                 |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |   |   |   |  |                           |                |                 |             |           |
| <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |   |   |   |  |                           |                |                 |             |           |
| <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |   |  |                           |                |                 |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   |   | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |                 |             |           |
|  | Yes   | No  | N/A   |  |                           | Removal        | Repair          | Encapsulate | Enclosure |
| basement   |   |   | x   | pipe insulation  | 70 LF                     | x              |                 |             |           |
|  |   |   |   |  |                           |                |                 |             |           |
|  |   |   |   |  |                           |                |                 |             |           |
| Name of Registered Waste Hauler<br>Newark Carting  |   | NJDEP Waste Hauler ID No.<br>04509  | Cubic Yards of Waste<br>TBD   | Name of Registered Landfill<br>Grand Central Sanitary Landfill   |                           |                |                 |             |           |
| City, State<br>Newark NJ   |   | Disposal Date<br>TBD  |   | City, State<br>Pen Argyl PA  |                           |                |                 |             |           |
| Completed by<br>A. Scott Higgins   |   | Title<br>President  |   | Signature<br>  |                           |                | Date<br>9/24/19 |             |           |

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

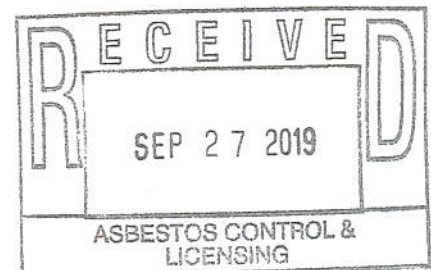
INV# 14721  
CK19295 PAID  
Check 19295

|   |   |  |     |  |  |                |                 |             |           |
|---|---|--|-----|--|--|----------------|-----------------|-------------|-----------|
| Date of Notification (1)<br>9/24/19   |   | Name of Building Owner/Operator (2)<br>NJ Abaters  |     | <div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b><br/> SEP 27 2019<br/> ASBESTOS CONTROL &amp; LICENSING </div>   |  |                |                 |             |           |
| Agencies Notified   |   | Type Notification  |     |  |  |                |                 |             |           |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  |   | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment #<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation |     |  |  |                |                 |             |           |
| Street Address<br>PO Box 643<br>City, State, Zip Code<br>Middlesex, NJ 08846<br>Name of Contact<br>Raphael Rodrigues  |   | Telephone Number<br>908-361-0889   |     |  |  |                |                 |             |           |
| <b>FACILITY INFORMATION</b>   |   |  |     |  |  |                |                 |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>house   |   |  |     | Type of Facility (4)   |  |                |                 |             |           |
| Street Address<br>[REDACTED]  |   |  |     | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  |  |                |                 |             |           |
| City (5)<br>Atlantic Highlands  |   |  |     | Square Feet<br>2000  | # of Floors<br>2   |                |                 |             |           |
| County (6)<br>Monmouth  |   |  |     | County Code (7)<br>(STATE USE ONLY)  | Bldg. Age<br>80  |                |                 |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)   |   | ASCM No.   |     | Name of Abatement Contractor (9)<br>ABS Environmental Services, LLC  |  |                |                 |             |           |
| Street Address  |   | Street Address<br>PO Box 483, 4 E Gate Drive   |     | City, State, Zip Code<br>Glenwood, NJ 07418  |  |                |                 |             |           |
| City, State, Zip Code   |   | Telephone No.<br>973-764-2276  |     | License No.<br>703   |  |                |                 |             |           |
| Project Manager for Monitoring Firm   |   | Telephone No.  |     | Name of OSHA Monitor   |  |                |                 |             |           |
| Start Date (10)<br>10/06/19   |   | Scheduled Completion Date (11)<br>10/12/19   |     | Occupancy Status During Abatement (Check Only One)   |  |                |                 |             |           |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: exterior |   | Street Address   |     | City, State, Zip Code  |  |                |                 |             |           |
| Scope of Work (Check All That Apply)  |   |  |     |  |  |                |                 |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf   |   | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |     | <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |                |                 |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |  |     | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  | Amount (Specify SF or LF)                                      | Abatement Type |                 |             |           |
|   | Yes   | No   | N/A |  |  | Removal        | Repair          | Encapsulate | Enclosure |
| exterior  |   |  | X   | siding debris  | 800 SF   | X              |                 |             |           |
|   |   |  |     |  |  |                |                 |             |           |
|   |   |  |     |  |  |                |                 |             |           |
| Name of Registered Waste Hauler<br>Newark Carting   |   | NJDEP Waste Hauler ID No.<br>04509   |     | Cubic Yards of Waste<br>TBD  | Name of Registered Landfill<br>Grand Central Sanitary Landfill |                |                 |             |           |
| City, State<br>Newark NJ  |   | Disposal Date<br>TBD   |     | City, State<br>Pen Argyl PA  |  |                |                 |             |           |
| Completed by<br>A. Scott Higgins  |   | Title<br>President   |     | Signature<br>  |  |                | Date<br>9/24/19 |             |           |



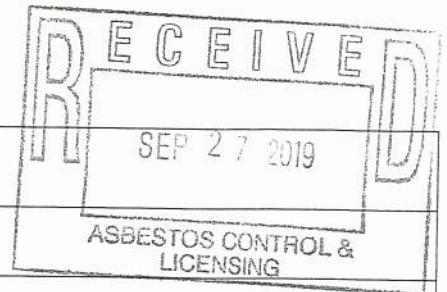
Eugene Field Admin Building  
One Merrison Street  
Teaneck, New Jersey

| Location of<br>Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13) | Is Location<br>Normally<br>Used Solely by<br>Maintenance/<br>Custodial Staff?<br>(12) |    |     | Description of<br>Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation,<br>surfacing, VAT, or<br>other miscellaneous) | Amount<br>(Specify<br>SF or LF) | Abatement<br>Type |        |             |           |
|---|---|----|-----|---|---------------------------------|-------------------|--------|-------------|-----------|
|   | Yes   | No | N/A |   |                                 | Removal           | Repair | Encapsulate | Enclosure |
| Pipe Tunnel   | x   |    |     | Thermal System Insulation   | 1,150 LF                        | x                 |        |             |           |
| Basement Hallway Areas  |   | x  |     | Thermal System Insulation   | 350 LF                          | x                 |        |             |           |
| 2 <sup>nd</sup> Floor   |   | x  |     | Plaster   | 5,312 SF                        | x                 |        |             |           |
| 2 <sup>nd</sup> Floor   |   | x  |     | Floor Tile & or Mastic  | 5,500 SF                        | x                 |        |             |           |
| 1 <sup>st</sup> Floor   |   | x  |     | Plaster   | 13,300 SF                       | x                 |        |             |           |
| 1 <sup>st</sup> Floor   |   | x  |     | Floor Tile & or Mastic  | 5,500 SF                        | x                 |        |             |           |
| Multi- Purpose Room Areas   |   | x  |     | Plaster   | 2,600 SF                        | x                 |        |             |           |



NOCK

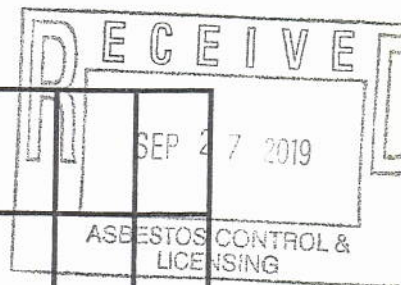
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



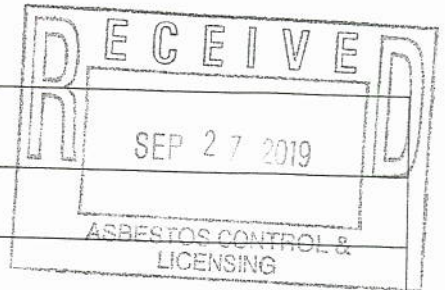
| Date of Notification (1)<br>9 / 12 / 19  |   | Name of Building Owner/Operator (2)<br>Virtua  |                          |   |   |                          |                          |                          |                          |
|--|---|--|--------------------------|---|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)  | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment #1<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>20 Stow Rd<br>City, State, Zip Code<br>Marlton NJ 08053<br>Name of Contact<br>Pat Giordano<br>Telephone Number<br>856 355-0923   |                          |   |   |                          |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |   |  |                          |   |   |                          |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>Our Lady of Lourdes-   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                          |   |   |                          |                          |                          |                          |
| Street Address<br>1600 Haddon Avenue   |   | Square Feet<br>>50,000   |                          |   |   |                          |                          |                          |                          |
| City (5)<br>Camden   |   | # of Floors<br>7   |                          |   |   |                          |                          |                          |                          |
| County (6)<br>Camden   |   | Bldg. Age<br>30+   |                          |   |   |                          |                          |                          |                          |
| County Code (7)(STATE USE ONLY)  |   | Current Use (Prior if being demolished)  |                          |   |   |                          |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Vertex Environmental  |   | ASCM No.   |                          |   |   |                          |                          |                          |                          |
| Street Address<br>700 Turner Way, Suite 105  |   | Name of Abatement Contractor (9)<br>Delta/BJDS, Inc  |                          |   |   |                          |                          |                          |                          |
| City, State, Zip Code<br>Aston, Pa 19014   |   | Street Address<br>1345 Industrial Blvd   |                          |   |   |                          |                          |                          |                          |
| Project Manager for Monitoring Firm<br>Don Heim  |   | City, State, Zip Code<br>Southampton Pa 18966  |                          |   |   |                          |                          |                          |                          |
| Telephone No.<br>610 558-8902  |   | Telephone No.<br>215 322-2900  |                          |   |   |                          |                          |                          |                          |
| Start Date (10)<br>9 / 26 / 19   |   | License No.<br>00783   |                          |   |   |                          |                          |                          |                          |
| Scheduled Completion Date (11)<br>11 / 30 / 19   |   | Name of OSHA Monitor<br>Criterion  |                          |   |   |                          |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: AM-3PM/ PM-6AM   |   | Street Address<br>400 Street Road<br>City, State, Zip Code<br>Bensalem Pa 19020  |                          |   |   |                          |                          |                          |                          |
| Scope of Work (Check all that apply)   |   |  |                          |   |   |                          |                          |                          |                          |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |  |                          |   |   |                          |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br>TO BE ABATED<br>IN Facility<br>(13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |  |                          | Description of Asbestos Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount<br>(Specify SF or LF)                    | Abatement Type           |                          |                          |                          |
|  | Yes   | No   | N/A                      |   |   | Removal                  | Repair                   | Encapsulate              | Enclosure                |
|  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | Please See Attach   |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input checked="" type="checkbox"/>  | <input type="checkbox"/> |   |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/> |   |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/> |   |   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br>Service Transport Group   |   | NJDEP Waste Hauler ID No.<br>20990   |                          | Cubic Yards of Waste  | Name of Registered Landfill<br>Minerva Landfill |                          |                          |                          |                          |
| City, State<br>58 Pyles Lane New Castle DE   |   | Disposal Date  |                          | City, State<br>Waynesburg, Ohio   |   |                          |                          |                          |                          |
| Completed By (Print or Type)<br>Christine Del Viscio   |   | Title<br>Asst. Administrator   |                          | Signature<br><i>Christine Del Viscio</i>  |   | Date<br>9/26/2019        |                          |                          |                          |



| LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY | IS LOCATION NORMALLY USED SOLELY BY MAINTENANCE/ CUSTODIAL STAFF? | DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS) | AMOUNT SPECIFY SF OR LF | REMOVAL | REPAIR | ENCAPSULATE | ENCLOSURE |
|---|---|---|-------------------------|---------|--------|-------------|-----------|
| Cellar  | YES NO N/A  |   |                         |         |        |             |           |
| Hallway   | X   | Pipe Insulation fiberglass seam mastic  | 50 Ea                   |         |        | X           |           |
| Hallway adjacent M elevator   | X   | Pipe Insulation   | 45 LF                   | X       |        |             |           |
| Lab/hall adjacent Bye office  | X   | Pipe Insulation   | 35 LF                   | X       |        |             |           |
| David Bye Office  | X   | Pipe Insulation   | 100 LF                  | X       |        |             |           |
| Hallway adjacent boiler room  | X   | Pipe Insulation   | 100 LF                  | X       |        |             |           |
| Room C-33   | X   | Residual debris on fittings   | 5 ea                    | X       |        |             |           |
| Transition hallway from main to north wing                              | X   | Pipe Insulation   | 50 LF                   |         |        |             |           |
| Hallway north at electric rm  | X   | Seam mastic on Fiberglass pipe insulation   | 200 ea                  |         | X      |             |           |
| Sterile processing offic  | X   | 12" tan floor tilee   | 240 SF                  | X       |        |             |           |
| Basement Level  |   |   |                         |         |        |             |           |
| EP Lab 1  | X   | Pipe Insulation(penetration   | 1 LF                    | X       |        |             |           |
| Material management   | X   | 12" tan floor tile w/mastic   | 145 SF                  | X       |        |             |           |
| Main Bldg 1st Fl Wellness Room (Future IDP)                             |   |   |                         |         |        |             |           |
| Wellness Room above ceiling   | X   | Pipe Insulation   | 15 LF                   | X       |        |             |           |
| North Wing 2nd Floor Social Work Office (Future IDP)                    |   |   |                         |         |        |             |           |
| North social work office throughout                                     | X   | 12 X 12 Beige Floor Tile  | 150 SF                  | X       |        |             |           |
| Main Bldg 4th Floor Room 401 Consultation Room (Future IDP)             |   |   |                         |         |        |             |           |
| Room 401 consultation room t/o  | X   | Mastic a/w non-ACM 12"x 12"   | 220 SF                  | X       |        |             |           |
| Main Building 7th Floor Room 701 (Future IDP)                           |   |   |                         |         |        |             |           |
| Room 701 Throughout   | X   | Pipe Insulation (Above Ceiling Tile   | 40 LF                   | X       |        |             |           |



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



| Date of Notification (1)<br><u>9</u> / <u>12</u> / <u>19</u>   |  | Name of Building Owner/Operator (2)<br><b>Virtua</b>   |  |  |                           |                          |                          |                          |                          |
|--|--|--|--|--|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)  | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>20 Stow Rd</b>  |  |  |                           |                          |                          |                          |                          |
|  |  | City, State, Zip Code<br><b>Marlton NJ 08053</b>   |  |  |                           |                          |                          |                          |                          |
|  |  | Name of Contact<br><b>Pat Giordano</b>   | Telephone Number<br><b>856 355-0923</b>                    |  |                           |                          |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |  |  |  |  |                           |                          |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Our Lady of Lourdes-</b>  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)                 |  |  |                           |                          |                          |                          |                          |
| Street Address<br><b>1600 Haddon Avenue</b>  |  | Square Feet<br><b>&gt;50,000</b>   | # of Floors<br><b>7</b>                                    |  |                           |                          |                          |                          |                          |
| City (5)<br><b>Camden</b>  |  | Bldg. Age<br><b>30+</b>  |  |  |                           |                          |                          |                          |                          |
| County (6)<br><b>Camden</b>  | County Code (7) (STATE USE ONLY)   | Current Use (Prior if being demolished)  |  |  |                           |                          |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Vertex Environmental</b>   |  | ASCM No.   | Name of Abatement Contractor (9)<br><b>Delta/BJDS, Inc</b> |  |                           |                          |                          |                          |                          |
| Street Address<br><b>700 Turner Way, Suite 105</b>   |  | Street Address<br><b>1345 Industrial Blvd</b>  |  |  |                           |                          |                          |                          |                          |
| City, State, Zip Code<br><b>Aston, Pa 19014</b>  |  | City, State, Zip Code<br><b>Southampton Pa 18966</b>   |  |  |                           |                          |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Don Heim</b>   |  | Telephone No.<br><b>610 558-8902</b>   | Telephone No.<br><b>215 322-2900</b>                       |  |                           |                          |                          |                          |                          |
| Start Date (10)<br><u>9</u> / <u>26</u> / <u>19</u>  |  | Scheduled Completion Date (11)<br><u>11</u> / <u>30</u> / <u>19</u>  | License No.<br><b>00783</b>                                |  |                           |                          |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <u>7</u> AM- <u>4</u> PM/____PM-____AM |  | Name of OSHA Monitor<br><b>Criterion</b>   |  |  |                           |                          |                          |                          |                          |
| Scope of Work (Check all that apply)<br><input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |  | Street Address<br><b>400 Street Road</b>   |  |  |                           |                          |                          |                          |                          |
|  |  | City, State, Zip Code<br><b>Bensalem Pa 19020</b>  |  |  |                           |                          |                          |                          |                          |
|  |  | <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |  |                           |                          |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>IN Facility<br>(13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  |  | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type           |                          |                          |                          |
|  | Yes  | No   | N/A  |  |                           | Removal                  | Repair                   | Encapsulate              | Enclosure                |
|  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>                                   | Please See Attach  |                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <input type="checkbox"/>                                   |  |                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>                                   |  |                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>                                   |  |                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Service Transport Group</b>  |  | NJDEP Waste Hauler ID No.<br><b>20990</b>  | Cubic Yards of Waste                                       | Name of Registered Landfill<br><b>Minerva Landfill</b>   |                           |                          |                          |                          |                          |
| City, State<br><b>58 Pyles Lane New Castle DE</b>  |  | Disposal Date  | City, State<br><b>Waynesburg, Ohio</b>                     |  |                           |                          |                          |                          |                          |
| Completed By (Print or Type)<br><b>Christine Del Viscio</b>  |  | Title<br><b>Asst. Administrator</b>  | Signature<br><i>Christine Del Viscio</i>                   |  | Date<br><b>9-12-2019</b>  |                          |                          |                          |                          |

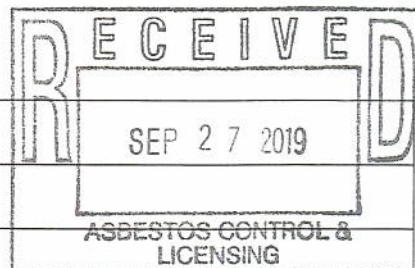


| LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY | IS LOCATION NORMALLY USED SOLELY BY MAINTENANCE/ CUSTODIAL STAFF? | DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS) | AMOUNT SPECIFY SF OR LF | REMOVAL | REPAIR | ENCAPSULATE | ENCLOSURE |
|---|---|---|-------------------------|---------|--------|-------------|-----------|
|---|---|---|-------------------------|---------|--------|-------------|-----------|

|   |     |    |     |   |        |   |   |
|---|-----|----|-----|---|--------|---|---|
| Cellar  | YES | NO | N/A |   |        |   |   |
| Hallway   |     | X  |     | Pipe Insulation fiberglass seam mastic    | 50 Ea  |   |   |
| Hallway adjacent M elevator                                 |     | X  |     | Pipe Insulation                           | 45 LF  | X |   |
| Lab/hall adjacent Bye office                                |     | X  |     | Pipe Insulation                           | 35 LF  | X |   |
| David Bye Office  |     | X  |     | Pipe Insulation                           | 100 LF | X |   |
| Hallway adjacent boiler room                                |     | X  |     | Pipe Insulation                           | 100 LF | X |   |
| Room C-33   |     | X  |     | Residual debris on fittings               | 5 ea   | X |   |
| Transition hallway from main to north wing                  |     | X  |     | Pipe Insulation                           | 50 LF  |   |   |
| Hallway north at electric rm                                |     | X  |     | Seam mastic on Fiberglass pipe insulation | 200 ea |   | X |
| Sterile processing office                                   |     | X  |     | 12" tan floor tilee                       | 240 SF | X |   |
| Basement Level  |     |    |     |   |        |   |   |
| EP Lab 1  |     | X  |     | Pipe Insulation(penetration               | 1 LF   | X |   |
| Material management   |     | X  |     | 12" tan floor tile w/mastic               | 145 SF | X |   |
| Main Bldg 1st Fl Wellness Room (Future IDP)                 |     |    |     |   |        |   |   |
| Wellness Room above ceiling                                 |     | X  |     | Pipe Insulation                           | 15 LF  | X |   |
| North Wing 2nd Floor Social Work Office (Future IDP)        |     |    |     |   |        |   |   |
| North social work office throughout                         |     | X  |     | 12 X 12 Beige Floor Tile                  | 150 SF | X |   |
| Main Bldg 4th Floor Room 401 Consultation Room (Future IDP) |     |    |     |   |        |   |   |
| Room 401 consultation room t/o                              |     | X  |     | Mastic a/w non-ACM 12"x 12"               | 220 SF | X |   |
| Main Building 7th Floor Room 701 (Future IDP)               |     |    |     |   |        |   |   |
| Room 701 Throughout   |     | X  |     | Pipe Insulation (Above Ceiling Tile       | 40 LF  | X |   |

RECEIVED  
SEP 27 2011  
ASBESTOS CONTROL  
LICENSING

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



| Date of Notification (1)<br>9/25/19  |  | Name of Building Owner/Operator (2)<br>Joann Khoury-Frias   |  |  |                           |                |                 |             |           |
|--|--|---|--|--|---------------------------|----------------|-----------------|-------------|-----------|
| Agencies Notified  | Type Notification  | Street Address  |  |  |                           |                |                 |             |           |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA   | <input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment #1<br><input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>River Edge, NJ 07661<br><br>Name of Contact<br>Joann Khoury-Frias  |  |  |                           |                |                 |             |           |
|  |  | Telephone Number  |  |  |                           |                |                 |             |           |
| <b>FACILITY INFORMATION</b>  |  |   |  |  |                           |                |                 |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Residential Home   |  | Type of Facility (4)  |  |  |                           |                |                 |             |           |
| Street Address   |  | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |  |                           |                |                 |             |           |
| City (5)<br>River Edge   |  | Square Feet<br>1875   | # of Floors<br>2   |  |                           |                |                 |             |           |
| County (6)<br>Bergen   |  | Bldg. Age<br>65+/-  |  |  |                           |                |                 |             |           |
| County Code (7)<br>(STATE USE ONLY)  |  | Current Use (Prior if being demolished)<br>Residential Home   |  |  |                           |                |                 |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Project Manager   |  | ASCM No.  | Name of Abatement Contractor (9)<br>All Stages Abatement |  |                           |                |                 |             |           |
| Street Address   |  | Street Address<br>280 N. Midland Ave.   |  |  |                           |                |                 |             |           |
| City, State, Zip Code  |  | City, State, Zip Code<br>Saddle Brook, NJ 07663   |  |  |                           |                |                 |             |           |
| Project Manager for Monitoring Firm  |  | Telephone No.<br>201-600-3184   | License No.<br>01305                                     |  |                           |                |                 |             |           |
| Start Date (10)<br>9/28/19   | Scheduled Completion Date (11)<br>10/1/19  | Name of OSHA Monitor  |  |  |                           |                |                 |             |           |
| Occupancy Status During Abatement (Check Only One)   |  | Street Address  |  |  |                           |                |                 |             |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other – Describe: 8 A.M to 4 P.M |  | City, State, Zip Code   |  |  |                           |                |                 |             |           |
| Scope of Work (Check All That Apply)   |  |   |  |  |                           |                |                 |             |           |
| <input type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  |  |   |  |  |                           |                |                 |             |           |
| <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition  |  |   |  |  |                           |                |                 |             |           |
| <input checked="" type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure           |  |   |  |  |                           |                |                 |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |  | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |                 |             |           |
|  | Yes  | No  | N/A  |  |                           | Removal        | Repair          | Encapsulate | Enclosure |
| Kitchen  |  | X   |  | VAT  | 212 SF                    | X              |                 |             |           |
|  |  |   |  |  |                           |                |                 |             |           |
|  |  |   |  |  |                           |                |                 |             |           |
|  |  |   |  |  |                           |                |                 |             |           |
| Name of Registered Waste Hauler<br>All Stages Abatement  |  | NJDEP Waste Hauler ID No.<br>0036592  | Cubic Yards of Waste<br>4 YD                             | Name of Registered Landfill<br>Grand Central Sanitary Landfill   |                           |                |                 |             |           |
| City, State<br>Saddle Brook, NJ  |  | Disposal Date<br>TBD  |  | City, State<br>Pen Argyl, PA   |                           |                |                 |             |           |
| Completed by<br>Richard Cristofol  |  | Title<br>President  |  | Signature  |                           |                | Date<br>9/25/19 |             |           |



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



|   |  |  |   |
|---|--|--|---|
| Date of Notification (1)<br><b>09 / 25 / 19</b>   |  | Name of Building Owner/Operator (2)<br><b>Somerset Development</b> |   |
| Agencies Notified<br><input type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DHSS<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8) | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>101 Crawford's Corner Road</b>                |   |
|   |  | City, State, Zip Code<br><b>Holmdel, NJ 07733</b>                  |   |
|   |  | Name of Contact<br><b>Robert Koller</b>                            | Telephone Number<br><b>973-418-1643</b> |

**FACILITY INFORMATION**

|   |  |  |  |
|---|--|--|--|
| Name of Facility Where Abatement is Taking Place (3)<br><b>Bell Works</b>   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |  |
| Street Address<br><b>101 Crawford's Corner Road</b>   |  | Square Feet<br><b>1,350,000</b>  |  |
| City (5)<br><b>Holmdel</b>  |  | # of Floors<br><b>6</b>  | Bldg. Age<br><b>58</b>   |
| County (6)<br><b>Monmouth</b>   | County Code (7) (STATE USE ONLY)                     | Current Use (Prior if being demolished)<br><b>Retail &amp; Office Space/Multi Use Bldg</b>   |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>Health and Safety Services, Inc</b>   |  | ASCM No.<br><b>00117</b>   | Name of Abatement Contractor (9)<br><b>SAI Environmental Services, LLC</b> |
| Street Address<br><b>PO box 365</b>   |  | Street Address<br><b>277 Fairfield Road, Suite 102</b>   |  |
| City, State, Zip Code<br><b>Berlin</b>  |  | City, State, Zip Code<br><b>Fairfield, NJ 07004</b>  |  |
| Project Manager for Monitoring Firm<br><b>Jim Proctor</b>   |  | Telephone No.<br><b>856-452-1311</b>   | License No.<br><b>01349</b>  |
| Start Date (10)<br><b>10 / 4 / 19</b>   | Scheduled Completion Date (11)<br><b>10 / 7 / 19</b> | Name of OSHA Monitor<br><b>SAI Environmental Services, LLC</b>   |  |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM |  | Street Address<br><b>277 Fairfield Road, Suite 102</b>   |  |
|   |  | City, State, Zip Code<br><b>Fairfield, NJ 07004</b>  |  |

Scope of Work (Check all that apply)

|  |  |  |
|--|--|--|
| <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf                | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure    |
| <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf | <input type="checkbox"/> Demolition            | <input type="checkbox"/> Mini-Enclosure  |
|  |  | <input type="checkbox"/> Glovebag Procedure                                    |
|  |  | <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

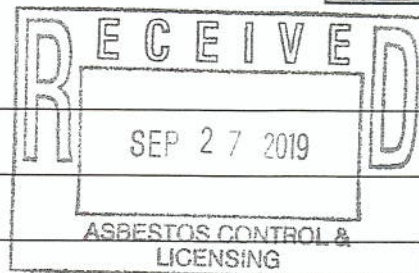
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                          |                                     | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|--|---|--------------------------|-------------------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Yes   | No                       | N/A                                 |  |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Space 2105 & 2106  | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Floor Mastic   | 2356 SF                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Space 2105 & 2106  | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Mudded Joints  | 18 EA                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Space 1401   | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Floor Mastic   | 240 SF                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                           |  |                                  |  |  |
|--|---------------------------|--|----------------------------------|--|--|
| Name of Registered Waste Hauler<br><b>Service Transport Group, Inc</b> |                           | NJDEP Waste Hauler ID No.<br><b>SW2117</b> | Cubic Yards of Waste<br><b>5</b> | Name of Registered Landfill<br><b>Minerva Landfill</b> |  |
| City, State<br><b>Yardley, PA</b>                                      |                           | Disposal Date<br><b>10/7/2019</b>          |                                  | City, State<br><b>Waynesburgh, OH</b>                  |  |
| Completed By (Print or Type)<br><b>Mary Petrovski</b>                  | Title<br><b>President</b> | Signature<br>                              |                                  | Date<br><b>9/25/19</b>                                 |  |



Inv # 14824  
CK 4136 PAID

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



|  |   |   |  |   |                           |                 |        |             |           |
|--|---|---|--|---|---------------------------|-----------------|--------|-------------|-----------|
| Date of Notification (1)<br>9/25/19  |   | Name of Building Owner/Operator (2)<br>NJDPMC   |  |   |                           |                 |        |             |           |
| Agencies Notified  | Type Notification   | Street Address<br>33 West State St., 9th Floor  |  |   |                           |                 |        |             |           |
| <input type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Trenton, NJ 08625-0034   |  |   |                           |                 |        |             |           |
|  |   | Name of Contact<br>Regina Bruno   | Telephone Number<br>609-433-8745                         |   |                           |                 |        |             |           |
| <b>FACILITY INFORMATION</b>  |   |   |  |   |                           |                 |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>Former Residence, BLUE ACRES DEMOLITION  |   | Type of Facility (4)  |  |   |                           |                 |        |             |           |
| Street Address<br>335 Madison Street   |   | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |   |                           |                 |        |             |           |
| City (5)<br>Linden, NJ 07036   |   | Square Feet<br>390  | # of Floors<br>0   |   |                           |                 |        |             |           |
|  |   | Bldg. Age<br>50+  |  |   |                           |                 |        |             |           |
| County (6)<br>Union County   | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)<br>Abandoned, BLUE ACRES  |  |   |                           |                 |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>n/a   |   | ASCM No.  | Name of Abatement Contractor (9)<br>Yannuzzi Group, Inc. |   |                           |                 |        |             |           |
| Street Address   |   | Street Address<br>135 Kinnelon Road   |  |   |                           |                 |        |             |           |
| City, State, Zip Code  |   | City, State, Zip Code<br>Kinnelon, NJ 07405   |  |   |                           |                 |        |             |           |
| Project Manager for Monitoring Firm  |   | Telephone No.   | License No.  |   |                           |                 |        |             |           |
|  |   | 908-218-0880  | 01228  |   |                           |                 |        |             |           |
| Start Date (10)<br>10/11/19  | Scheduled Completion Date (11)<br>10/12/19  | Name of OSHA Monitor<br>Yannuzzi Group, Inc.  |  |   |                           |                 |        |             |           |
| Occupancy Status During Abatement (Check Only One)   |   | Street Address<br>135 Kinnelon Road   |  |   |                           |                 |        |             |           |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____           |   | City, State, Zip Code<br>Kinnelon, NJ 07405   |  |   |                           |                 |        |             |           |
| Scope of Work (Check All That Apply)   |   |   |  |   |                           |                 |        |             |           |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf<br><input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf  |   |   |  |   |                           |                 |        |             |           |
| <input type="checkbox"/> Renovation<br><input checked="" type="checkbox"/> Demolition  |   |   |  |   |                           |                 |        |             |           |
| <input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |   |  |   |                           |                 |        |             |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |   |  | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type  |        |             |           |
|  | Yes   | No  | N/A  |   |                           | Removal         | Repair | Encapsulate | Enclosure |
| Pool   |   |   | X  | Non Friable Soil  | 390 SF                    | X               |        |             |           |
|  |   |   |  |   |                           |                 |        |             |           |
|  |   |   |  |   |                           |                 |        |             |           |
|  |   |   |  |   |                           |                 |        |             |           |
| Name of Registered Waste Hauler<br>Yannuzzi Group, Inc.  |   | NJDEP Waste Hauler ID No.<br>17467  | Cubic Yards of Waste<br>100                              | Name of Registered Landfill<br>Grows Fairless   |                           |                 |        |             |           |
| City, State<br>Kinnelon, NJ  |   | Disposal Date<br>10/12/19   |  | City, State<br>Morrisville, PA  |                           |                 |        |             |           |
| Completed by<br>John Mucha   |   | Title<br>AHERA Project Designer   |  | Signature<br>   |                           | Date<br>9/25/19 |        |             |           |



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

Inv# 14822 **PAID**

check # 12100

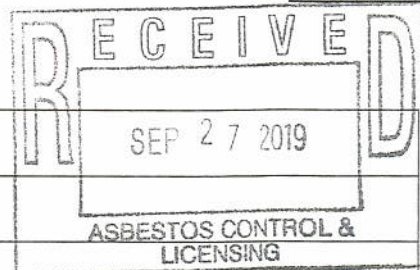
|   |  |  |  |  |
|---|--|--|--|--|
| Date of Notification (1)<br>9 / 26 / 19   |  | Name of Building Owner/Operator (2)<br>Eli Lilly and Company |  | <div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b><br/> SEP 27 2019<br/> ASBESTOS CONTROL &amp; LICENSING </div> |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8) | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>50 Imclone                                 |  |  |
|   |  | City, State, Zip Code<br>Branchburg, NJ 08876                |  |  |
|   |  | Name of Contact  |  |  |

| FACILITY INFORMATION   |  |   |  |                      |
|--|--|---|--|----------------------|
| Name of Facility Where Abatement is Taking Place (3)<br>BUILDING BB1181 - (Eli Lilly & Company)  |  |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                      |
| Street Address<br>1181 Route 202 North   |  |   | Square Feet  | # of Floors          |
| City (5)<br>Branchburg, NJ 07836   |  |   | Bldg. Age<br>50+   |                      |
| County (6)<br>Somerset   |  | County Code (7) (STATE USE ONLY)                    | Current Use (Prior if being demolished)<br>Commercial Building   |                      |
| Name of Monitoring Firm Hired by Building Owner (8)  |  | ASCM No.  | Name of Abatement Contractor (9)<br>Controlled Environmental Systems   |                      |
| Street Address   |  | Street Address<br>1121 N. Bethlehem Pike - Suite 60 |  |                      |
| City, State, Zip Code  |  | City, State, Zip Code<br>Spring House, PA 19477     |  |                      |
| Project Manager for Monitoring Firm  |  | Telephone No.                                       | Telephone No.<br>215 542 7000  | License No.<br>00847 |
| Start Date (10)<br>10 / 8 / 19   | Scheduled Completion Date (11)<br>10 / 31 / 19 |   | Name of OSHA Monitor<br>CES  |                      |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: 7:00AM-5:00PM/____PM-____AM   |  |   | Street Address<br>1121 N. Bethlehem Pike - Suite 60  |                      |
|  |  |   | City, State, Zip Code<br>Spring House, PA 19477  |                      |
| Scope of Work (Check all that apply)   |  |   |  |                      |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |   |  |                      |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |                          |                                     | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|--|---|--------------------------|-------------------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  | Yes   | No                       | N/A                                 |  |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Exterior of Roof   | <input type="checkbox"/>  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Paint Roof Coating   | 1200 SF                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            |  |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                         |                                    |                      |  |  |
|--|-------------------------|------------------------------------|----------------------|--|--|
| Name of Registered Waste Hauler<br>Republic    |                         | NJDEP Waste Hauler ID No.          | Cubic Yards of Waste | Name of Registered Landfill<br>Conestoga |  |
| City, State<br>Telford, PA                     |                         | Disposal Date                      |                      | City, State<br>Morgantown, PA 19543      |  |
| Completed By (Print or Type)<br>Patricia Visco | Title<br>Office Manager | Signature<br><i>Patricia Visco</i> |                      | Date<br>9-26-19                          |  |

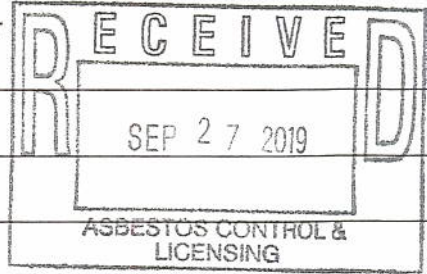
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



|  |  |   |   |  |                           |                |        |             |           |
|--|--|---|---|--|---------------------------|----------------|--------|-------------|-----------|
| Date of Notification (1)<br>09/23/2019   |  | Name of Building Owner/Operator (2)<br>Thomas Gibson  |   |  |                           |                |        |             |           |
| Agencies Notified  | Type Notification  | Street Address  |   |  |                           |                |        |             |           |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA                                 | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | <div style="background-color: black; width: 150px; height: 20px;"></div><br>City, State, Zip Code<br>Ridgewood, NJ 07450  |   |  |                           |                |        |             |           |
|  |  | Name of Contact<br>Thomas Gibson  | Telephone Number<br>1 _____                             |  |                           |                |        |             |           |
| <b>FACILITY INFORMATION</b>  |  |   |   |  |                           |                |        |             |           |
| Name of Facility Where Abatement is Taking Place (3)<br>House  |  | Type of Facility (4)  |   |  |                           |                |        |             |           |
| Street Address<br><div style="background-color: black; width: 150px; height: 20px;"></div>   |  | <input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)   |   |  |                           |                |        |             |           |
| City (5)<br>Ridgewood  |  | Square Feet<br>N/A  | # of Floors<br>N/A                                      |  |                           |                |        |             |           |
| County (6)<br>Bergen   |  | County Code (7)<br>(STATE USE ONLY) _____   | Bldg. Age<br>N/A  |  |                           |                |        |             |           |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |  | ASCM No. _____  | Name of Abatement Contractor (9)<br>D&S Abatement, Inc. |  |                           |                |        |             |           |
| Street Address   |  | Street Address<br>11 Rosengren Avenue   |   |  |                           |                |        |             |           |
| City, State, Zip Code  |  | City, State, Zip Code<br>Totowa, NJ 07512   |   |  |                           |                |        |             |           |
| Project Manager for Monitoring Firm  |  | Telephone No.<br>973-345-8685   | License No.<br>01311                                    |  |                           |                |        |             |           |
| Start Date (10)<br>10/04/2019  | Scheduled Completion Date (11)<br>10/05/2019   | Name of OSHA Monitor<br>D&S Abatement, Inc.   |   |  |                           |                |        |             |           |
| Occupancy Status During Abatement (Check Only One)   |  | Street Address<br>11 Rosengren Avenue   |   |  |                           |                |        |             |           |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other – Describe: <u>Occupied</u> |  | City, State, Zip Code<br>Totowa, NJ 07512   |   |  |                           |                |        |             |           |
| Scope of Work (Check All That Apply)   |  |   |   |  |                           |                |        |             |           |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf  |  | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition   |   |  |                           |                |        |             |           |
|  |  | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |  |                           |                |        |             |           |
| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |   |   | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|  | Yes  | No  | N/A   |  |                           | Removal        | Repair | Encapsulate | Enclosure |
| Basement   |  | X   |   | Pipe Insulation  | 20 LF                     | X              |        |             |           |
|  |  |   |   |  |                           |                |        |             |           |
|  |  |   |   |  |                           |                |        |             |           |
| Name of Registered Waste Hauler<br>D&S Abatement, Inc.   |  | NJDEP Waste Hauler ID No.<br>20996  | Cubic Yards of Waste<br>TBD                             | Name of Registered Landfill<br>Fairless Landfill   |                           |                |        |             |           |
| City, State<br>Totowa, NJ  |  |   | Disposal Date<br>TBD                                    | City, State<br>Morrisville, PA   |                           |                |        |             |           |
| Completed by<br>Oliver Hegedis   |  | Title<br>Project Manager  | Signature<br>   | Date<br>09/23/2019   |                           |                |        |             |           |



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



|  |   |   |                                |
|--|---|---|--------------------------------|
| Date of Notification (1)<br>09/23/2019   |   | Name of Building Owner/Operator (2)<br>Charlie Pace |                                |
| Agencies Notified  | Type Notification   | Street Address<br>[REDACTED]                        |                                |
| <input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL<br><br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | City, State, Zip Code<br>Basking Ridge, NJ 07920    |                                |
|  |   | Name of Contact<br>Charlie Pace                     | Telephone Number<br>[REDACTED] |

## FACILITY INFORMATION

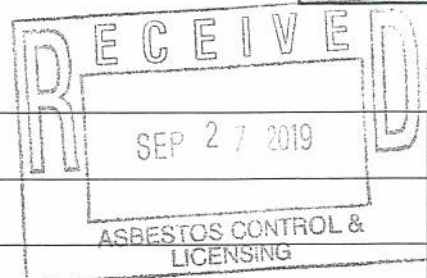
|  |  |   |   |
|--|--|---|---|
| Name of Facility Where Abatement is Taking Place (3)<br>House  |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |   |
| Street Address<br>[REDACTED]   |  |   |   |
| City (5)<br>Basking Ridge  | Square Feet<br>N/A                           | # of Floors<br>N/A  | Bldg. Age<br>N/A  |
| County (6)<br>Somerset   | County Code (7)<br>(STATE USE ONLY) _____    | Current Use (Prior if being demolished)<br>House  |   |
| Name of Monitoring Firm Hired by Building Owner (8)<br>N/A   |  | ASCM No.  | Name of Abatement Contractor (9)<br>D&S Abatement, Inc. |
| Street Address   |  | Street Address<br>11 Rosengren Avenue   |   |
| City, State, Zip Code  |  | City, State, Zip Code<br>Totowa, NJ 07512   |   |
| Project Manager for Monitoring Firm  |  | Telephone No.   | Telephone No.<br>973-345-8685                           |
|  |  |   | License No.<br>01311                                    |
| Start Date (10)<br>10/03/2019  | Scheduled Completion Date (11)<br>10/04/2019 | Name of OSHA Monitor<br>D&S Abatement, Inc.   |   |
| Occupancy Status During Abatement (Check Only One)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u> |  | Street Address<br>11 Rosengren Avenue   |   |
|  |  | City, State, Zip Code<br>Totowa, NJ 07512   |   |

|   |   |   |  |
|---|---|---|--|
| Scope of Work (Check All That Apply)  |   |   |  |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition | <input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  |

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|---|---|----|-----|--|---------------------------|----------------|--------|-------------|-----------|
|   | Yes   | No | N/A |  |                           | Removal        | Repair | Encapsulate | Enclosure |
| Basement  |   | X  |     | Pipe Insulation  | 90 LF                     | X              |        |             |           |
|   |   |    |     |  |                           |                |        |             |           |
|   |   |    |     |  |                           |                |        |             |           |
|   |   |    |     |  |                           |                |        |             |           |

|  |  |                                    |                             |  |                    |
|--|--|------------------------------------|-----------------------------|--|--------------------|
| Name of Registered Waste Hauler<br>D&S Abatement, Inc. |  | NJDEP Waste Hauler ID No.<br>20996 | Cubic Yards of Waste<br>TBD | Name of Registered Landfill<br>Fairless Landfill |                    |
| City, State<br>Totowa, NJ                              |  | Disposal Date<br>TBD               |                             | City, State<br>Morrisville, PA                   |                    |
| Completed by<br>Oliver Hegedis                         |  | Title<br>Project Manager           | Signature<br>               |  | Date<br>09/23/2019 |

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



|  |  |   |                                  |
|--|--|---|----------------------------------|
| Date of Notification (1)<br>9/24/2019  |  | Name of Building Owner/Operator (2)<br>BOROUGH OF NEW MILFORD |                                  |
| Agencies Notified  | Type Notification  | Street Address<br>930 RIVER ROAD                              |                                  |
| <input checked="" type="checkbox"/> EPA<br><input type="checkbox"/> DEP<br><input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br><input type="checkbox"/> Amendment # _____ | City, State, Zip Code<br>NEW MILFORD, NJ 07646                |                                  |
| <input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA  | <input checked="" type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation   | Name of Contact<br>CHRISTINE DEMIRIS                          | Telephone Number<br>201-967-5044 |

**FACILITY INFORMATION**

|  |   |   |  |
|--|---|---|--|
| Name of Facility Where Abatement is Taking Place (3)<br>MUNICIPAL BUILDING   |   | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) |  |
| Street Address<br>930 RIVER ROAD   |   | Square Feet   | # of Floors  |
| City (5)<br>NEW MILFORD  |   | Bldg. Age   |  |
| County (6)<br>BERGEN   | County Code (7)<br>(STATE USE ONLY) _____   | Current Use (Prior if being demolished)   |  |
| Name of Monitoring Firm Hired by Building Owner (8)<br>RJB ENVIRONMENTAL   |   | ASCM No.  | Name of Abatement Contractor (9)<br>TWO BROTHERS CONTRACTING, INC. |
| Street Address<br>615 PROSPECT AVENUE  |   | Street Address<br>11 VREELAND AVENUE  |  |
| City, State, Zip Code<br>MORRISVILLE, PA 19067   |   | City, State, Zip Code<br>TOTOWA, NJ 07512   |  |
| Project Manager for Monitoring Firm<br>RICK BEACH  |   | Telephone No.<br>267-991-9212   | License No.<br>00494   |
| Start Date (10)<br>9/24/2019   | Scheduled Completion Date (11)<br>10/4/2019 | Name of OSHA Monitor<br>SAME AS (9) ABOVE   |  |
| Occupancy Status During Abatement (Check Only One)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours<br><input type="checkbox"/> Other - Describe: _____ |   | Street Address  |  |
|  |   | City, State, Zip Code   |  |

## Scope of Work (Check All That Apply)

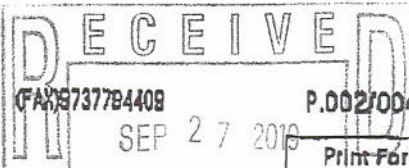
- |   |                                     |   |
|---|-------------------------------------|---|
| <input type="checkbox"/> ≥3 sf or ≥3 lf     | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure    |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure                             |
|   |                                     | <input type="checkbox"/> Glovebag Procedure                         |
|   |                                     | <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |

| Location of Asbestos-Containing Material (ACM)<br><u>TO BE ABATED</u><br>In Facility<br>(13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |    |     | Description of Asbestos Containing Material (ACM)<br>(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type |        |             |           |
|--|---|----|-----|--|---------------------------|----------------|--------|-------------|-----------|
|  | Yes   | No | N/A |  |                           | Removal        | Repair | Encapsulate | Enclosure |
| 1ST FLOOR OFFICE   |   | X  |     | CLEAN-UP   | 2,000 SF                  |                |        |             |           |
|  |   |    |     |  |                           |                |        |             |           |
|  |   |    |     |  |                           |                |        |             |           |
|  |   |    |     |  |                           |                |        |             |           |

|   |                              |                                    |                            |  |  |
|---|------------------------------|------------------------------------|----------------------------|--|--|
| Name of Registered Waste Hauler<br>TWO BROTHERS CONTRACTING |                              | NJDEP Waste Hauler ID No.<br>18743 | Cubic Yards of Waste<br>40 | Name of Registered Landfill<br>WASTE MANAGEMENT G.R.O.W.S. |  |
| City, State<br>TOTOWA, NJ                                   |                              | Disposal Date<br>10/4/2019         |                            | City, State<br>MORRISVILLE, PA                             |  |
| Completed by<br>VIVECA RAMOS                                | Title<br>PROJECT COORDINATOR | Signature<br><i>Viveca Ramos</i>   |                            | Date<br>9/24/2019  |  |



09/24/2019 11:03



Print Form

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 12:120)

DOI - 10 DAY

ASBESTOS CONTROL &amp; LICENSING

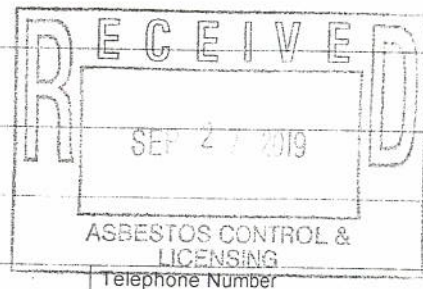
WAIVER APPROVED

|   |   |   |   |   |                                  |         |        |             |
|---|---|---|---|---|----------------------------------|---------|--------|-------------|
| Date of Notification (1)<br>9/24/2019   |   | Name of Building Owner/Operator (2)<br>BOROUGH OF NEW MILFORD           |   |   |                                  |         |        |             |
| Agencies Notified   |   | Type Notification   | Street Address<br>930 RIVER ROAD  |   |                                  |         |        |             |
| <input checked="" type="checkbox"/> EPA   | <input type="checkbox"/> Initial                                      | <input checked="" type="checkbox"/> Emergency (including justification) | City, State, Zip Code<br>NEW MILFORD, NJ 07645  |   |                                  |         |        |             |
| <input checked="" type="checkbox"/> DEP   | <input type="checkbox"/> Amended                                      |   |   |   |                                  |         |        |             |
| <input checked="" type="checkbox"/> DOL   | <input type="checkbox"/> Cancellation                                 |   |   |   |                                  |         |        |             |
| <input checked="" type="checkbox"/> DOH   |   |   | Name of Contact<br>CHRISTINE DEMIRIS  |   | Telephone Number<br>201-967-5044 |         |        |             |
| <input type="checkbox"/> DCA  |   |   | FACILITY INFORMATION  |   |                                  |         |        |             |
| Name of Facility Where Abatement is Taking Place (3)<br>MUNICIPAL BUILDING                    |   |   | Type of Facility (4)  |   |                                  |         |        |             |
| Street Address<br>930 RIVER ROAD  |   |   | <input type="checkbox"/> School (K-12)  |   |                                  |         |        |             |
| City (5)<br>NEW MILFORD   |   |   | <input type="checkbox"/> Subchapter 8 (Other than K-12)   |   |                                  |         |        |             |
| County (6)<br>BERGEN  |   |   | <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)                                |   |                                  |         |        |             |
| County Code (7)<br>(STATE USE ONLY)   |   |   | Square Feet   | # of Floors   | Bldg. Age                        |         |        |             |
| Name of Monitoring Firm Hired by Building Owner (8)<br>RJB ENVIRONMENTAL                      |   |   | ASCM No.  | Name of Abatement Contractor (9)<br>TWO BROTHERS CONTRACTING, INC.  |                                  |         |        |             |
| Street Address<br>615 PROSPECT AVENUE   |   |   | Street Address<br>11 VREELAND AVENUE  |   |                                  |         |        |             |
| City, State, Zip Code<br>MORRISVILLE, PA 19067  |   |   | City, State, Zip Code<br>TOTOWA, NJ 07512   |   |                                  |         |        |             |
| Project Manager for Monitoring Firm<br>RICK BEACH   |   |   | Telephone No.<br>267-991-9212   | Telephone No.<br>973-958-8700                                       | License No.<br>00494             |         |        |             |
| Start Date (10)<br>9/24/2019  |   | Scheduled Completion Date (11)<br>10/4/2019                             |   | Name of OSHA Monitor<br>SAME AS (8) ABOVE                           |                                  |         |        |             |
| Occupancy Status During Abatement (Check Only One)  |   |   | Street Address  |   |                                  |         |        |             |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement |   |   | City, State, Zip Code   |   |                                  |         |        |             |
| <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours                 |   |   |   |   |                                  |         |        |             |
| <input type="checkbox"/> Other - Describe:  |   |   |   |   |                                  |         |        |             |
| Scope of Work (Check All That Apply)  |   |   |   |   |                                  |         |        |             |
| <input type="checkbox"/> ≥3 sf or ≥25 lf  |   | <input type="checkbox"/> Renovation                                     |   | <input type="checkbox"/> Full Containment with Negative Pressure    |                                  |         |        |             |
| <input type="checkbox"/> ≥150 sf or ≥250 lf   |   | <input type="checkbox"/> Demolition                                     |   | <input type="checkbox"/> Mini-Enclosure                             |                                  |         |        |             |
|   |   |   |   | <input type="checkbox"/> Glovebag Procedure                         |                                  |         |        |             |
|   |   |   |   | <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |                                  |         |        |             |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)                  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) |   | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LP)   | Abatement Type                   |         |        |             |
|   | Yes   | No  |   |   | N/A                              | Removal | Repair | Encapsulate |
| 1ST FLOOR OFFICE  |   | X   | CLEAN-UP  | 2,000 SF  |                                  |         |        |             |
|   |   |   |   |   |                                  |         |        |             |
|   |   |   |   |   |                                  |         |        |             |
|   |   |   |   |   |                                  |         |        |             |
| Name of Registered Waste Hauler<br>TWO BROTHERS CONTRACTING                                   |   | NJDEP Waste Hauler ID No.<br>18743                                      | Cubic Yards of Waste<br>40  | Name of Registered Landfill<br>WASTE MANAGEMENT G.R.O.W.S.          |                                  |         |        |             |
| City, State<br>TOTOWA, NJ   |   | Disposal Date<br>10/4/2019  |   | City, State<br>MORRISVILLE, PA                                      |                                  |         |        |             |
| Completed by<br>VIVECA RAMOS  |   | Title<br>PROJECT COORDINATOR  | Signature<br><i>Viveca Ramos</i>  | Date<br>9/24/2019   |                                  |         |        |             |



Inv# 14805  
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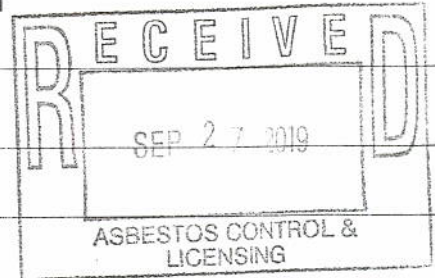
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)



|   |  |  |                          |   |  |                                     |                          |                          |                          |
|---|--|--|--------------------------|---|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1)<br>09 / 24 / 19  |  | Name of Building Owner/Operator (2)<br>Elizabeth Hampton   |                          |   |  |                                     |                          |                          |                          |
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)   | Type Notification<br><input checked="" type="checkbox"/> Initial<br><input type="checkbox"/> Amended<br>Amendment # _____<br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br>[REDACTED]<br>City, State, Zip Code<br>Willingboro, NJ 08046<br>Name of Contact<br>Elizabeth Hampton<br>Telephone Number   |                          |   |  |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>   |  |  |                          |   |  |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br>Hampton Residence   |  | Type of Facility (4)<br><input type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |                          |   |  |                                     |                          |                          |                          |
| Street Address<br>[REDACTED]  |  | Square Feet<br>1,570   |                          |   |  |                                     |                          |                          |                          |
| City (5)<br>Willingboro   |  | # of Floors<br>2   |                          |   |  |                                     |                          |                          |                          |
| County (6)<br>Burlington  |  | Bldg. Age<br>54  |                          |   |  |                                     |                          |                          |                          |
| County Code (7) (STATE USE ONLY)  |  | Current Use (Prior if being demolished)<br>Residence   |                          |   |  |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br>Management & Enviro. Consulting Services   |  | ASCM No.   |                          |   |  |                                     |                          |                          |                          |
| Street Address<br>PO Box 341  |  | Name of Abatement Contractor (9)<br>Shade Environmental, LLC   |                          |   |  |                                     |                          |                          |                          |
| City, State, Zip Code<br>Chesterfield, NJ 08515   |  | Street Address<br>623 Cutler Avenue  |                          |   |  |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br>Bill Weisgarber  |  | City, State, Zip Code<br>Maple Shade, NJ 08052   |                          |   |  |                                     |                          |                          |                          |
| Telephone No.<br>609-298-4070   |  | Telephone No.<br>856-755-0099  |                          |   |  |                                     |                          |                          |                          |
| License No.<br>00842  |  | Name of OSHA Monitor<br>EMSL Analytical, Inc.  |                          |   |  |                                     |                          |                          |                          |
| Start Date (10)<br>10 / 07 / 19   |  | Scheduled Completion Date (11)<br>10 / 11 / 19   |                          |   |  |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: ____AM-____PM/____PM-____AM   |  | Street Address<br>200 Route 130 North  |                          |   |  |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)<br><input checked="" type="checkbox"/> ≥3 sf or ≥3 lf<br><input checked="" type="checkbox"/> ≥160 sf or ≥260 lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input type="checkbox"/> Mini-Enclosure<br><input type="checkbox"/> Glovebag Procedure<br><input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |  | City, State, Zip Code<br>Cinnaminson, NJ 08077   |                          |   |  |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br>TO BE ABATED<br>IN Facility<br>(13)   | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)  |  |                          | Description of Asbestos Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF)                        | Abatement Type                      |                          |                          |                          |
|   | Yes  | No   | N/A                      |   |  | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Dining Room & Kitchen   | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | Floor Tile and Mastic   | 337 SF   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Foyer, Sitting Room, & Living Room  | <input type="checkbox"/>   | <input checked="" type="checkbox"/>  | <input type="checkbox"/> | Floor Tile and Mastic   | 488 SF   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> |   |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/> |   |  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br>Freehold Cartage   |  | NJDEP Waste Hauler ID No.<br>15939   |                          | Cubic Yards of Waste<br>5   | Name of Registered Landfill<br>Fairless Landfill |                                     |                          |                          |                          |
| City, State<br>Freehold, NJ   |  | Disposal Date<br>10/11/2019  |                          | City, State<br>Morrisville, PA  |  |                                     |                          |                          |                          |
| Completed By (Print or Type)<br>Christina Fay   |  | Title<br>Vice President of Operations  |                          | Signature<br><i>Christina Fay</i>   |  | Date<br>9/24/19                     |                          |                          |                          |



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



| Date of Notification (1)<br><b>09 / 24 / 19</b>  |   | Name of Building Owner/Operator (2)<br><b>Riverside Board of Education</b>   |   |   |                           |                                     |                          |                          |                          |
|--|---|--|---|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified<br><input checked="" type="checkbox"/> EPA<br><input checked="" type="checkbox"/> DOLWD<br><input checked="" type="checkbox"/> DOH<br><input type="checkbox"/> DCA<br>(NJAC 5:23-8)  | Type Notification<br><input type="checkbox"/> Initial<br><input checked="" type="checkbox"/> Amended<br>Amendment # <b>1</b><br><input type="checkbox"/> Emergency (including justification)<br><input type="checkbox"/> Cancellation | Street Address<br><b>112 E. Washington Street</b>  |   |   |                           |                                     |                          |                          |                          |
|  |   | City, State, Zip Code<br><b>Riverside, NJ 08075</b>  |   |   |                           |                                     |                          |                          |                          |
|  |   | Name of Contact<br><b>Robert Karmade</b>   | Telephone Number<br><b></b>   |   |                           |                                     |                          |                          |                          |
| <b>FACILITY INFORMATION</b>  |   |  |   |   |                           |                                     |                          |                          |                          |
| Name of Facility Where Abatement is Taking Place (3)<br><b>Riverside High School</b>   |   | Type of Facility (4)<br><input checked="" type="checkbox"/> School (K-12)<br><input type="checkbox"/> Subchapter 8 (Other than K-12)<br><input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) |   |   |                           |                                     |                          |                          |                          |
| Street Address<br><b>112 E. Washington Street</b>  |   | Square Feet<br><b>80,000</b>   | # of Floors<br><b>2</b>   |   |                           |                                     |                          |                          |                          |
| City (5)<br><b>Riverside</b>   |   | Bldg. Age<br><b>70</b>   |   |   |                           |                                     |                          |                          |                          |
| County (6)<br><b>Burlington</b>  | County Code (7) (STATE USE ONLY)  | Current Use (Prior if being demolished)<br><b>School</b>   |   |   |                           |                                     |                          |                          |                          |
| Name of Monitoring Firm Hired by Building Owner (8)<br><b>TTI Environmental, Inc.</b>  |   | ASCM No.   | Name of Abatement Contractor (9)<br><b>Shade Environmental, LLC</b> |   |                           |                                     |                          |                          |                          |
| Street Address<br><b>1253 N. Church Street</b>   |   | Street Address<br><b>623 Cutler Avenue</b>   |   |   |                           |                                     |                          |                          |                          |
| City, State, Zip Code<br><b>Moorestown, NJ 08057</b>   |   | City, State, Zip Code<br><b>Maple Shade, NJ 08052</b>  |   |   |                           |                                     |                          |                          |                          |
| Project Manager for Monitoring Firm<br><b>Mike Stocku</b>  | Telephone No.<br><b>856-840-8800</b>  | Telephone No.<br><b>856-755-0099</b>   | License No.<br><b>00842</b>   |   |                           |                                     |                          |                          |                          |
| Start Date (10)<br><b>10 / 04 / 19</b>   | Scheduled Completion Date (11)<br><b>10 / 14 / 19</b>   | Name of OSHA Monitor<br><b>EMSL Analytical, Inc.</b>   |   |   |                           |                                     |                          |                          |                          |
| Occupancy Status During Abatement (Check only one)<br><input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement<br><input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe<br>Time of Abatement: <b>6:00AM-5:00PM/3:00PM-12:00AM</b>  |   | Street Address<br><b>200 Route 130 North</b>   |   |   |                           |                                     |                          |                          |                          |
|  |   | City, State, Zip Code<br><b>Cinnaminson, NJ 08077</b>  |   |   |                           |                                     |                          |                          |                          |
| Scope of Work (Check all that apply)   |   |  |   |   |                           |                                     |                          |                          |                          |
| <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf<br><input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf<br><input checked="" type="checkbox"/> Renovation<br><input type="checkbox"/> Demolition<br><input type="checkbox"/> Full Containment with Negative Pressure<br><input checked="" type="checkbox"/> Mini-Enclosure<br><input checked="" type="checkbox"/> Glovebag Procedure<br><input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure |   |  |   |   |                           |                                     |                          |                          |                          |
| Location of Asbestos-Containing Material (ACM)<br><b>TO BE ABATED</b><br>IN Facility (13)  | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)   |  |   | Description of Asbestos Containing Material (ACM)<br>(i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type                      |                          |                          |                          |
|  | Yes   | No   | N/A   |   |                           | Removal                             | Repair                   | Encapsulate              | Enclosure                |
| Room 109   | <input type="checkbox"/>  | <input checked="" type="checkbox"/>  | <input type="checkbox"/>  | Pipe Insulation   | 8 LF                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Crawlspace under 109, 110, & Hall  | <input checked="" type="checkbox"/>   | <input type="checkbox"/>   | <input type="checkbox"/>  | Pipe/Fitting Insulation Debris (O&M)  | 3,000 SF                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>  |   |                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler<br><b>Freehold Cartage</b>   |   | NJDEP Waste Hauler ID No.<br><b>15939</b>  | Cubic Yards of Waste<br><b>40</b>                                   | Name of Registered Landfill<br><b>Fairless Landfill</b>   |                           |                                     |                          |                          |                          |
| City, State<br><b>Freehold, NJ</b>   |   | Disposal Date<br><b>10/14/2019</b>   |   | City, State<br><b>Morrisville, PA</b>   |                           |                                     |                          |                          |                          |
| Completed By (Print or Type)<br><b>Christina Fay</b>   | Title<br><b>Vice President of Operations</b>  |  |   | Signature<br>   |                           |                                     | Date<br><b>9/24/19</b>   |                          |                          |