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



| Date of Notification (1) | | | 12-1-2 | 1 | Name o | f Building (| Owne | er/Operator (2 | 2) | | | H 145 | | |
|---|-----------|----------------|--------------|-------------|--------------------------|---------------------|-------------|---|-------------------------|----------------------|-------------|--------|-------------|-----------|
| 6 / 6 | 1 | 4 | | | | ngboro T | | | | | | | | |
| Agencies Notified Type Not | ification | | | + | Street A | ddress | | | | 2614 AUG -1 | PH | 3: | 55 | - |
| Agencies Notified Type Not ☐ EPA ☐ Initial | mcation | 1 | | Ι, | | | rtin l | Luther King | Drive | | | | | |
| ☑ DOLWD ☑ Amen | ded | | | - | | ate, Zip Co | | Luciioi ittiiig | , | - 12 | LÚ? | 1111 | ŰL. | \neg |
| | dment a | # <u>5-7/2</u> | 29/14 | | | ngboro, N | | 8046 | | A & LICE | | | 1 | a n |
| ☐ DCA ☐ Emer | | | ng | - | - Address of the Address | f Contact | | 0010 | ¥. | Telephone Number | | | 19. | 17 |
| (NJAC 5:23-8) justifi ☐ Cano | cation) | | | | | y Ogren | | | | 8: | | | | |
| Callo | mation | | | 1 | - | | | FATION | | | | | | |
| | | | (0) | | FAC | ILITY INF | OKI | MATION | Type of Facility (| 4) | | | | - |
| Name of Facility Where Abatement | is Taki | ing Pla | ce (3) | | | | | | School (K-12) | | | | | - |
| JFK Community Center | | | | | | | | | ☐ Subchapter 8 | (Other than K-12) | | | | |
| Street Address | | | | | | | | | | ivate and commerc | ial buil | dings | , | |
| 429 JFK Way | | | | | | | | | homes, etc.) | # of Floors | RIA | α Δα | | |
| City (5) | | | | | | | | | Square Feet | # of Floors | Biu | g. Ag | 6 | |
| Willingboro | | | | | | 'the best described | | | | | | | | |
| County (6) | | | | | Count | y Code (7)(| STAT | E USE ONLY) | Current Use (Pri | or if being demolish | lea) | | | |
| Burlington | | | | | | | | | | | | | | |
| Name of Monitoring Firm Hired by | | g Owne | er (8) | F | ASCM N | 10. | | | ent Contractor (9) | 1172 | | | | |
| Enviromental Connections | Inc | | | | | | BF | RISTOL EN | VIRONMENTAL | _, INC. | | | | |
| Street Address | | | | | | | | et Address | | | | | | |
| 120 N Warren St | | | | | | | 11 | 23 BEAVE | R STREET | | | | | |
| City, State, Zip Code | - | | | | | | City, | State, Zip Co | ode | | | | | |
| Trenton, NJ 08608 | | | | | | | В | RISTOL, PA | 19007 | | | 60 | | |
| Project Manager for Monitoring Fir | n | | 77 | ele | phone N | No. | Tele | phone No. | | License No. | | | | |
| Ryan Broadwater | | | | 60 | 9-392- | 4200 | 21 | 5-788-6040 |) | 00509 | | | | |
| Start Date (10) | Sch | neduled | d Com | plet | tion Dat | e (11) | Nam | ne of OSHA N | Monitor | | | | | |
| 06 / 18 / 14 | | 7 | 1 | 31 | _ / _ | 14 | BI | RISTOL EN | VIRONMENTA | L, INC. | | | | |
| Occupancy Status During Abateme | ent (Che | eck on | ly one | e) | | | Stre | et Address | | | | | | |
| ☐ Facility Closed/Vacated During | | | | | nent | | 11 | 23 BEAVE | R STREET | | | | | |
| ☐ Abatement Performed Outside | of Norm | nal Fac | cility H | lour | s - Desc | cribe | | State, Zip C | | | | | | |
| Time of Abatement: 7:00AM-3 | :30PM | / | PM- | | AM | | | RISTOL, PA | | | | | | |
| Scope of Work (Check all that app | | | | 720 | | | | | | | | | | |
| Scope of Work (Check ankhat app | у) | | | | | | | | tainment with Neg | gative Pressure | | | | |
| ≥3 sf or ≥3 lf | | | Reno | | | | | ☐ Mini-End | closure ig Procedure | | | | | |
| ≥160 sf or ≥260 lf | | Ц | Dem | OIITIC | on | | | ☑ Non-Exe | empted (*) and No | on-Friable Procedur | e | | | |
| | | | Is L | ocat | ion | | | 700000000000000000000000000000000000000 | | | Ab | atem | ent T | ype |
| Location of | | | | rma | | | | Description | | | Z) | Z, | ш | ш |
| Asbestos-Containing Material | ACM) | | Used Main | | ely by ince/ | Asbes | stos (| Containing Ma mal systems | aterial (ACM) | Amount (Specify | Removal | Repair | car | ıclo |
| TO BE ABATED IN Facility | | 10.00 | | | Staff? | (1.6 | ., uie S | urfacing, VAT | , or | SF or LF) | val | = | Encapsulate | Enclosure |
| (13) | | | | (12) | | - | | ner miscellane | | | | | ate | (0) |
| | | Y | es | No | N/A | | | | | ¥ | - | _ | _ | - |
| Kitchen, Service Hallway, Res | troom | ns [|] [| \times | | Floor til | le an | nd mastic | | 472 SF | \boxtimes | | Ц | |
| Office/Reception area | | |] [| X | | Floor ti | le an | nd mastic | | 4550 SF | \boxtimes | | | |
| Exterior and Courtyard | | |] [| \boxtimes | | Door/W | indo | w caulk | | 3100 LF | | | | |
| Banquet Hall | | | | X | | Floor T | ile a | nd Mastic | | 2500 SF | \boxtimes | | | |
| Name of Registered Waste Haule | - | | | | UDEP \ | | 1000000 | oic Yards of | | stered Landfill | | | | |
| SERVICE TRANSPORT GR | | INC. | | 1 | lauler II 20990 | | Was | ste | MINERVA | LANDFILL | | | | |
| City, State | 1000 | | | | 20000 | | Dis | posal Date | City, State | | | | | |
| NEW CASTLE, DE 19720 | | | | | | | | | WAYNES | BURG, OH 44688 | 3 | | | |
| Completed By (Print or Type) | - | Title | - | | | | | Signature | 2 - | | ite / | | 1, | / |
| Brian Scafiro | | | mato | r | | | | Ri. | Scofire | 10 | 7/2 | 79/ | 14 | 50 |
| Dilaii ocaliio | | | | offic o | | | | priced | - Dufur | 1/ | / | / | | |

ASB-41 MAY 11 BS 14017 * Do not use this form for asbestos licensure exempted activities.

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

| | | (1- | ursua | III to NJA | AC 8:60 and 5:1 | 6) | | | 14 | - | į. | | |
|--|-------------------|--------------|--------------|------------|--------------------|-------------------|--|---|-----------------------|----------|---------|-------------|-----------|
| Date of Notification (1) 6 / | 6 / | 14 | 4 | | | | g Owner/Operator of Township | (2) | 2814 AU | G -1 | PI | 1 3: | : 39 |
| Agencies Notified | Type Notif | ication | ->= | | Stree | t Address | 7 | | | | - | | |
| ☐ EPA | | 120 | | | 1 F | Rev. Dr. M | artin Luther Kin | ng Drive | 00 | I E | V S | 11 | 141 |
| ⊠ DOLWD | | | A 7101 | 4.4 | City, | State, Zip (| Code | | 69 (x) | 1: | 431 | 10 | |
| ☑ DHSS □ DCA | Amend | | | | Wi | llingboro | , NJ 08046 | | | | | | Ť, |
| (NJAC 5:23-8) | justifica | | icidalii | g | Name | e of Contac | at . | | Telephone Nun | nber | | _ | |
| | ☐ Cancel | lation | | | Ke | rry Ogrer | 1 | | | | | | |
| 4 | | | | | FA | CILITY IN | FORMATION | | L | | | | - |
| Name of Facility Where A | batement is | Takin | g Place | e (3) | | | | Type of Facility (| 4) | | | | |
| JFK Community Ce | nter | | | | | | | School (K-12 | (2)W | | | | |
| Street Address | | | | | | | | Subchapter 8 | (Other than K-1. | 2) | | | |
| 429 JFK Way | | | | | | | | Other (i.e., pr | ivate and comme | ercial b | uildin | gs, | |
| City (5) | | | | | | | | homes, etc.) Square Feet | # of Floors | 1 | N-1 A | | |
| Willingboro | | | | | | | | Square reet | # Of Floors | | Bldg. A | ıge | |
| County (6) | | | | | Cou | nty Code (7 | (STATE USE ONLY) | Current Hee /D- | | | | | |
| Burlington | | | | | Cou | or if being demol | ished) | | | | | | |
| Name of Monitoring Firm I | | | Owner | (8) | ASCM | No. | ent Contractor (9) | | | | | _ | |
| Enviromental Conne | ections, Ir | nc | | | | | VIRONMENTAL | ., INC. | | | | | |
| Street Address | | ********* | | | | | Street Address | | | | 0.00 | | |
| 120 N Warren St | | | | | | | 1123 BEAVE | R STREET | | | | | |
| City, State, Zip Code | | | | | | | City, State, Zip Co | ode | | | | | |
| Trenton, NJ 08608 | | | | | | | BRISTOL, PA | 19007 | | | | | |
| Project Manager for Monit | oring Firm | | | Tel | ephone | No. | Telephone No. | | License No. | | | | |
| Ryan Broadwater | | | | 6 | 09-392 | -4200 | 215-788-6040 |) | 00509 | | | | |
| Start Date (10) | | Sched | duled C | ompl | etion Da | ite (11) | Name of OSHA M | fonitor | 1 | | _ | | |
| 06 /18 / _ | 14 | _(| SN | HO | 10 | | BRISTOL EN | VIRONMENTAL | , INC. | | | | |
| Occupancy Status During | Abatement | (Chec | k only | one) | | | Street Address | | | | | | |
| □ Facility Closed/Vacated | During En | tire Pe | riod of | Abate | ement | | 1123 BEAVE | R STREET | 8 | | | | |
| Abatement Performed | | | | | | scribe | City, State, Zip Co | ode | | | | | |
| Time of Abatement: 7:0 | 00AM- <u>3:30</u> | <u> PM/_</u> | P | M | AM | | BRISTOL, PA | | | | | | |
| Scope of Work (Check all t | hat apply) | | | | | | □ F::!! Cont | | 4: 5 | | | - | - |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | • | ⊠ Re □ De | | | | ☐ Mini-Enc ☐ Glovebag | ainment with Nega losure g Procedure mpted (*) and Non | | ıre | | | |
| | | | 1 1/2/2 | Loca | (1000000) | | | | | - | atem | ent T | VDA |
| Location o | 85 | | | Norma | ally ely by | | Description o | | | - | _ | | 1 |
| Asbestos-Containing M TO BE ABAT | | M) | | | ance/ | | stos Containing Ma ., thermal systems i | | Amount | Remova | Repair | Encapsulate | Enclosure |
| IN Facility | | | Cus | | Staff? | (1.6. | surfacing, VAT, | | (Specify SF or LF) | lova | Bi- | squ | uso |
| (13) | | | - V | (12) | 1 | 4 | other miscellane | ous) | , | - | | ılatı | 6 |
| Citchen,Service Hallwa | v Restro | oms | Yes | No ⊠ | N/A | Floor til | e and mastic | | 472 SF | N . | - | _ | |
| Office/Reception area | 29,1100110 | | | | | | e and mastic | | | | | | |
| Exterior and Courtyard | ı | | | | | | indow caulk | | 4550 SF 3100 LF | | | | |
| Banguet Hall | | | | | le and Mastic | | 2500 SF | | | | | | |
| lame of Registered Waste | Hauler | | | | UDEP V | 84 WASSES STOR | Cubic Yards of | Name of Registe | | | | Ш | Ш |
| SERVICE TRANSPOR | | P, INC |) . | 18,000 | lauler II 20990 | No. | Waste | MINERVA L | | | | | |
| City, State | | | | | 20000 | | Disposal Date | City, State | | | | | |
| NEW CASTLE, DE 19 | 720 | | | | | | | WAYNESBU | IRG, OH 44688 | 3 | | | |
| Completed By (Print or Type Brian Scafiro | e) | Title | stimat | or | - | | Signature | L.D. 7 | De | re /8 | 114 | 1 | |

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

ASB-41

MAY 11

B 514117

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

Ck# 26 47

| Date of Notification (1) | | | | | | ing Owner/Operator | (2) | | | | | |
|--|--|--|--|--|--|--|---|--|---------------------------------------|---------|-----------------|------|
| 6/6 | | | | M | /illingbor | o Township | | | | | | |
| □ EPA 🛛 | e Notificatio | n | | | et Address | | | | | | 425 E-36 | _ |
| | Arnended | | | City | , State, Zip | Martin Luther Kir | ng Drive | | | | | |
| | Amendment | | | | | | | | | | | |
| DCA (NJAC 5:23-8) | Emergency (justification) | (includi | ng | | ne of Conta | o, NJ 08046 | | | | | | |
| N 10 10 10 10 10 10 10 10 10 10 10 10 10 | Cancellation | | | 10 CC (10 CC) | erry Ogre | | | Telephone | Number | 100 | | |
| | | | | | | INFORMATION | | | | | | |
| Name of Facility Where Abate | ment is Tak | ing Pla | ce (3) | | ACILITI | INFORMATION | Type of Facility | (4) | | | | |
| JFK Community Center | 8 | | | | | | School (K-12 | (f) (f) | | | | |
| Street Address | | | | | | | Subchapter t | 8 (Other than | K-12) | | | |
| 429 JFK Way | | | | | | | Other (i.e., p | rivate and co | mmercia | l buil | idings, | |
| City (5) | | | | | | | homes, etc.) | | | | | |
| Willingboro | | | | | | | Square Feet | # of Floor: | s | Bld | g. Age | |
| County (6) | | | | Col | unhi Code | (7)/CTATE HOE CHILL | | | | | | |
| Burlington | | | | 000 | unity Code | (7)(STATE USE ONLY) | Current Use (Pri | ior if being de | molished | 1) | | - 55 |
| Name of Monitoring Firm Hired | by Building | Ourse | - (9) | 1 000 | A 1.1 | | | 20 0 | - 1 | | | |
| Environmental Connection | | Owne | (8) | ASCA | /I No. | Name of Abateme | 200 | | | | | |
| Street Address | ris, inc | | | | | BRISTOL EN | VIRONMENTAL | L, INC. | | | | |
| | | | | | | Street Address | | | | | | _ |
| 120 N Warren St | | | | | | 1123 BEAVE | RSTREET | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Co | ode | | | | | |
| Trenton, NJ 08608 | | | | | | BRISTOL, PA | 19007 | | | | | |
| Project Manager for Monitoring | Firm | | Tel | ephone | No | Telephone No. | | License No | - | | | |
| and a communication of the com | | | freed 35 | 27.9812.000000000000000000000000000000000000 | | releptione No. | | | | | | |
| Ryan Broadwater | | | 6 | 09-392 | 2-4200 | 215-788-6040 | | | ΙΟ. | | | |
| | Sche | duled (| 6 | 09-392 | | 215-788-6040 | | 00509 | | | | |
| | | | 6 Comple | 09-392 etion Da | 2-4200 | 215-788-6040 Name of OSHA M | onitor | 00509 | | | | -2 |
| Start Date (10) | - - | 7 | 6 Comple / _ 1 | 09-392 etion Da | 2-4200 ate (11) | 215-788-6040 Name of OSHA M BRISTOL ENV | | 00509 | | _ | | |
| Start Date (10) | ement (Cheo | 7 ok only eriod of | Completed from 1 one) Abate | etion Da | 2-4200 ate (11) 14 | 215-788-6040 Name of OSHA M BRISTOL ENV Street Address | onitor /IRONMENTAL | 00509 | | | | |
| Start Date (10) | ement (Checong Entire Pe | 7 ok only eriod of | Complete / 1 one) Abate ty Hou | etion Da | 2-4200 ate (11) | 215-788-6040 Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER | onitor /IRONMENTAL | 00509 | | | | |
| Start Date (10) | ement (Checong Entire Pe | 7 ok only eriod of | Complete / 1 one) Abate ty Hou | etion Da | 2-4200 ate (11) | 215-788-6040 Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co | onitor /IRONMENTAL ! STREET | 00509 | | | | |
| Start Date (10) 06 / 18 / 14 Decupancy Status During Abate Facility Closed/Vacated Duri Abatement Performed Outsid Time of Abatement: 7:00AN | ement (Chec ng Entire Pe de of Norma I-3:30PM/_ | 7 ok only eriod of | Complete / 1 one) Abate ty Hou | etion Da | 2-4200 ate (11) | 215-788-6040 Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER | onitor /IRONMENTAL ! STREET | 00509 | | | | |
| Start Date (10) 06 / 18 / 14 Occupancy Status During Abate Facility Closed/Vacated Duri Abatement Performed Outsic Time of Abatement: 7:00AN Scope of Work (Check all that a | ement (Chec ng Entire Pe de of Norma I-3:30PM/_ | 7 ck only eriod of Il Facili | Comple / 1 one) Abate ty Hou | etion Date of the control of the con | 2-4200 ate (11) | 215-788-6040 Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA | onitor //RONMENTAL t STREET de 19007 | 00509 ., INC. | | | | |
| Start Date (10) 06 / 18 / 14 Decupancy Status During Abate Facility Closed/Vacated During Abatement Performed Outsic Time of Abatement: 7:00AM Scope of Work (Check all that a) | ement (Chec ng Entire Pe de of Norma I-3:30PM/_ | 7 ck only eriod of | Completed for the complete for the compl | etion Date of the control of the con | 2-4200 ate (11) | 215-788-6040 Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA | onitor //RONMENTAL STREET de 19007 ainment with Nega | 00509 ., INC. | | | | |
| Start Date (10) 06 / 18 / 14 Decupancy Status During Abate Facility Closed/Vacated During Abatement Performed Outsic Time of Abatement: 7:00AM Scope of Work (Check all that a) | ement (Chec ng Entire Pe de of Norma I-3:30PM/_ | 7 ck only eriod of | Comple / 1 one) Abate ty Hou | etion Date of the control of the con | 2-4200 ate (11) | 215-788-6040 Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA | onitor //RONMENTAL STREET de 19007 sinment with Negal soure Procedure | 00509 , INC. | e | | | |
| Start Date (10) 06 / 18 / 14 Decupancy Status During Abate Facility Closed/Vacated Duri Abatement Performed Outsic Time of Abatement: 7:00AM Scope of Work (Check all that a) | ement (Chec ng Entire Pe de of Norma I-3:30PM/_ | 7 ck only eriod of Facilities F | Completed for the complete for the compl | etion Determent urs - Des AM | 2-4200 ate (11) | 215-788-6040 Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA | onitor //RONMENTAL STREET de 19007 ainment with Nega | 00509 , INC. | e | | | |
| Start Date (10) | ement (Checong Entire Pede of Normal-3:30PM/_ | 7 ck only eriod of If Facilii F | Complete for the comple | etion Determent and on the control o | 2-4200 ate (11) | 215-788-6040 Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA | onitor //RONMENTAL STREET de 19007 sinment with Negal soure Procedure | 00509 , INC. | e | bate | ement * | Тур |
| Start Date (10) | ement (Checong Entire Pede of Normal-3:30PM/_ | Zk only eriod of Il Facilit Re De | Complete Com | etion Determent and on the control o | 2-4200 ate (11) 14 scribe | 215-788-6040 Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encle Glovebag Non-Exen Description of stos Containing Mate | onitor //RONMENTAL STREET de 19007 ainment with Nega ssure Procedure procedure pted (*) and Non | 00509 " INC. ative Pressure | e cedure | | | |
| Start Date (10) 06 / 18 / 14 Decupancy Status During Abate Facility Closed/Vacated Duri Abatement Performed Outsic Time of Abatement: 7:00AM cope of Work (Check all that a) ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Materia TO BE ABATED | ement (Checong Entire Pede of Normal-3:30PM/_ | Zk only eriod of If Facilit Re De Use | Complete for the comple | etion Determinent on tion on tion on tion on tion on the tion of the tion of tion on the tion of tion of tion on the tion of tion | 2-4200 ate (11) 14 scribe | 215-788-6040 Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encle Glovebag Non-Exen Description of stos Containing Mate, thermal systems in | conitor //RONMENTAL R STREET de 19007 sinment with Negal soure Procedure Procedure Protect (*) and Non erial (ACM) soulation, | onto one of the control of the contr | e cedure | | | |
| Start Date (10) | ement (Checong Entire Pede of Normal-3:30PM/_ | Zk only eriod of I Facilii Re De | Complete Com | etion Determinent on tion on tion on tion on tion on the tion of the tion of tion on the tion of tion of tion on the tion of tion | 2-4200 ate (11) 14 scribe | 215-788-6040 Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encle Glovebag Non-Exen Description of stos Containing Mate, thermal systems in surfacing, VAT, of | conitor //RONMENTAL R STREET de 19007 ainment with Nega soure Procedure Procedure apted (*) and Non erial (ACM) sulation, or | 00509 , INC. ative Pressure -Friable Proc | e e Redure | | | 1 |
| Start Date (10) 06 / 18 / 14 Decupancy Status During Abate Facility Closed/Vacated Duri Abatement Performed Outsic Time of Abatement: 7:00AM Coope of Work (Check all that a) ≥3 sf or ≥3 if ≥160 sf or ≥260 lf Location of Asbestos-Containing Materia TO BE ABATED IN Facility | ement (Checong Entire Pede of Normal-3:30PM/_ | Zk only eriod of If Facilit Re De Use | Completed one) Abate ty Hour M- enovate emolities Local Norma ed Sole intenatodial in the control of the contr | etion Determinent on tion on tion on tion on tion on the tion of the tion of tion on the tion of tion of tion on the tion of tion | 2-4200 ate (11) 14 scribe | 215-788-6040 Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encle Glovebag Non-Exen Description of stos Containing Mate, thermal systems in | conitor //RONMENTAL R STREET de 19007 ainment with Nega soure Procedure Procedure apted (*) and Non erial (ACM) sulation, or | onto one of the control of the contr | e cedure | | | 1 |
| Start Date (10) 06 / 18 / 14 Decupancy Status During Abate Facility Closed/Vacated Duri Abatement Performed Outsic Time of Abatement: 7:00AN Scope of Work (Check all that a) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Materia TO BE ABATED IN Facility (13) | ement (Checong Entire Pede of Normali-3:30PM/_ | Zk only eriod of I Facilii Re De | Complete Com | etion Date of the control of the con | 2-4200 ate (11) 14 | 215-788-6040 Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encle Glovebag Non-Exen Description of stos Containing Mate, thermal systems in surfacing, VAT, of | conitor //RONMENTAL R STREET de 19007 ainment with Nega soure Procedure Procedure apted (*) and Non erial (ACM) sulation, or | ative Pressure -Friable Proc Amount (Specify SF or LF) | e edure A Removal | Nepall | Encapsulate | 1 |
| Start Date (10) 06 / 18 / 14 Decupancy Status During Abate Facility Closed/Vacated Duri Abatement Performed Outsic Time of Abatement: 7:00AM Scope of Work (Check all that a) ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Materia TO BE ABATED IN Facility | ement (Checong Entire Pede of Normali-3:30PM/_ | Ck only eriod of all Facilities F | one) Abate ty Hou enovate enovate cod Sole intena todial (12) | etion Date of the control of the con | 2-4200 ate (11) 14 scribe Asber (i.e. | 215-788-6040 Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encle Glovebag Non-Exen Description of stos Containing Mate., thermal systems in surfacing, VAT, o other miscellaneous | conitor //RONMENTAL R STREET de 19007 ainment with Nega soure Procedure Procedure apted (*) and Non erial (ACM) sulation, or | one of the process of | e Removal | nepall | Encapsulate | |
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| Date of Notification (1 | | | | | | | Owner / Operato | r (2) | | | | | | | |
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| | ype Notifica | ition | 1.89 | | Addr | | | | | | 1 111 | 0 | 33 | • | |
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| Name of Facility Whe | re Abateme | ent is Taking Pl | ace (3) | 1 | 01611 | 1 1141 | Type of Facili | ity (A) | | | | _ | - | - 10 | |
| Woodrow Wilson | FC | in io raking i i | acc (0, | , | | | School (| | ION CUD 9 | | | | 22 | | |
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| 175 Girard Ave | | | | | | | | | te & comme | rcial build | | | | etc.) | |
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| Trenton | | Mercer | | | | | Current Use (| (Prior if | being demo | lished) | | | | | |
| | | | | | | | School | | **** | | | | | | |
| Name of Monitoring F | irm Hired by | Building Own | er (8) | | ASC | CM No. | | | Commence of the Commence of th | 9) | | | | | |
| Environmental Co | nnection | - | | | | | Bristol Env | | ental, Inc. | | | | | | |
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| 120 North Warren | | - | | | | | 1123 Beave | - | 70.7 | | | | | | |
| City, State & Zip Code | | | | | | | City, State & | | | | | | | | |
| Trenton, NJ 08010 | | | | | | | Bristol, PA | | | | | | | | |
| Project Manager for M Richard Beach | Ionitoring Fi | | Teleph | | | ber | Telephone Nu | | | License | : Numb | per | | | |
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| Scheduled Start Date ON HOLD | (10) | Scheduled Com | pletion | n Dat | e (11 |) | Name of OSH Bristol Envi | | | | | | | | |
| Occupancy Status Du | ring Abaten | ent (Check on | ly one | 1 | | | Street Address | | emai mc. | · | | - | | | |
| | | ouring Entire Pe | | | teme | nt | 1123 Beave | | . * | | | | | | |
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| | acility | | Mainte Custo | | | | i.e., thermal sy nsulation, surfac | | - | | | em | Rep | ap | 1Cls |
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| Name of Registered V | vaste Haule | ſ | | | JEP (Jer II | | Cubic Yards of Waste | Name | of Registere | d Landiil | Į. | | | | |
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| City, State Bristol, PA | | | | | | | Disposal Date 8/2/14 | City, S | | | | | | | |
| | n Turn =\ | | • | - | | | | MOLLI | sville, PA | | | | | | |
| | pleted By (Print or Type) | | | | | | Signature | * | * | 1 . | Da | | | | |
| Gino Pizzigoni | | | | | oject | | Sine Fr | me | govi, | 1-06 | 7/ | 18 | 114 | | |
| | | | | Ma | nage | r | Suno . | 0 1 | , , , | 1 | | | | | |



| Date of Notification (1) | | Name | of Buildir | ng Owner / Opera | ator (2 | 7) | 981 | ALIC | TDI | a 2. | ÷6. | |
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| 7/18/14 | | Irent | on Boar | d of Education | n | .) | CE 14 | AUG - | ı rr | 10. | 33 | |
| Agencies Notified Type Notified EPA | cation | Street | Address | | | | | | | + 1.25 4 | - 01 | |
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| | cellation | | | . Collins | | | | | Telep | hone | Nun | nbe |
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| Name of Facility Where Abatem | ont in Taking Die | FAC | CILITY IN | FORMATION | | | | | | | | |
| Woodrow Wilson ES | ent is Taking Plac | e (3) | | Type of Fa | | | 1000 | | | | | |
| Street Address | | | | Schoo | | | | 70 <i>8</i> | | | | |
| 175 Girard Ave | | | | Subch | apter 8 | Other | than K-1 | 2) | 8 | | | |
| | | | | Square Fee | (i.e. pri | vate & C | loors | ial buildir | | | etc. |) |
| City (5) | County (6) | County C | ode (7) | | | # 01 F | | | Bldg. A | - 55 | | |
| Trenton | Mercer | , 0 | 000 (1) | Current Us | | r if hairs | 2 | | | 60 | + | |
| A Control of the Cont | | | | School | e (Pilo | r ir being | g aemolis | shed) | | | | |
| Name of Monitoring Firm Hired to | by Building Owner | (8) | ASCM N | | notom. | m4 O = =4 | | | | | | |
| Environmental Connection | | (-) | , | Bristol En | viron | mantal | ractor (9 |) | | | | |
| Street Address | | | | Street Addr | | memai | , IIIC. | | | | | |
| 120 North Warren Street | | | | 1123 Beav | 1707070 | reet | | | | | | |
| City, State & Zip Code | | | | City, State 8 | | | | | | | | - |
| Trenton, NJ 08010 Project Manager for Monitoring F | | | , | Bristol, PA | A 1900 | 07 | | | | | | |
| Richard Beach | | lephone h | | Telephone | | er | | License N | lumbe | г | | |
| | Scheduled Comple | 9-392-42 | | (215)788-6 | | | | 00509 | | | | |
| 7/28/14 | | 28/14 | (11) | Name of OS | | | | | | | | |
| Occupancy Status During Abater | ment (Check only o | one) | | Bristol En Street Addre | | mental | inc. | | | | | |
| Facility Closed/Vacated [| During Entire Perio | d of Abat | ement | 1123 Basy | | oot | | | | | | |
| Abatement Performed Or | utside of Normal H | Hours - 7a | am to 3pn | City, State 8 | | | | | | - | | |
| Describe: 7 AM to 3:3 | 30 PM | | | Bristol, PA | | | | | | | | |
| Facility Occupied During | | | | | | | | | | | | |
| Scope of Work (Check all that ap | ply) | | | | | | | | | | | |
| ≥3 sf or ≥3 lf | |] Reno | rotio- | | Ц | Full Co | ontainme | ent with N | egativ | e Pre | ssure | е |
| ≥160 sf ≥260 lf | | Demo | | | Ц | | nclosure | | | | | |
| | L- |] Deilio | HUOH | | | | Bag Pro | | | | | |
| Location of | | s Location | n T | Description | N of | Non-E | | and Non | | | | |
| Asbestos-Containing | | rmally Us | | Description Asbestos-Cor | ntainin | n | 0.00.00 | mount pecify | Ab | atem | ent T | ype |
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| TO BE ABATED in Facility | Ma | intenance stodial Sta | or | (i.e., thermal s | system | s | | , | Remova | 20 | Encapsulate | Circisoure |
| (13) | Cus | (12) | 411 ? | insulation, surfa or other miscel | cing, V | 'AT | | | Von | Repair | psu | l id |
| | Yes | | I/A | or other miscer | ianeou | (5) | | | <u>a</u> | 7 | late | le |
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| lame of Registered Waste Hauler | | NJDE | P Waste | Cubic Yards | Name | e of Red | istered l | andfill | 111 | | | |
| ristal Environmental Inc | | | r ID No. | of Waste | | | , | -andim | | | | |
| ristol Environmental, Inc. | | 7187 | 06 | 120 cu yds | GRO | WS La | ndfill | | | | | |
| ity, State | | | | Disposal Date | City, | | | | | | | |
| ompleted By (Print or Type) | | | | 8/2/14 | Morr | isville, | PA | | | | | |
| | | Title | | Signature | | | 10.00 | | Date | 200-00-11 | | |
| Gino Pizzigoni Project Manage | | | | Din Pu | acas | xi | /il | | 7/18 | 114 | | |
| T 14140 | | IAIGIIS | iger | 1 | 0 | / | 0 | | | | | |
| I 14148 | | | | | NAME OF THE OWNER, WHEN | | | | | - | - | |

| Date of Notification (1) 7/29/2014 | | | | | | Owner/Operati DEPARTI | | OF TRANS | POR | TATIO | V | 12/ | | |
|--|---|-----------------------|-----------------|--------------------------|------------------------|---|---------------------------------|---|-----------|---------------------------|-----------------|--------|-------------|-----------|
| | e Notification | | - 1 | Street Ad 1035 P | | AY AVENU | E, P.C |). BOX 600 | 2014 | AUG - | 1 PA | 1 3: | 39 | |
| DEP DOL | Initial Amended Amendment # | | | | te, Zip Coα ΓΟΝ, NJ | | | a b | S TO | ESTO | S CO | NT. | UL | |
| DOH DCA | Emergency (ir justification) Cancellation | iciuaing | | | Contact LD DIET | ER | = | V D | Tele | phone N | umberi ! | 113 | st. | ï |
| | | | | FACIL | LITY INFO | RMATION | | | | | | | | |
| Name of Facility Where Abate CSX MAINTENANCE E | | Place (3) | | | | | Тур | e of Facility (4 School (K-12 | | | | | | |
| Street Address ROUTE 7 WITTPENN | BRIDGE, PA | RCEL 2 | R48 | А | | | × | Subchapter 8 Other (i.e. pr etc.) | | | | dings, | home | es, |
| City (5) KEARNY | | | | 10 | | | Squ | are Feet | # of | Floors | В | ldg. A | ge | |
| County (6) HUDSON | | | | County C | Code (7) ISE ONLY) | | Curi | rent Use (Prio | r if beir | ng demoli | ished) | | | |
| Name of Monitoring Firm Hire CARDO ATC | d by Building O | wner (8) | | ASCM | l No. | | | oatement Cont OTHERS C | | | NG, IN | C. | | |
| Street Address 3 TERRI LANE, SUITE | | | | | | et Addr | ess THERFORD | N DI V | (D | 50 | | | | |
| City, State, Zip Code | | | | | City | , State, | Zip Code | | D. | | | | | |
| BURLINGTON, NJ 080 Project Manager for Monitorin | | | | Telephor | | | _IF I OI | N, NJ 0701 No. | 4 | License | No. | | | |
| JOHN LUTZ | | | | | 9-8512 | | 3-956 | | | 00494 | | | | |
| Start Date (10) ON HOLD | | Scheduled 8/15/201 | | npletion [| Date (11) | L 307388 | | SHA Monitor S (9) ABO\ | /E | | | | | |
| Occupancy Status During Aba | atement (Check | Only One |) | | | Stre | et Addr | ess | | | | | | |
| Facility Closed/Vacated Abatement Performed O Other – Describe: | | | | | | City | , State, | Zip Code | - | _ | | | | |
| Scope of Work (Check All Tha | at Apply) | | | | | | | | | | | | | - |
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| | | | vens unusees | | , | | L 14 | on-Exempled | Lank | 14011-111 | able 1 10 | | ement | |
| no rear ear | | | ocati ormali | | | 200 | | | | | | | ре | |
| Location of Asbestos-Containing Mate TO BE ABATED In Facility (13) | | Used Main Custo | Sole itenar | ly by nce/ | | Descript os Containing thermal syste surfacing, other misce | g Materi ems insu VAT, or | ulation, | (S | mount pecify or LF) | Remova | Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | | | | | te | |
| GARAGE | | | X | | TRAN | SITE CEIL | ING P | ANELS | 3,2 | 00 SF | X | | | |
| EXTERIOR | EXTERIOR | | | | | ROOFIN | G TAR | | 7,2 | 00 SF | X | | | |
| EXTERIOR | X | | FLASH | HING ON E | BLOCK | (WALL | 2 | 0 SF | X | | | | | |
| Name of Registered Waste H | N | JDEP W | aste | Cubic Yard | S | Name of F | Registe | red Land | fill | | | - | | |
| TWO BROTHERS CON | 7,55 | auler ID 8743 | No. | of Waste 100 +/- | | WM GR | AND | CENTF | RAL SA | NIT | ARY | LAI | | |
| City, State CLIFTON, NJ | | | | Disposal Da 8/15/2014 | | City, State | | LE, PA | | | | | | |
| Completed by VIVECA RAMOS | | Title PROJ | ECT | COOF | RDINATO | OR Signat | ute Mu | ci P | m | 1 43 | Date 7/29/20 |)14 | | |

| Date of Notification (1) | | | | | Owner/Operato | | 74 2 2 | | | 17.5 | - 53 |
|--|--|---|----------------------------|--|---|--|-----------------------------------|-----------------|-------------|-----------|---------|
| 7/18/2014 | | A | | | Y DEPARTM | ENT OF TRAIN | | | | | |
| Agencies Notified EPA | Type Notification Initial | 98 | 1 5 5 5 | et Address 35 PARKW | /AY AVENUE | E, P.O. BOX 60 | 201 | 4 AUG - | - | PH : | 3: 50 |
| EPA DEP DOL | Amended Amendment | | 1 10000000 | State, Zip C ENTON, N | | et ve esse de la | 4.55 | ST6 | Sr | Citi | 7.3. |
| DOH DCA | Emergency (justification) Cancellation | including | 1000000 | ne of Contact | | | Telephon | e Number | FN3 | ING | 124) i |
| | Carcellation | | | ACILITY INF | | | | | - | | i |
| Name of Facility Where A | | Place (3) | | | | Type of Facility School (K- | 1.7 | | | | |
| Street Address ROUTE 7 WITTPE | NN BRIDGE, PA | ARCEL 2F | R48A | | | Subchapte Other (i.e. | er 8 (Other that private & com | | ildings | , hom | es, |
| City (5) KEARNY | | 7-27 | | - | | etc.) Square Feet | # of Floor | s | Bldg. | Age | |
| County (6) HUDSON | | | | nty Code (7) TE USE ONLY | 1 | Current Use (Pr | rior if being der | nolished) | | | |
| Name of Monitoring Firm CARDO ATC | Hired by Building (| Owner (8) | A | SCM No. | | of Abatement Co D BROTHERS | | TING, II | VC. | | |
| Street Address 3 TERRI LANE, SU | ITE 4 | | 1 | | - Carolionous | t Address RUTHERFOR | RD BLVD. | | | | \neg |
| City, State, Zip Code | | | | | City, S | State, Zip Code FTON, NJ 070 | | _ | | | |
| L | BURLINGTON, NJ 08016 Project Manager for Monitoring Firm | | | | Telep | hone No. -956-8700 | | nse No. | 10.00 | | |
| Start Date (10) 7/31/2014 | | Scheduled 8/15/201 | Complet | -479-8512 ion Date (11) | Name | of OSHA Monitor | - | 34 | | | |
| Occupancy Status During | Abatamant (Chaol | | • | | | ME AS (9) ABC | JVE | | | | \perp |
| Facility Closed/Vaca Abatement Perform Other – Describe: | ated During Entire P | eriod of Aba | | | | State, Zip Code | | + | | | - |
| Scope of Work (Check A | I That Apply) | · · · · · · · · · · · · · · · · · · · | | | | | | | | | \neg |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | ovation nolition | | | Mini-Enclosur Glovebag Pro | | | | re | |
| | | lelo | cation | | | | | | 751457 770 | ement | |
| Location | of | Nor | mally | | Description | n of | | | Ty | уре | |
| Asbestos-Containing TO BE ABA In Facili (13) | Mainte Custod | Solely by enance/ ial Staff? 12) | (i.e. | stos Containing N thermal system surfacing, VA other miscella | Material (ACM) s insulation, AT, or | Amount (Specify SF or LF | Re | Repair | Encapsulate | Enclosure | |
| GARAC | SE. | | X | 2/2/1 | SITE CEILIN | IG PANELS | 3,200 S | FX | + | | |
| | GARAGE EXTERIOR | | | | ROOFING | SOLOGER GROOT TANGET WERE CAMES | 7,200 S | | +- | | |
| EXTERI | 20,000 | - | x x | FLAS | HING ON BL | 5.7.57.7 | 20 SF | X | - | | |
| | | | | 1 2 10 | 11110 011 01 | OOK WILL | 2001 | - 1 | | | |
| Name of Registered Was | te Hauler | | NJDER | P Waste | Cubic Yards | Name of | Registered La | ındfill | | | |
| TWO BROTHERS CONTRACTING | | | | · ID No. 3 | of Waste 100 +/- | | RAND CEN | TRAL S | ANIT. | ARY | 1AJ |
| City, State CLIFTON, NJ | | | Disposal Date 8/15/2014 | MORE | te RISVILLE, P | Α | | | | | |
| Completed by VIVECA RAMOS | | Title PROJE | ст со | ORDINAT | OR Signature | recub | born | Date _7/18/2 | 014 | | |

| Date of Notification (1) | | | | | Owner/Operato ersey (DPM | | 2014 | Filo . | | - 194 | | | |
|---|---|---|------------------------------|-------------------------|---|--|------------------------|--|-------|---------|--------------|-------------|-----------|
| Agencies Notified Type Notification EPA Initial | | 3 | | st State | | | 2014 | AUG-1 F | 11 | 3: ; | 53 | | |
| EPA Initial DEP Amended Amendment | | | | te, Zip Co n, NJ 08 | | Q_I |) & | LIUENS | l. | 1/4 | Jį | | - |
| ■ Emergency (ir justification) ■ DCA ■ Cancellation | cluding | 10000 | | Contact Kratoc | hvil | | | Telephone N | Jumi | nor | \$ C | | |
| Name of Facility Where Abatement is Taking Liberty State Park Maintenance Fac | | 24-118 | FACIL | LITY INFO | RMATION | Type of | Facility (4 |) | | | | | |
| Street Address 185 Theodore Concrad Drive | | | | | | Su | ner (i.e. pr | ?) B (Other than K ivate & comme | | | lings, | home | es, |
| City (5) Jersey City | - | | | | | Square 10,000 | Feet | # of Floors | | 100000 | ldg. A O+ | ge | |
| County (6) Hudson County | | | | Code (7) USE ONLY) | | | Use (Prio enance l | r if being demo Facility | lishe | ed) | | | |
| Name of Monitoring Firm Hired by Building O Brinkerhoff Environmental | wner (8) | | ASCN | No. | 000000000000000000000000000000000000000 | e of Abater Enterpr | | | | | | | |
| Street Address 1805 Atlantic Avenue | | | | | | t Address | eet | | | | | | |
| City, State, Zip Code Manasquan, NJ 08736 | | | | | 1000000 | State, Zip nmonton | | 3037 | 9. | | | | |
| Project Manager for Monitoring Firm Jason Hooper | | | Telephor | ne No. 23-2225 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | hone No. -567-12 | 50 | License 01172 | | | | | |
| Start Date (10) 6/19/2014 | | d Com | pletion I | Date (11) | | e of OSHA | | vices, Inc. | | | - | | |
| Occupancy Status During Abatement (Check | | e) | -1 | | Stree | t Address | | | - | | | | |
| Facility Closed/Vacated During Entire Polyage Abatement Performed Outside of Normal | | | | | | 12th Str | | | L | Y | | | |
| Other - Describe: | al Facility | nouis | | | 2000 | State, Zip nmontor | | 3037 | | + | | | |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if | | enova emoliti | | | 7 E | Mini- Glove | Enclosure ebag Proc | | | | | е | |
| | 100 | Location | | | | | | | | | Abate | emeni pe | t |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Used Mai Cust | lormali d Solei ntenar odial S (12) | ly by nce/ staff? | | Description tos Containing thermal syster surfacing, V other miscella | Material (Anno Institution (An | | Amount (Specify SF or LF) | | Removal | Repair | Encapsulate | Enclosure |
| Poof | Yes | No | N/A | | -/ | -E 0 | d _ L _ L _ | 1000= | 2 | | | | |
| Roof Pump House #2 | | • | X | | s/asphalt ro | | iedris | 1200sf | H | x | | | |
| Pump House & Storage Room | | X | - | block/windo wall stu | | | 35lf 1900sf | - | x | | | | |
| | | | 1 | | | | | | - | | - | | |
| Name of Registered Waste Hauler Allserveco Leasing | | H | JDEP W auler ID 035220 | No. | Cubic Yards of Waste 50cy | 100.00 | | Registered Lan | | ndfill | | | |
| City, State 110 Jabez Street, Newark, NJ 0710 | City, State 110 Jabez Street, Newark, NJ 07105 | | | | | | City, State Bethleh | em, PA | | | | | |
| Completed by Thomas Rock | 12 | | 74.55 | Signation | | | Zand I | Dat | 720 | 1/10 | <u> </u> | | |

3378)

| | | | T | 15 77 | 010================================ | (2) | -974 EII | 2 | | | 1 |
|--------------------------|------------------------|-------------------|-----------|------------------|-------------------------------------|---------------------------|----------------------|-------------|-------------|------------------|-----------|
| Date of Notification (1) | 128/14 | | Name | A N-DE | Owner/Operator | E DRED | 2814 AU | >-/ | PH | | |
| Agencies Notified | Type Notification | | | Address | | | 97000 | | - 1 . | 4 | 1:5 |
| | ☐ Initial | | 0000 | 10,0, | BOX 863 | | GA DI | <u></u> | <u></u> | | |
| DEP DEP | Amended | | City S | | | | | 之限 | 1110 | 775 | 1 |
| DOL | Amendment #_ | | J., | 210 | GRANDE | ,NJ10 | 8242 | | 1186 | | - |
| | Emergency (invitation) | duding | | of Contac | | | Telenhone Numbe | , | | | 1 |
| □ DOH | Cancellation | | 1 saire | 11/12 | | | | _ | // | _ | -1 |
| | | II. | | | | | | | | | 1 |
| | * | | FA | CILITY INF | ORMATION | Type of Facility (| 4) | | | | + |
| Name of Facility Where | | Place (3) | | | | School (K-12) | | | | | 1 |
| LES! | DENCE | | | | | Subchapter 8 | (Other than K-12) | 202 | | | |
| Street Address | W. BAIGEY | 1 1 | ٠,٠,٠ | | | Other (i.e., pri | ivate & commercial | building |)S, | | |
| 447 | W, 13/1100 V | 0/10 | - | | | Square Feet | # of Floors | Bldg. | Age | | 7 |
| City (5) | DWODD | | | | | 1000 | 2_ | - | 0+ | | |
| | 1)10000 | | T Cou | ah Code I |) (STATE | Current Use (Pri | or if being demolish | ned) | | | |
| County (6) | = MAY | | USE | ONLY) | , , , | | CANT | | | | _ |
| | | | T ASCN | | Name of Abaten | nent Contractor (9) | | | | | |
| Name of Monitoring Fire | n Hired by Building (| wner | ASUN | NO. | KLEM | CO IN | CI | | | | _ |
| (8) | // | | | | | | | | | | |
| Street Address | | | | | 369 | S. SPRU | CE AVE, | | _ | | _ |
| | | | | | Oir Chata Tip (| Code | | | | | ٦ |
| City, State, Zip Code | | | | | MAR | PLE SHPI | DE, NJ.C | 805 | 2 | | |
| | | | alaabaa | No | Telephone No. | | License No. | | | | |
| Project Manager for Mo | onitoring Firm | 1.1 | elephone | 140. | 856-7 | 79-0472 | 0046 | 19_ | | _ | |
| | | duled Com | plation [| ale (11) | Name of OSHA | Monitos , | | | | 7700000 | |
| Start Date (10) | Scher | | | 4 | JOSE | PKALEM | M | | • | | _ |
| 8/1/1 | 0 | | | | | 50-11 | | | | | |
| Occupancy Status Dur | nng Abatement (Che | ck of the | otement | | 3695 | SPRUC | ENVE | | | | _ |
| ▼ Facility ClosedVac | ated During Entire Pe | l Eacility H | ours | | | 0 1 | | | | | |
| Abatement Perform | ed Outside of North | a racally () | ours | | MAR | LE SHAD | E, N, J, | 0805 | 52 | | |
| Other - Describe: | | | | | | | | | | | |
| Scope of Work (Check | k all that apply) | | | | | ontainment with Ne | egative Pressure | | | | |
| ☐>3 sf or ≥3 ff | | | vation | | <u> </u> | nclosure bag Procedure | | | | | |
| ≥160 sf or ≥260 lf | | Demo | notik | | Non-E | xempted (*) and N | on-Friable Procedu | re . | | | |
| | | Is Loc | ation | | | X | | \ A | aten Typ | | |
| * . | | Nom | naily | | Description | of | | 1 | | \neg | - |
| Locatio | on of | Used Se Mainte | | Asbe | sios Containing M | (aterial (ACM) | Amount (Specify | 7 | | E 70 | E |
| Asbestos-Containing | SATED | Cust | odial | (i.€ | unthermal systems surfacing, VA | s insulation, | SF or LF) | Remova | Repair | Encapsulate | Enclosure |
| IN Fac | ility | Sta (1 | 2) | | other miscellan | neous) | * | ova | ar | ula | Sur |
| (13 |) | | | - | | | | | | 6 | _ |
| | | Yes | No NI | A | | | | | | | - |
| | 1110 | | 1 | ^ . | TRANS | 175 | 1000 # | X | _ | _ | - |
| 310 | ING | + | -+- | - | / | | | | | | _ |
| | | - | - | | | | | | | SEVENO SEVENO | |
| | | | | | | | - | | | | |
| | | | 1115 | 0.11/2-12 | Cubic Yards | I Name of Re | gistered Landfill | | | | |
| Name of Registered | | | | P Waste D No. | of Waste | 0 M | , C, M, L | 1, 1 | | | |
| · KLEMO | O INC. | | 17 | 904 | 5 | 0:- 0:-1- | | | | = | |
| City. State | 19 19 | 0 | - | | Disposal Date | City, State | DBINE, | UJ | , | | |
| MAPLE SI | LADE, NI | 5,08 | 0 > 2 | | | 1000 | U/S/AC 1 | | | | _ |
| Completed By | Tr | de | | | Signature | six I Se | Date 7 | /28 | 11 | 4 | |
| JOSEPH K | LEMM | 00 | NCI | | | | | | | | |



| Date of Notification (1) 7/28/2014 Check#2652 | | | | | | Building Co | | | (2) | - | | | | | | |
|---|---------------------------|--|-----------------|--|--------------------------------|---|--|------------------|--------------------|--|------------|------------------------|----------------|-----------------------|-------------|-----------|
| Agencies Notified | Type Noti | fication | | | Street A | ddress | ve | | | | 201 | 1 AU(| 3-1 | PH | 3: 5 | 1 1 |
| EPA DEP DOL DOH | Eme | nded ndment # rgency (ii ication) | | - | City, Sta Cranfo Name of | ite, Zip Coo ord, NJ 07 f Contact | de 7016 | | | | 但自 | åc L | l control | 50. SIN | i Ai G | Ji. |
| DCA | Cano | cellation | | | | Mesglesk | | | | | | | | | | |
| Name of Facility Where A | batement | is Taking | Place (3 |) | FACI | LITY INFO | RMATIO | IN | Type of | Facility (4 |) | | | | | |
| Street Address | | | | | | | | | | thool (K-12 bchapter 8 | | than V | 12) | | | |
| 192 Locust Drive | | | | | | | | | | her (i.e. pr | | | | dings, | home | es, |
| City (5) Cranford, NJ 07016 | | | | | | | | | Square 3,000 | | # of F | loors | | 3ldg. <i>A</i> 30+ | ge | |
| County (6) UNION | | | | | County (| Code (7) USE ONLY) | | | Current | Use (Prior ence | r if being | demol | ished) | | | |
| Name of Monitoring Firm N/A | Hired by B | Building C | wner (8) | | ASCM | No. | | | | ment Cont | |) | | | | |
| Street Address | et Address | | | | | | | Street | Address 69th St | | | _ | | | | |
| City, State, Zip Code | State, Zip Code | | | | | | | | State, Zip | Code NJ 07093 | 3 | | | | 1000,000 | |
| Project Manager for Moni | itoring Firm | 1 | | | Telephor | ne No. | | Teleph | none No. 295-17 | | L | icense | | | | |
| Start Date (10) 8/8/2014 | | | Schedule | | npletion [| Date (11) | | Name | | Monitor | | 7000 | | | | |
| Occupancy Status During | Abatemer | | | | - | | | | Address | | | | | | | |
| Facility Closed/Vaca Abatement Performe Other – Describe: S | ited During ed Outside | Entire P | eriod of A | Abaten | nent | | | | State, Zip | Code | | + | | | | |
| Scope of Work (Check All | I That Appl | ly) | | | | | | | | - | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | | tenova emolit | | | | × | Mini- Glove | Containment Enclosure ebag Proce Exempted | edure | | | | e | |
| | | | Is | Locati | on | | | | | LXGIII,PLOG | () una i | 1011111 | June 1 10 | | ement | t |
| Location | | | 1 | Vormal | ly | | Desc | cription | of | | | | - | Ty | ре | _ |
| Asbestos-Containing TO BE ABA In Facili (13) | TED | CM) | Ma | d Sole intena iodial S (12) No | nce/ | | os Conta thermal s surfaci other mi | ystem: ng, VA | s insulation | | | ount ecify r LF) | Removal | Repair | Encapsulate | Enclosure |
| Baseme | ent | | | Х | | F | Floor Ti | le & 1 | Mastic | | 280 | SF | x | | | |
| Metal HVAC | C Duct | y | | | х | | Blac | k Mas | stic | | 180 | SF | x | | | |
| | | | | | | | | | | | | | | | | |
| Name of Registered Was | te Hauler | | | IN | JDEP W | laste | Cubic Y | 'ards | | Name of R | enistere | d Land | Ifili | 1 | | |
| Freehold Carting | | | | Н | auler ID 5939 | No. | of Wast | | 1 | GROWS | | | | | | |
| City, State Freehold, NJ 07728 | | | | | | | Disposa tbd | al Date | | City, State Morrisvil | | 1906 | 67 | | | |
| Completed by Gina Salvador | | | Title Office | e Mar | nager | | Sig | gnature | 19 | eua | S | | Date 7/28/2 | 014 | | |

| 1 | | |
|-----|---|---|
| 60 | 1 | 7 |
| ましま | | 3 |
| 10 | 6 | |

| Date of Notification (1) 7/25/2014 Check # 2 | 651 | | Building Owncis of Ass | | (6 B) | | | L. 10 | 4.17 | | | | | |
|--|-------------------------------|-------------------------|--|--|--|----------------|----------------------------|---------|----------------|-------------|-----------|--|--|--|
| Agencies Notified Type Notification | | Street A | ddress ark Street | | 2814 | AUG - | i PH | 3: 40 | `` | | | | | |
| EPA DEP DOH Initial Amended Amendment # Emergency (ir justification) | | City, Sta Ridgef | te, Zip Code ield, NJ 07 Contact | 7660 | | LICE | | JRU. | | | | | | |
| DCA Cancellation | | EACU | LITY INFORI | MATION | | | | | | | | | | |
| Name of Facility Where Abatement is Taking St Francis of Assisi School | Place (3) | PACI | LITTINFOR | MATION | Type of Facility | | | | | | | | | |
| Street Address 110 Mount Vernon Street | | | | | School (K Subchapte Other (i.e. etc.) | er 8 (Othe | | | dings | , hom | es, | | | |
| City (5) Ridgefield, NJ 07660 | | | | | Square Feet 70,000 | # of 2 | Floors | - 1 | 3ldg. / 50+ | Age | | | | |
| County (6) BERGEN | | County C | Code (7) JSE ONLY) _ | | Current Use (P School | rior if bei | ng demo | lished) | | | | | | |
| Name of Monitoring Firm Hired by Building O McCabe Environmental Services | wner (8) | ASCM | l No. | | of Abatement Co Services Corp | | (9) | | | | | | | |
| Street Address 464 Valley Brook Avenue | | | | Street | Address 69th Street | | | | | | | | | |
| City, State, Zip Code Lyndhurst, NJ 07071 | | | | | itate, Zip Code enberg, NJ 07 | | | | | | | | | |
| Project Manager for Monitoring Firm Jim Ruff | 100 00 00 | Telephor 201-36 | ne No. 64-2746 | Teleph | Telephone No. Licer | | | | | ense No. | | | | |
| a territoria de la compansión de la comp | Scheduled Co | | | Name | of OSHA Monito | 01014 | | | | | | | | |
| Occupancy Status During Abatement (Check | | | | | et Address | | | | | | | | | |
| Facility Closed/Vacated During Entire Policy Abatement Performed Outside of Normal Other – Describe: | eriod of Abate | ement irs | nent S City, State, Zip Code | | | | | | | 7.7 | | | | |
| Scope of Work (Check All That Apply) | | | 4 | | N N | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | Renor Demo | | | Š | Full Containr Mini-Enclosu Glovebag Pr Non-Exempt | ire ocedure | | | | re | | | | |
| | Is Loca | ation | | | | | | | Abat | emen | t | | | |
| Location of Asbestos-Containing Material (ACM) | Norm Used So | | A - L L | Description | | | nasaran daga | | 1 | /pe | Г | | | |
| TO BE ABATED In Facility (13) | Mainten Custodia (12 | Staff? | (i.e. the | containing in ermal systems surfacing, VA her miscellar | T, or | (S | mount specify or LF) | Removal | Repair | Encapsulate | Enclosure | | | |
| Old school Boiler Room & Oil Tank | X | INIA | Pin | e Joint Ins | ulation | 3 | 0 LF | x | | | - | | | |
| | - | | | ated Pipe | | | 00 LF | × | - | | - | | | |
| | | - | | atou : ipo | induidiori | | 70 21 | 1 | | | | | | |
| Name of Registered Waste Hauler | | NUDEDW | anta I O | ukia Vassia | | | | | | | | | | |
| Freehold Cartage Inc | NJDEP W Hauler ID 15939 | 3. 6 (L. 1705) **** 1 | ubic Yards f Waste od | | Name of Registered La GROWS North Lar | | | | | | | | | |
| City, State PO Box 5010, Freehold, NJ 07728 | | | | oisposal Date City, State Morrisiville, PA | | A | | | | | | | | |
| Completed by Gina Salvador | anager | | Signature Date 7/25/2014 | | | | | | | | | | | |

(K19245

| Date of Notification (1) 7/29/2014 | | Name of Building Owner/Operator (2) GERALD MCKITISH Street Address 14 DARTMOUTH ROAD | | | | | | | | | | | | | | | |
|---|------------------------------------|---|-----------|---|---------------------------|-----------------------------------|--------------------------------|--|--|--|------------|-------------------------------|------------|-------|--------|-------------|-----------|
| Agencies Notified | Type Noti | | | - | Street Ad | ddress RTMOU | TH RO | AD | | | | 2614 1 | iUG - | 1 | PM | 3: | 34 |
| EPA DEP DOL | Ame | nded ndment # rgency (in | | | PÁRLI | te, Zip Co N, NJ 08 Contact | | | | | | c. ephone l | the Land C | H | | i h | ЮL |
| DOH DCA | | ication) cellation | | 100 | | LD MCK | ITISH | | | | 101 | eprione i | Number | | | | G, |
| AL CP THE NAME | | | DI (0) | | FACI | LITY INFO | RMATIC | ИС | *** | 6 F - 10 - 7 | 41 | | | | | | |
| Name of Facility Where RESIDENCE | Abatement | is laking | Place (3) | | | | | | S | of Facility (4 chool (K-1 | | | | | | | |
| Street Address 14 DARTMOUTH F | ROAD | | | | | | | | X C | ubchapter other (i.e. p tc.) | | | | ildir | gs, h | ome | s, |
| City (5) PARLIN | | | | | | | | | Square | | # 0 | f Floors | | Bld | g. Ag | Э | |
| County (6) MIDDLESEX | | | | | County C | Code (7) ISE ONLY) | | | Currer | nt Use (Pric | or if be | ing demo | olished) | | | - | |
| Name of Monitoring Firm | Hired by E | Building Ov | vner (8) | L | ASCM | No. | | | me of Abatement Contractor (9) VO BROTHERS CONTRACTING, INC. | | | | | | | | |
| Street Address | | | | | | | | | et Address D RUTHERFORD BLVD. | | | | | | | | \neg |
| City, State, Zip Code | | | | | | | | City, S | ty, State, Zip Code CLIFTON, NJ 07014 | | | | | | | | |
| Project Manager for Mor | ject Manager for Monitoring Firm | | | | | ne No. | | Telephone No. License 973-956-8700 00494 | | | | | | | | | |
| Start Date (10) | 6 | 100 | | | Completion Date (11) Name | | | | | A Monitor | · | 0049 | 4 | | | | \dashv |
| 8/9/2014 | | | 3/12/20 | | SAN Street | | | | | (9) ABO | VE | | | | | | |
| Occupancy Status Durin Facility Closed/Vac Abatement Perform Other – Describe: | ated During ned Outside | Entire Pe | riod of A | batem | tement | | | | | | | | | | - | | |
| Scope of Work (Check A | II That App | iy) | | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | | enova emolit | | | | × | Min | Containme -Enclosure vebag Proc -Exempted | e edure | - | | | dure | | |
| , | | | le l | Locati | on | | | | 140 | ZXXXII | 177011 | | | | baten | nent | |
| Location | n of | | N | ormal | у | | Des | cription | of | | | | | _ | Тур | 9 | _ |
| Asbestos-Containing <u>TO BE AB</u> In Faci (13) | Material (A <u>ATED</u> lity | (CM) | Mair | I Sole ntenar odial S (12) No | nce/ | | tos Conta thermal surfac | aining N | /laterial s insula T, or | | (5 | Amount Specify F or LF) | Kemoval | | Repair | Encapsulate | Enclosure |
| BASEM | ENT | | 163 | X | INA | 31 | TIL | E ONL | _Y | | 5 | 39 SF | Х | | | | |
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| | | | | | | | | | | | | | | | | | |
| Name of Registered Wa | ste Hauler | | | N | IDED W | aste | Cubic. | Varde | | Name of I | Registr | ered I an | dfill | | | | |
| TWO BROTHERS CONTRACTING | | | | NJDEP Waste Hauler ID No. of Waste 4 | | | | Waste WM CRAND CENTRAL SANITARY I | | | | 1AJ | | | | | |
| City, State CLIFTON, NJ | | | | Disposal Date 8/12/2014 | | | | | City, State | | LE, PA | \ | | | | | |
| Completed by Title | | | | Signature Signature | | | | | 14E | e Ru | m | n | Date 7/29/ | 201 | 4 | 888 | |

State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:56 and 12:120)

ck 5162

| 7-28-2014 | Name of Building ConnectOperator (2) 5. ZALE | |
|--|--|--|
| Agency Hollind Type Hollinston | Street Address | nosa |
| © SPA Control of Indian | 243 WELCH WAY | 2614 AUG - 1 P |
| Amendment # | WEST FIELD, N.J 07090 | 10 15 |
| B DOH justification) B DCA B Casscillation | Name of Contact Taleshamis | humbor IIII - 1 and 1 and 1 |
| | FACILITY EFFORMATION | |
| Name of Facility Whose Abstracent's Taking Place (| Type of Facility (4) | A STATE OF THE STA |
| S. ZALE | ☐ School (K-12) ☐ Subchapter S (Other than I | -12 |
| 243 WELCH WAY. | Control in the contro | reid builings. |
| WESTFIELD: | Square Feet # of Floors | Ase Voc |
| County (5) | County Code (7) (STATE USE Compant Use (Prior I being don | 62 YRS |
| UNION | RESIDENCE | - |
| Name of Magheting Firm Hired by Building Owner (9) | ASCM No. Hasse of Abatement Contractor (3) | Annual Control of the |
| Street Address | Best Removal Inc Sheet Address | |
| City, State, Zo Code | 450 S.River St | 201 |
| | Hackensack, N.J. 0760 | P |
| Project Meaager for Monitoring Firm | Telephone No. Telephone No. Licence No. 201-329-7444 - 00388 | |
| Start Date (10) Schooland Comple | Spot Dolo (44) Name of POSTA Marin | |
| 8-7-2014. 8-8-3 Occupancy States During About-most Check only one | | |
| D. Spelling Chappilly project Province Serling Burden at Aller | 280 Huyler St | 51 5 |
| Aban Paterned Chief of Named Facility Fix | City, State, Zip Code | 11.10 |
| Scape of Work (Check all that apply) | South Hackensack, N.J. | |
| 1235423F 1215642280F | B Renovation Demotion G Mon-Engineer G Mon- | |
| | Location | Aliasament Type |
| Ashesine-Containing Maharini (ACM) | di Solely by Description of | |
| TO BE ABATED | State Section Specify Section Specify Section Section | Reno! |
| (13) | (12) other missellaneous) | Enclosure incapsulate Repair Removal |
| KITCHEN | No MA | |
| NICHEN | X LINOLEUM 150 | SFIX |
| | 8. | |
| Name of Registered Wast-Hander | | |
| Best Removal Inc | Cabic Yards of Name of Registered Landle Name of Registered Name of | ises |
| Hackensack, N.J. 0760 | 10017 | B of the second |
| R VELDRAN Estimator | R Voldran | 7-28-14 |

State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) cll 5/6/3

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| Eato of Noticetton (1) | | | ing OwnedOperate | r (2) | 7.00 | a HF |
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| 7-28-2014 | | BASF | | | | |
| Agency Notified Type Notification SPA SIDEP Associated | | 26 55 Cay, State, Za | RT | | DESTIMAU | GHIPH |
| DOL Amendment Di Emetgency | finducing - | UNION | | 0.708 | | THO 6011-2 |
| B DOH justification | | | CELLAN | | Tologhane Nambo | FIE. YOUR |
| Name of Facility Whose Abatement is Tal | ina Blace /20 | FACILITY III | FORMATION | 12 | | |
| BASE | - | | | Type of Facility 2 School (K-1) 2 Subchapter | 2) 8 (Cinerina K-12) | |
| 2655 RT 22 W | EST | | | homes, etc. | | |
| UNION | | | | 1.55000 | 1 | G 5 YRS. |
| UNCON Name of Management From Hand by Building | ·. [| CHEY | 7) (STATE USE | STORAG | | THE STATE OF THE S |
| EHI | Owner ASCM | NO. | 1. | emoval I | | |
| 655, WEST SHORE TR | | • | 450 S. | River St | 81 | 2.814 N |
| SPARTA NJ. | 0787) | | Hacken Telephone Ho. | sack, N. | J. 07601 8 | 5 |
| B. KERBEL. | 973 | | 201-329- | 7444 . | 00388 | 3113 1- |
| 8-7-2014 8- | 18=2014 | 0 (11) | Name of OSHA! | Monitor Vi čonmen | tal Inc | 제 3 물 |
| Occupancy Status During Abeliannest (Che | ck entry one). | | Street Address | 4 Z Z OIIIICIZ | 1119 | 1 -4 : |
| C) Facility Closed/Vacaind During Saline Po | aid of Abatement | | 280 Huy | | 16. | 1 3 8 |
| Abatament Performed Crimite of Name Contract Describe: 7 Arm 5 | PM Hours | | Cay, State, Zo C | | k, N.J. 07 | she |
| Spape of Work (Check all Bint apply) | | | | | 200 | 900 |
| @235023F @210050220F | | Renounted Demolition | E Mini-E | inclocus Inix Passaduro | Negative Passane Non-Proble Bassala | |
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| (13) | . (12) | · [· | surfacing, VAT, other miscellance | or | SFOLES | Encapaulate Repair Removal |
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| CATALYST STORE ROOM | | X | VAT | | 2150 51 | FX |
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| | | | - | | (1.5° -1.5° | |
| Name of Registered Waste Hauler | | | | | No. | |
| Best Removal Inc | ID No. 17109 | - 1 | 2/2 40S | | ed Lande Enterprise | 8 |
| Hackensack, N.J | . 07601 | 1 | 8-18-14 | Cay, Same Waynesbu | 왕; | |
| R VELDRAN Bst. | imator notuse his form fo | r ordertor Ser | RVeldra | n | 17- | 28-14 |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

MO#21901438798

64AY 11

(Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 07 28 14 Bustamante Guillermo 2614 AUG -1 PH 4: GC Agencies Notified Type Notification Street Address ☐ EPA X Initial 172 Prospect Street X DOLWD ☐ Amended City, State, Zip Code X DHSS Amendment # & LICENSING DCA Lodi, NJ 07644 Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Bustamante Guillermo FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private home School (K-12) Street Address Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings. 172 Prospect Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Lodi, NJ 07644 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Bergen Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08 / 07 / 14 08 / 08 / 14 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 34A Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: _____AM-____PM/ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 if = 160 sf or >260 if Renovation Mini-Enclosure Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Location of Normally Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Remova Repair Encapsulate Enclosure Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF (12)(13)other miscellaneous) Yes No N/A Basement \times Pipe insulation 70 LF Name of Registered Waste Hauler NUDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N.Jevtic Owner 07/28/2014 ASB-41

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

MAY 11

State of New Jersey

| MO#21901438765 | (Pursuant to NJAC 8:60 and 5:16) | | | | | | | | | | - | | | | |
|---|---|---------------------|--------|-------------------|----------|---------------|-----------------------|---------------------------|------------------------------------|--------------------|----------------------------------|------------|-------------|-----------|--|
| Date of Notification (1) | 20 | . 1.4 | | | | | | r/Operator | 70 | | |) pr | | | |
| Agencies Notified | | / 14 | | | Elise | Kornma | yer | | | 2814 AI | UG - 1 | РМ | ٦. | 7 | |
| Agencies Notified | Type Not Initial | | | | 1 | et Address | | | | | | -1-11- | | J 1 | |
| ☑ DOLWD | Amen | | | | | Watson A | | | | p. 544. | 5 105 | 1 112 | 3 7 62, | (Ti | |
| □ DHSS | | idment # | | _ | 1 | State, Zip | | | | ed å | LICEP | 4314 | 10 | Jt | |
| DGA (NJAC 5:23-8) | | gency (incl | udin | g | | Orange, | | 52 | | V D | | | 10 | £1 | |
| ! (NOAC 5.25-6) | Cance | cation) ellation | | | 1 | | 350 | | | Telephone | Number | | | | |
| | 1= | | | | _ | Komma | | | | ** | 2 | | | | |
| Name of Facility Where | Abatement | is Taking E | Dian | 0 (3) | F 5 | CILITY | NFORM | ATION | | | | | | | |
| Private home | TOO CONTENT | is iguilifi i | 120 | e (3) | | | | y (4) | | | | | | | |
| Street Address | | | | | | | | | School (K- | r 8 (Other than | K-1 2) | | | | |
| 107 Watson Avenue | | | | | | | | | Other (i.e., | private and cor | rivate and commercial buildings. | | | | |
| City (5) | | | _ | | * | | | | homes, etc Square Feet | CO 10 CO 0 | | | | | |
| West Orange, NJ 0705 | 2 | | | | | | | | Square Feet | # 01 F100TS | # of Floors Bidg | | | | |
| County (6) | | | | | Cou | nty Code (7 |) (STATE | USE ONLY) | Current Use (| Prior if heing de | molished | (5 | _ | | |
| Essex | | | | | | 3 6 | | | nor is being de | Honsilea | 1 | | | | |
| Name of Monitoring Firm | Hired by E | Building Ow | mer | (8) | ASCN | 1 No. | Name | 9) | | | | | | | |
| | | | | | | | Gr Te | | | | | | | | |
| Street Address | eet Address | | | | | | Street | Address | | | | | | - | |
| Oity State 71: 0 | V State 7in Code | | | | | | 576 V | | | | | | | | |
| Ony. State, Zip Code | y. State, Zip Code | | | | | | City, S | State, Zip C | ode | | | | | | |
| Project Manager for Mon | terine Flori | | | | | | | e, NJ 074 | 70 | | | | | | |
| Troject manager for Mon | Roring Firm | | | Tel | ephone | No. | Teleph | 0. | | | - | | | | |
| Start Date (10) | | Cabadall | | i . | W 5 | | | 06 OSHA N | | 01127 | | | | | |
| 08/08/ | 14 | Schedule 08 | | | | 14 | | | 100 | | | | | | |
| Occupancy Status During | | | | | | | Enviro | vision Co | onsultants,Inc | | | | | | |
| ☐ Facility Closed/Vacate | d During F | ntire Perio | niy (| one) | mont | | | Address | | | | | | | |
| Abatement Performed | Outside of | Normal Fa | acilit | y Hou | re - No | scribe | 20-21 | Wagaraw | Road, Bldg .# | 34A | | | | | |
| Time of Abatement: | AM | PM/_ | | PM_ | | _AM | | tate, Zip C | | | | | | | |
| Scope of Work (Check all | that apply) |) | | | - | | Fair La | wn, NJ 0 | | | _ | | | | |
| | | | • 22 | | | | Н | Full Con | o and decontam tainment with Ne | ination with neg | ative pre: | ssure | (163 - 10) | NT 100 | |
| ≥ 3 sf or >3 lf ≥ 160 sf or ≥260 lf | | × | | novati molitic | | | | Mini-Enc | losure | | | | | | |
| | | | , | | 211 | | | Non-Exe | g Procedure mpted (*) and N | on-Friable Proc | ative Pres edure | ssure | | | |
| Ä | | | | Locat | | | | | | | | batem | ent T | vne | |
| Location Asbestos-Containing N | or Material (A(| OM) | | Vorma d Sole | | 100 | De | escription o | of . | | | | T | T- | |
| TO BE ABA | TED | ~ | Ma | intena todial | псе/ | (i.e | sids Con ., therma | taining Ma I systems i | terial (ACM) insulation. | Amount (Specify | 1 7 | Repair | Encapsulate | Enclosure | |
| N Facilit (13) | У | | CUS | (12) | Statt? | | surfa | icing, VAT, | or | SIF or LF) | ova | 1 | psul | JII SCI | |
| | | V | es | No | N/A | | otner | miscellane | ous) | | - | | ate | 0 | |
| Basement | | | 7 | 140 | X | D | | | | | | - | | | |
| | | | _ | | | Pipe insu | ilation | | | 50 LF | X | | | | |
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| | 100000000000000000000000000000000000000 | IΓ | 1 | | П | | | | | | | | H | | |
| Name of Registered Waste | e Hauler | 1 | | NUD | EP Waste | Hauler ID No. | Cubic Ya | irds of Waste | Name of Regi | stered Landfill | | | | | |
| r Tech LLC | | | | 100 | 03378 | | | | 1 | STOTED LECTORIII | | | | | |
| City. State | | | | | 033/8 | U | TB1 Disposa | | T.R.R.F. Inc | | | energie su | | - | |
| Wayne, NJ 07470 | | | | | | | 18 | | | | | | | j | |
| Completed By (Print or Type) Title | | | | | | | TBI | nature / | Tullytown, P | A | | | | | |
| Const. | | | | | | | J Sig | In land | to ver | 1 | Date | | | | |
| N.Jevtic Owner | | | | | | | | *Ha | to Nev | 120 | 07/29/2 | 014 | | | |

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

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|------|-------|--|
| Cle# | 2677 | |
| 0. | | |

| Date of Notification | (1) 7/18/14 | | Name of Building Owner / Operator (2) Trenton Board of Education Street Address 214 AUG - I PH 3: 36 | | | | | | | | | | | | | |
|---|--|--|---|--|-------------------|------------------------|------------------|---|-----------------|--|---------|----------|------------|-----------------|-----------|--|
| Agencies Notified | Type Notifica | ation | S | tree | t A | ddres | ss | | | | | | 77 | ો ઉ | € | |
| ☐ EPA ☐ DEP | ☐ Initial | | | | | | ect St Zip Co | | | an s | - 11 | - (.; | JA: T | NO | \vdash | |
| ☐ DEP ☐ DOL | | nded R#2-7/28/ | | | | | J 0863 | | | (1) d | Lic. | 143 | ING | | | |
| □ DOH | The state of the s | gency | | | | Cor | | | | | Tele | phone | e Nur | nbei | E. | |
| DCA | | ellation | N | Ar. I | Eve | erett | O. Co | ollins | | | 200 | 050 | 4000 | • | | |
| | | | | FA | CI | LITY | INFO | RMATION | | | | | | | | |
| Name of Facility W | here Abateme | ent is Taking Pla | ace (3 | | | | | Type of Facility | | | | | | 501 20 | | |
| Woodrow Wilson | | | | * | | | | School (K- | | | | | | | | |
| Street Address | - 1 | | | | | | | | er 8 (Other th | | diama l | | a ata | | | |
| 175 Girard Ave | | | | | | | | | | mmercial build | | | s, etc | ;.) | - | |
| | | | To. | | _ | 1 /- | | Square Feet | # of Flo | oors | Bldg. | 59 | ٠. | | | |
| City (5) | | County (6) | Col | unty | Co | de (7 | () | 70,000 | his if bains a | Z Ismalished) | 1 | | +0 | | - | |
| Trenton | | Mercer | | | | | | Current Use (P | rior it being c | iemolished) | | | | | | |
| | 17: 17 | 5 7 7 0 | - (0) | | - | 100 | M NI= | School | mont Contra | ctor (Q) | | - | | | | |
| Name of Monitoring | | y Building Own | er (8) | ASCM No. Name of Abatement Contractor (9) Bristol Environmental, Inc. | | | | | | | | | | | 1 | |
| Street Address | Joinnection | | | 110.7 | | | | Street Address | | | | | | | | |
| 120 North Warre | n Street | | | | | | | 1123 Beaver | Street | | | | | | | |
| | y, State & Zip Code | | | | | | | City, State & Z | | | | | | | | |
| | enton, NJ 08010 | | | | | | | Bristol, PA 1 | | | . Niver | | | | _ | |
| | oject Manager for Monitoring Firm | | | | | | | Telephone Nur | | 00509 | e Num | ber | | | - 1 | |
| Richard Beach | 1- (10) | Cabadulad Can | 609- | | | | | (215)788-604 | | 00303 | | | _ | | - | |
| Scheduled Start Da 7/29/14 | | Scheduled Con | 8/28 | | | (11) | | Name of OSHA Monitor Bristol Environmental Inc. | | | | | | | | |
| Occupancy Status | | ment (Check or | | | _ | - | - | Street Address | | 14 | | | | | | |
| Facility Clo | sed/Vacated | During Entire P | eriod | of A | bate | emer | nt | 1123 Beaver Street | | | | | | | | |
| | | utside of Norma | | | | | | City, State & Z | ip Code | | | | | | | |
| | 7 AM to 3: | 30 PM | | | | | | Bristol, PA 1 | 9007 | | | | | | | |
| - Innered | cupied During | - Indiana - Indi | | | | | | | | | | | | | | |
| Scope of Work (Ch | neck all that a | pply) | | | | | | Г | T Full Co | ntainment wit | th Nea: | ative l | Press | sure | | |
| | If | | \boxtimes | R | eno | vatio | n | ľ | | nclosure | | | A domictor | | | |
| ≥3 \$1 01 ≥3 ≥160 sf ≥2 | | | | | | olition | | ı. | | Bag Procedur | es | | | | | |
| | | | ш | | | | | Non-Exempted and Non-Friat | | | | | | iable Procedure | | |
| l l | _ocation of | | | Loc | | | 100000 | Description | | Amoun (Specif | | Abat | teme | nt Ty | уре | |
| 1000 00 P. S. C. C. S. C. | stos-Containir | ng | Norr | | | | | Asbestos-Conta | | | | т | | | | |
| | aterial (ACM) BE ABATED | | Main | olel | | | | Material (AC (i.e., thermal sy | | SF or L | ' | Re | Z | Encapsulate | Enclsoure | |
| | in Facility | | Cust | | | | i | nsulation, surfaci | ing, VAT | | | Removal | Repair | psu | SOL | |
| | (13) | | | (12 | | | | or other miscella | ineous) | | | <u>a</u> | 7 | late | 9 | |
| | | | Yes | No | | N/A | | | | 47001 | _ | N/2 | | | | |
| Exterior Windov | WS | | Н | X | | H | 1 | Window Caulk/ | glazing | 4760 L | .r | | H | H | H | |
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| Name of Registere | ed Waste Hau | ler | | 1 | NJC | EP \ | Naste | Cubic Yards | Name of Re | gistered Land | Ifill | | | | | |
| Traine of registers | Ju 114010 1140 | | | H | Hau | ıler II | O No. | of Waste | | | | | | | | |
| Bristol Environ | mental, Inc. | | | | 718 | 706 | 1100 | 120 cu yds | GROWS L | andfill | | | _ | | | |
| City, State | | | | 00000000 | | | | Disposal Date | City, State | DA | | | | | | |
| Bristol, PA | | | | | | | | 8/2/14 | Morrisville | , PA | | Data | 1500 | | | |
| Completed By (Print or Type) Title Project | | | | | | Signature Date 7/18/14 | | | | | | | | | | |
| OHIO I ILLINGUII | | | | | | nage | 100 100 10011 | | | | | | | | | |
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| Date of Notification | A TOTAL CONTRACTOR OF THE PARTY | | | Nan | ne of | Building | Owner / Operat | or (2) | | D14 A | 110 . | | | | _ |
|--|--|-----------------|-------------|---|---|--------------------|---|---|---------------------------------------|--------|-----------|---|--------|-------------|-----------|
| Agencies Notified | 7/18/14 | -0 | | | | | of Education | | | THE A | UG - 1 | PM | 3: 3 | 3 | |
| EPA | Type Notific | cation | | | | dress | | | | | | | | | |
| □ DEP | | - I | | | | | Street | | <u></u> | 1 8/16 | 5150 | 11.3 | 730 |) i_ | |
| ⊠ DOL | | anded R#1-7/28 | RIA | | | e & Zip | | | CD | Æ | LICE | (31H | 5100 | ι. | |
| ☑ DOH | _ | ergency | 0/ 14 | | | , NJ 08 Contact | | | | | | 100000000000000000000000000000000000000 | 2.0 | 四. | ž |
| DCA | | cellation | | | | | Collins | | | | | Teleph | one l | Vum | ber |
| | | | | F | ACIL | ITY IN | FORMATION | | | | | | | | |
| Name of Facility Wh | ere Abatem | ent is Taking F | Place (| (3) | | | Type of Fac | ility (4) | | | | | | | |
| Woodrow Wilson | ES | | | | | | School | | NON SUB | 8 | | | | | |
| Street Address | | | | | | | | | Other than | | | | | | |
| 175 Girard Ave | | | | | | | Other (i | .e. priv | ate & comr | nercia | building | gs, hor | nes, | etc.) | |
| | | | | | | | Square Feet | | # of Floor | | | ldg. A | | | |
| City (5) | | County (6) | C | ounty | Code | e (7) | 70,00 | 0 | | 2 | | | 60- | - | |
| Trenton | | Mercer | | | | | Current Use (Prior if being demolished) | | | | | | | | |
| | | | | | | | School | | | | | | | | |
| Name of Monitoring | | | ner (8 |) | AS | SCM No | . Name of Aba | atemer | t Contracto | or (9) | | | | - | |
| Environmental Co | onnection | | | | | | Bristol Environmental, Inc. | | | | | | | | |
| Street Address | | | | | | | Street Address | | | | | | | | |
| 1-0 11010111011 | 20 North Warren Street ity, State & Zip Code | | | | | | 1123 Beav | | | 225 | | | | | |
| | | | | | City, State & Zip Code | | | | | | | | | | |
| Trenton, NJ 08010 | 1= 1 | | | | Bristol, PA | | | | | | | | | | |
| Project Manager for Richard Beach | wonitoring i | -irm | | | e Nur 420 0 | | Telephone N | | | | cense N | umber | | | |
| Scheduled Start Date | (10) | Scheduled Cor | | | | | (215)788-60 | | | 00 | 509 | | | | |
| ON HOLD | npieti | ON D | ate (1 | 1) | Name of OSHA Monitor Bristol Environmental Inc. | | | | | | | | | | |
| Occupancy Status D | uring Abate | ment (Check o | nly on | e) | | | Street Addre | Carlo de la Carlo | | | | | | | |
| | | During Entire F | | | | | 1123 Beave | | et | | | | | | |
| | | utside of Norm | al Ho | urs - | 7am | to 3pm | City, State & | Zip Co | de | 77 | | | | | |
| Describe: 7 | | | | | | | Bristol, PA | 19007 | , | | | | | | |
| Scope of Work (Chec | ck all that ap | oply) | | | | | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | | | | - | | | | | Full Conta | inmen | t with Ne | egative | Pres | sure | 9 |
| ≥3 sf or ≥3 lf | | | \boxtimes | | novat | | | | Mini-Enclo | sure | | | | | |
| ≥160 sf ≥260 | IT | | | De | moliti | on | | | Glove Bag | | | | | | |
| | | | | | | | | | | | | | e Pro | cedu | ıre |
| | ation of s-Containin | _ | | Loca | | | Description | | ount | Aba | atem | ent T | уре | | |
| | rial (ACM) | 9 | | olely | Used | | Asbestos-Con Material (A | | | | ecify | | | | Г |
| | ABATED | | | | nce or | - | (i.e., thermal s | | | 5F (| or LF) | Z. | | Enc | E E |
| | Facility | | | | Staff | - 1 | insulation, surface | | | | | Remova | Repair | aps | cls |
| | (13) | | | (12) | | | or other miscell | aneous | s) | | | val | air | Encapsulate | Enclsoure |
| | | | Yes | No | N/A | | | | | | | | | 6 | |
| Exterior Windows | | | | \boxtimes | | | Window Caulk | /glazii | ng | 476 | 0 LF | | П | П | П |
| | | | | | | | | | | | | | | Ħ | IT |
| | | | | | | | | | | | | Ī | n | Ħ | |
| | | | | | | | | | | | | T | Ħ | Ħ | H |
| | | | | | | | | | | V | | TH | H | Ħ | H |
| | | | | | I | | | | | | | 一片 | Ħ | Ħ | Ħ |
| Name of Registered V | Vaste Haule | er | | N. | DEP | Waste | Cubic Yards | Name | of Registe | red La | ndfill | | | | |
| | | | | 100000000000000000000000000000000000000 | | D No. | of Waste | | | | | | | | |
| Bristol Environme | ntal, Inc. | | | 71 | 8706 | 5 | 120 cu yds | GRO | WS Land | Fill | | | | | |
| City, State | | | | | | | Disposal Date | City, S | | | | | | | |
| Bristol, PA | | | | | | | 8/2/14 | Morri | sville, PA | 1 | | | | | |
| Completed By (Print or Type) Title Project | | | | | | | Signature | | | , | | Date | | | |
| | | | | | | | Gino Pu | 21 | 2001 | / | 2 | 7/18 | 114 | | |
| | | | | Ma | anag | er | Janes " | 01 | | 17 | | | | | |

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:50 and 12:120)

VIA U.S. MAIL Ch# 1089

| 2814 AUG - I | PH 3: 37 | (Lane | | Marie and a | | | | | | |
|--------------------------------|-------------------------------------|--|--------------------|----------------|----------------------------|----------------------------------|------------------|---------------|-----------|------------|
| Date of Notification (1) | 2/00/11 | | Name of | Building Owner | Operator (| | | | | |
| | 11/2/11 | | Street A | ANICE | 0111 | 13 | 2 | · · | : - | |
| Approx Notified TUEN | Type Notinesion | | 10 | KATh | ZY N | 51 | 0706 | 6 | <u> </u> | _ |
| DEPA . | Et tritial | | City, Sta | te, Zip Code | - 1 | | | | | 1 |
| DOEL DEL | Amendment # | _ | 1 2001 | rk n | <u>, (),</u> | | Telephone No | mobes | | 一 |
| 1/ . | Emergency (including institication) | 9 | Name of | Contact | | | Telefronius ca | _ | | 2 |
| D DCA | ☐ Cancallation | | 145 | TY INFORMAT | 27103 - | • | | | | |
| | Al Police Pie | × (3) | FAGIL | H I IMPORGANCE | 1 | Type of Facility | (4) | • | | |
| Name of Facility Where A | batoment is rating ris | ne fol | | | | D School (K-12 | | 450 | * | |
| Street Address | . | | | | | O Subchapter Le. pr | hate & comme | rial building | 5, | |
| 10 KATHR | YN ST | • | | | | homes, etc. | #of Floors | Bldg. F | | |
| CRY (5) | 1 | - | | • | . 1 | 5,000 | | | 20 | |
| CLARK | ND. | | 1 Oceanie | Code (7) (STAT | FUSE | | nor if being den | -Enlanetty | , | |
| County (6) | 2000 | • | ONEX | | 1 | 1 | KESIDE1 | 01/1 | 1005 | <u> </u> |
| | | T AS | CM No. | | | ent Contractor (| 9) | | | |
| Name of Monitoring Firm (8) | rmen by seeing | | | | 00A1 | EC.V) | INC | | | |
| Street Address | - | the state of the s | | Sire | Address | 2x 214 | 4 | | | |
| | | - | | City, | State, Zip (| ode | 2.10 | 100 | 196 | シ |
| City, State, Zip Code | - | | | - 1011 | 0 6 | MIDGE | - License No. | 1 00 | <u>00</u> | 1_ |
| Project Manager for Num | Maing Fam- | Telep | hone No. | Telep | hone No. | 12x750 | Figures ser | 30 80 | 06 | |
| hitlers monday | | 1: | Data (6.5) | . 15 | of OSHA | Account 1 | - 117. | | • | |
| Start Date (10) | Scheduled G | 211 | The state of | IN | OUAI | ECV | · (ME | | | - |
| Occupancy Spans Sum | n Abelesnent (Check on | y one) | - | Street | Address | 20× 8 | 14. | 22 | | |
| 1 | - Colon Daine | of Altohory | ment . | E Strus | State, Zip | Code: | ÷ 8.) (| 7.00 | 285 | 2 |
| LI WHOLDSHIPSII MERITRINGS | Outside of Normal Pac | Bly House | • | 101 | 0 (- | 3R.DG | E-10: | J. 0 | 000 |) (|
| | | | | | N Pull | Containment wi | h Negative Pre | SSRE | | • |
| Scope of Worlt (Check & | Participants | | N Rem | ovation | . O Mini | Enclosure | • • - | | * | |
| 03≥3505≥38 (02≥1605007≥2608 | | | D Den | JORGANIA . | Q Nor | volog Procedur Exempled (*) s | and Non-Phable | Procedure. | | ement |
| | | su | ocation | | | % 8 | | | T | ype |
| Local | - | - No | solely by | Defender C | Description | teterial (ACM) | Anne | end . | 2 7 | , E |
| - Antonios Containi | Malanal (ALJES) | Main | enancel stotial | A - Manager | nal system riacing, VA | 2 HPHDIDES | (Spe | LF) | Span | noapsulate |
| TOBEA | Control to Indiana | S | (12) | | recoig, va er núscallar | 16012) | | | = = | late |
| (33 | 30 | | | | ٠ | | | | ++ | ++ |
| | | Yes | No REA | - | 0 | | - 11× | CIL | X | ++ |
| 0 | | - | X | SHA | 115 | GILER | 1240 | 9F | M | 11 |
| BASEHEN | | + | | | | | - | | T | |
| <u> </u> | | | | 100 | ic Yards of | Name of Re | gistered Landid | I | | |
| Name of Registered Wa | ste Haufer | MID | EP Vlaste i | lender Was | | 160 | 20.00 | | | |
| MAINTEN |) INC | | 185 | 01 | 10 | Carly States | -, <u>-,</u> | UT | 1 | |
| 100041601 | | | 0000 | 2 a | M N | HOVE | (SYILLE) | 1.1 | 1 | - |
| OB BR | IDGE N | <u>,), (</u> | 3880 | 77 1 1 | sture | TIV | 1. | Date | 129 | 7/11 |
| Completed by | Inie (| rcia | SENT | 1 | 1 | 11000 | relle | 11 | Tay | + |
| Canos H | EIDIA IV | (CO) 1 | from for at | bestos licensu | e exemple | ed activities. | | | 1, | |

| Date of Notification (1) 7/31/14 | | | Name of Building Owner/Operator (2) | | | | | | | | * ~* * | | | \$130 | | |
|---|-----------------------------|---------------------------------|-------------------------------------|-----------|---------------------|---|--|-------------------|--------------------|-------------|-------------------|-------------------|-----------------|-------------|---|--|
| 7/31/14 | | Federal Aviation Administration | | | | | | | | | | | السط | | | |
| Agencies Notified | Type Notification | | - 1 | | ddress viation F | Plaza | | | | 25 | 14 AUG - | -I F | M 6 | : 4,5 | | |
| EPA DEP | Initial Amended | | | City, Sta | te, Zip Co | de | | | | | th STE | 30 | *117 | it. | | |
| ⊠ DOL | Amendment Emergency | | - | Jamaio | ca, NY | 11434 | | | | 9 | & LIC | ENS | LNO | | | |
| DOH DCA | justification) Cancellation | | - 1 | | Contact Mullig | an | | | | Tel | ephone Nu | mher | 110 | E | 11 | |
| | | | | | LITY INFO | | ON | | | | | | | | | |
| Name of Facility Where | Abatement is Takin | g Place (3) | | | | | | Туре | of Facility (| 4) | | | | | 110000000000000000000000000000000000000 | |
| Teterboro Air Traffi | c Control Tower | | | | | | | | School (K-1 | | | | | | | |
| Street Address 225 Fred Wehran D |)rive | | | | | | Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, | | | | | | home | es. | | |
| City (5) | Dilve | | | | | | | P. Control | etc.) | 2000 | | | | | | |
| Teterboro | | | | | | | | 5,00 | are Feet | 6 | f Floors | | ildg. A O ye | 170.50.3 | | |
| County (6) | | | - | County (| Code (7) | | Current Use (Prior if being demolished) | | | | | | 410 | | | |
| Bergen | | | | | JSE ONLY) | | | Cor | ntrol Towe | er | | ricu) | | | | |
| Name of Monitoring Firm AET | n Hired by Building | Owner (8) | | ASCN | No. | | The second second | | es, LLC | ntractor | (9) | | | | | |
| Street Address 28 N. Pennell Road | 4 | | | | | 772 | Street Address 407 W. Lincoln Highway, Suite 500 | | | | | | | | | |
| City, State, Zip Code | | | | | | | 1 | | Zip Code | nway, | Suite 50 | | | | | |
| Media, PA 19063 | | | | | Exto | n, PA | 19341 | | | | | | | | | |
| Project Manager for Mor Eric Houseknecht | | Telephor | ne No. 91-0114 | | Teleph 484- | | | | License N 01161 | No. | | | | | | |
| Start Date (10) | | Scheduled | | | | Name of OSHA Monitor | | | | | | | | | | |
| 8/12/14 8/22/14 | | | | | | | | L | | | | | | | | |
| Occupancy Status Durin | | | | | | | Street | | ess e 130 Nor | th | | | | | | |
| Facility Closed/Vac Abatement Perform | ated During Entire F | Period of Ab | atem | tement | | | | Lanca de Caración | Zip Code | LI I | | | | | | |
| Other - Describe: | After midnight | - acinty i | iours | iurs | | | | | son, NJ | 08077 | | | | | | |
| Scope of Work (Check A | II That Apply) | | | | | | 0 | - | | | | _ | | | | |
| ≥3 sf or ≥3 lf | | X Re | nova | tion | | | |] Fu | ıll Containm | ent with | Negative | Pressu | re | | | |
| 2160 sf or ≥260 lf | | ☐ De | molit | ion | | | Full Containment with Neg Mini-Enclosure Glovebag Procedure | | | | | Negative Pressure | | | | |
| | | 4 | #3 -6557079 | | | | Glovebag Pro Non-Exempte | | | | d Non-Frial | ble Pro | cedur | е | | |
| | | ls L | ocati | on | | | | | | | | | Abate | emen | t | |
| Location | n of | No | rmall | ly | | Des | scription | of | | | | | Ту | pe | | |
| Asbestos-Containing TO BE AB | | Used Main | | | | tos Cont | taining N | //ateria | al (ACM) | 243 | mount | | | ш | m | |
| In Faci | | Custo | | Staff? | (i.e. | | cing, VA | T, or | V2 | | Specify or LF) | Removal | Repair | cap | nclo | |
| (13) | | | (12) | | | other n | niscellar | neous) | | | | oval | air | Encapsulate | Enclosure | |
| | | | No | N/A | • | | | | | | | | | Ō | | |
| Elevator Mach | nine Room | X | | | F | loor til | le and | masi | tic | 13 | 38 SF | X | | | | |
| | | + | | | | | | | | | | - | | | | |
| | - | + | | | | | | | | | | - | | | | |
| Name of Registered Waste Hauler | | | | JDEP W | aste | Cubic | Yards | | Name of | Registe | ered Landfil | 1 | | | | |
| ecoservices, LLC | | | | auler ID | | 1.0000000000000000000000000000000000000 | Cubic Yards of Waste 3 | | GROW | X-34 | | | | | | |
| City, State | | | | | | Dispos | sal Date | | City, Stat | е | | | - | | | |
| Exton, PA | | | | | | TBD | | | Morrisv | ille, P | A | | | | | |
| Completed by Title | | | | | P007-000 | S | ignature | • , | 2 11 | | | ate | | | | |
| Jack Bally Sr. Project | | | | Manag | ger | | Suc | M/ | Sally | 010 | 7. | /31/14 | 1 | | | |
| ASB-41 (R-06-08) | | | | | | | Do no | ot use | this form for | asbest | tos licensur | e exer | npted | activi | ties. | |

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

| | | | NOTIFICAT | ON OF AS | EW JERSEY BESTOS ABATEMEN C 8:60-7 AND 12:120-7 | | | he | 0K4 | tarc |
|---|--|--------------------|------------------------------|-------------------------|---|--|----------------|----------|-------------|--|
| Date of Notification (1) | | | | Name of E | Building Owner / Oper | | 74.77 | | a rest (re) | 138 |
| $\frac{-07}{}/\frac{18}{}/-$ | 14 | | | AAK Street Add | dress | | | | pic p | |
| Agencies Notified Typ | oe of Notific | ation | | | all Street, 5th Floor | | | | | |
| ☐ EPA | ☐ Initia | 100 | | | e, Zip Code | 21 | 114 AUG | - | PM 6:4 | 7 |
| ☐ DOH | | ended endment # | 3 | Edison, NJ Name of C | | | Telenhor | 20 Al- | ber | |
| ☑ DOL | | | justification | Kevin Doy | | Ĩ. | | | (0), (1) | |
| | ☐ Can | cellation | | | | 0 | <u>če i</u> | ICFH. | SING | 40 |
| | | | F | ACILITY IN | FORMATION | | | | | ED. |
| Name of Facility Where A AAK | Abatement i | s Taking F | Place (3) | | Type of Facility (4) | (-12) | | | , | |
| Street Address 131 Marsh Street | | | | | ☐ Subchapt ☐ Other (i.e. | er 8 (Other , private & omes, etc.) | | | | |
| City (5) Co | unty (6) | | County Code | (7) | Square Feet | # Of Floor | s | Buildi | ng Age | |
| Port Newark Ess | sex | | | | 8,000 | 1 | | | 40+ | |
| | | | | | Current Use (Prior if Food Process | peing dem | olished) | | | |
| Name of Monitoring Firn | f Monitoring Firm Hired by Bldg. Owner (8) O ATC | | | | Name of Abatement | Contractor | (9) | - | | |
| CARDNO ATC | , - | | X 100 | | | | 0.00 | | | |
| | | | | | LVI Demolition Service | es Inc. | | | | |
| Street Address 104 E. 25TH Street | | | | | Street Address | | | | | |
| City, State, Zip Code | | | | | 32 Williams Parkway | | | | | |
| NEW YORK, NY | | | . | | City, State, Zip Code |) | | | 50 | |
| Project Mngr. For Monito PATRICK SISK | oring Firm | | Telephone Nu 212-353-8280 | mber | East Hanover, Nj 079 | 36 | | | | 1 |
| Sheduled Start Date (10) | Sch | ed. Compl | etetion Date (1 | 11) | Telephone Number | | License | Numbe | r | |
| _08 / _05 / | 14 | 09/ | 05/ | 14 | 2 | | | | 00860 | |
| Occupancy Status Durin | na A batamar | at (Chack) | Only 1) | | 973-884-8682 Name of OSHA Mon | itor | | | 00860 | |
| Facility Close | d/Vacated D | Ouring Ent | ire Period of | | LVI Demolition Service | | | | | |
| Abatement | | | | | Street Address | | - S | | | |
| Abatement Pe | | itside of N | ormal Facility | | 32 Williams Parkway | | | | | - 1 |
| | | AM - 1:30F | PM - MON - FR | ı | City, State, Zip Code |) | | | | |
| | | | | | East Hanover, Nj 079 | | | | | |
| Scope of Work (Check A | II That Appl | ly) | | | | | | | | |
| ☐ Demolition | | V | Renovation | П | Full Containment wi | th Negative | Pressure | е | | - 1 |
| ≥3sf or ≥3lf | | | | | Mini - Enclosure | | | | | 1 |
| ≥160 sf or ≥26 | 60 If | | | | Glovebag Procedure Non-Exempted (*) ar | | hle Proce | dure | | |
| | | | | Ľ | Non-Exempted () an | 14 14011-1 114 | DIC 1 1000 | Judio | | |
| Location of | | Is | | Descript | | | Abateme | ent Type | | 1- |
| Asbestos Containii | A 10 TO 10 T | ocation ormally | A: | sbestos - C Material | | Amount | R | R | E N | E N |
| Material (ACM) TO BE ABATED | | Used | (1 | .e., therma | | (Specify | M | Ε | c | c |
| in Facility | 1/2 | Solely | insu | lation, sur | facing, VAT, | SF or LF) | N. 20 20 20 20 | P | A | L |
| (13) | | y Main- enance/ | or | otner misc | ellaneous) | | V A | A | s | s |
| | C | ustodial | | | | | L | R | U | U |
| | | taff (12) | | | | - | | - | L_ | R |
| MAIN/BOILER ROOF | YE | S NO N/A | ROOF FLASH | ING | | 2,200 SF | | | | |
| INITIAL DOILLIN NOOF | MAIN/BOILER ROOF | | | | | 1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| | | | | | | | | | | |
| | | | N. IDES III | lo | In | L an eleiti | | | | |
| Name of Registered Was LVI Demolition Services I | | | NJDEP Waste Hauler ID No. | | Name of Registered GROWS | Landfill | | | | |
| LVI Demonition Services II | no. | | | of Waste | 31.01.0 | | | | | |
| City, State | | | A | Disposal | City. State | | | | | |
| East Hanover, NJ | | | | Date | Morrisville, PA 1906 | 7 | | | | |
| Completed by (Print or | Typel | | Title | | Signature | | | - | Date | |
| STEVEN STILES | . 7 | | PROJECT MA | NAGER | Juguard | # A | | | | 5. |
| | | _ | | | | 1 1 | / | | | 07/31/14[|
| Completed by (Print or STEVEN STILES ASB-41 | Type) | | | NAGER | Signature | THE STATE OF THE S | <u></u> | | Date | 07/31/14 |

| O7 / 2 | 29 / | 14 | | | | ing Owner/Operator (ommunications | • | 7 8700 01 1 | "0 10 | * Name | كوينا | |
|--|---------------------------|--|--------------------|----------------------|-------------|---------------------------------------|-----------------------------|--------------------------|----------|------------|-------------|-----------|
| | | | | 1 | | | / Job #140 | 7-4798 Check | #649 | 19 14 c | . , , | |
| | ype Notifica ☑ Initial | ation | | | et Address | | | | | 1 0 | ٠ 4 . | |
| <u> </u> | Amended | 1 | | | | wood Avenue | | FIGURE | 7 7- | | | |
| ☑ DHSS | Amendm | 7 | | 33 | State, Zip | | 6 | & LICE | NO. | 1111 | 10.6 | - |
| □ DCA . □ |] Emergen | 200-100-100-100-100-100-100-100-100-100- | ng | Je | nkintow | n, PA 19046 | | , | 1101 | 18 (3 | 0 | Ę.· |
| (NJAC 5:23-8) | justificati | 1000 | STEEN. | Nam | e of Conta | act | | Telephone Nun | nber | | - 5. | 2.00 |
| L | Cancellat | tion | | - | ex Baylo | | | | | | | |
| Name of Facility Where Aba | tomontin 7 | Talaia Di | (0) | FA | CILITY | NFORMATION | 2 | | | | | |
| Verizon Market CO | itement is i | aking Pla | ce (3) | | | | Type of Facility | | | | | |
| Street Address | | | | | | | School (K-12 | 2) 8 (Other than K-1) | 2) | | | |
| 95 William Street | | | | | | | Other (i.e., p | rivate and comme | ercial b | uildir | as. | |
| | | | | | | | homes, etc.) | | | | 3-1 | |
| City (5) | | | | | | | Square Feet | # of Floors | E | Bldg. / | Age | |
| Newark | | | | | | | | | | | | |
| County (6) | | | | Cou | inty Code | (7)(STATE USE ONLY) | Current Use (Pr | ior if being demoli | shed) | | | |
| Essex | | | | | | | Offices | | | | | |
| Name of Monitoring Firm Hir | ed by Build | ling Owne | r (8) | ASCN | No. | Name of Abateme | ent Contractor (9) | | | | | |
| USA Environmental | | | | | | AbateTech, I | nc. | | | | | |
| Street Address | | | | | | Street Address | | | | | | |
| 8436 Enterprise Ave. | | | | | | 30 Maple Ave | . PO Box 25 | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Co | | | | - | | |
| Philadelphia, PA 1915 | 3 | | | | | Lumberton, N | | | | | | |
| Project Manager for Monitori | ng Firm | | Tel | ephone | No. | Telephone No. | 10 00040 | License No. | | | | |
| Mark Jenkins | | | SATTLE CO. | outston the control | 5-5810 | 609-265-2107 | | 00529 | | | | |
| Start Date (10) | S | cheduled | | | | Name of OSHA M | | 00329 | | | | |
| 08 /11 /1 | | | | | 14 | EMSL Analyti | | | | | | |
| Occupancy Status During Ab | atement (C | | | | | Street Address | | | | | | |
| ☐ Facility Closed/Vacated D | | | | ment | | | 0.8141- | | | | | |
| ☐ Abatement Performed Ou | tside of No | rmal Facil | tv Hou | rs - Des | scribe | 200 Route 130 | | | | | | |
| Time of Abatement: | AM | PM/ | PM | | _AM | City, State, Zip Co | | | | | | |
| Scope of Work (Check all tha | | | | | | Cinnaminson | , NJ 08077 | | | | | |
| | и арріу) | | | | | ☐ Full Conta | ainment with Neg | ative Pressure | | | | |
| ≥3 sf or ≥3 If ≥160 sf or ≥260 If | | - | enovat | 712 CONT. | | | osure | alive i lessure | | | | |
| ≥ 100 Si 0i ≥200 ii | | Πр | emoliti | on | | ☐ Glovebag | | E: 6 | | | | |
| | | | s Loca | tion | | ⊠ Non-Exer | npted (") and Nor | n-Friable Procedu | | | | |
| Location of | | 1 | Norma | | | Description of | | | At | atem | ent T | ype |
| Asbestos-Containing Mate | | | ed Sol | | Asbe | estos Containing Mat | erial (ACM) | Amount | Re | Re | Ē | E |
| TO BE ABATED IN Facility | 2 | | aintena stodial | ance/ Staff? | (i.e | e., thermal systems in | nsulation, | (Specify | Removal | Repair | cap | Enclosure |
| (13) | | - Cui | (12) | | | surfacing, VAT, other miscellaned | | SF or LF) | /a | | Encapsulate | ure |
| | | Yes | No | N/A | | other miscellanee | lus) | | | | te | |
| Elevator Landing, 4, 5, 7 | & 8 | | | | Elevato | or Landing Doors | | 32 each | | П | П | П |
| Elevators 2-8 | - | | | | | or Brake Pads | | 14 each | | | | H |
| | | | | | | | | 14 each | | | | |
| | | | | - | | 1-20 | | | Ш | Ш | Ш | Ш |
| Name of Registered Waste Ha | eviles | | Щ. | | l | | | | | | | |
| AbateTech, Inc. | auler | | 600 | IJDEP \ lauler I[| 55(R[G]RG-0 | Cubic Yards of Waste | Name of Regist | | | 11 | | |
| City, State | - | | | 18750 | | 40 | G.R.O.W.S. | Lanufili | | | | |
| Lumberton, NJ | | | | | | Disposal Date 8/14/14 | City, State Tullytown, I | DA | | | | |
| Completed By (Print or Type) | | Title | | - | | | runytown, i | | | | | |
| Jennifer Piraine | | | ions ' | `~===! | | Signature. | A | Da | te | . 1 | , | |
| TENTE STORY TO THE STORY OF THE | | Operat | ions (| oordi | nator | Cerus | a Puain | , | 713 | 911 | 4 | |
| SB-41 AY 11 | | * Do not | uce th | ie form | for ashari | tos licensure exempte | | | 1 | | | |
| 2007 | | טט ווטנ | 430 UI | 101111 | ioi aspest | os licerisure exempte | eu activities. | | | | | |

| CIC | 1100 | N | | | | ESTOS AB A 8:60 and 12 | | ENT | to-c | ** | ٠., | See Self | G | 75. D |
|--|------------------------|-----------------|-----------------|-------------------|----------------------|----------------------------|----------|--|-------------|------------------|---------------|----------|-------------|-----------|
| Date of Notification (1) | | | T | Name of | f Building | Owner/Oper | rator (2 | ·) | | | × /- | | | |
| 7/22/2014 | | | | Medite | erraneai | n Towers v | west | | 2014 A | UG - 1 | Dia | c., | | |
| Agencies Notified | Type Notification | | | Street A 555 N | ddress orth Av | | | , | · : | | | 0. 4 | I | |
| × DEP | Amended | | | | ate, Zip Co | | | 2 | E. | I INEN | 2011 | nt | i | |
| X DOL | Amendment Emergency | | _ [| Fort L | ee, New | V Jersey 0 | 7024 | 8, | ٠. | LICEN. | SINE | ì | , VF15. | |
| X DOH X DCA | justification) | | | | f Contact | | | ** | Tel | ephone Nu | mber | | 61 | |
| x DCA | Cancellation | | | | en Sded | | | | | | | | | |
| Name of Facility Where | Abatement is Takin | g Place (3 |) | FACI | LITY INF | ORMATION | | ype of Facility | (4) | | | | | |
| Mediterranean Tow | | | , | | | | | School (K- | | | | | | |
| Street Address | | | | W-14.70 | | | | Subchapte | | er than K-1 | 2) | | | |
| 555 North Ave | | | | | | | Ē | Other (i.e. etc.) | private 8 | & commerc | ial buil | dings | , hom | es, |
| City (5) | | | | | | | 5 | Square Feet | # of | Floors | E | Bldg. A | Age | |
| Fort Lee | | | | | | | 2 | 2200 | 2 | | 4 | 10 | | |
| County (6) Bergen | | | | | Code (7) USE ONLY |) | - 0 | Current Use (Pr | ior if bei | ng demolis | hed) | | | |
| Name of Monitoring Firm SKY environmental | | Owner (8) | | ASCN | A No. | | | Abatement Co | | (9) | | 2000 | | |
| Street Address | 301 11003 | | | 1 | | | treet A | | LLC | - | | | | |
| 140 Boulevard | | | | | | | | proadway | | | | | | |
| City, State, Zip Code | | | 2000 | | | | | te, Zip Code | | | - | | | |
| MT Lakes, NJ 0704 | -6 | | | | | V | Vest N | New Yorkm, | New J | ersey 07 | 093 | | | |
| Project Manager for Mon | itoring Firm | | | Telepho | | | elephor | | | License N | lo. | | | |
| Sky | | | | | 88-4821 | | | 33 2368 | | 01210 | | | | |
| Start Date (10) 07/24/14 | | Schedule 07/31/ | | npletion | Date (11) | | | OSHA Monitor | | | | | | |
| Occupancy Status During | Abatement (Chec | | | | | | reet Ad | viromental | | | | 070-1000 | | |
| 1 = 1 | | | | . Novolani | | 1 70 | | J S 22 | | | | | | |
| Facility Closed/Vaca Abatement Perform | ed Outside of Nom | enod of A | Nours | ient | | | | te, Zip Code | - | | | | - | |
| X Other – Describe: _ | | | | | | 1 | | NJ 07083 | | | | | | |
| Scope of Work (Check A | ll That Apply) | | | | | | | The second secon | | | | - | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | - | enova emolit | | | | × | Full Containm Mini-Enclosur Glovebag Pro Non-Exempte | e cedure | _ | | | ·e | |
| | | Is | Locati | on | | | | | | | T | | ement | t |
| Location | of | N | lormall | У | | Descrip | otion of | | | | | Ty | ре | |
| Asbestos-Containing TO BE ABA | | | d Sole | | | tos Containir | ng Mat | erial (ACM) | | mount | _ | | щ | |
| In Facili | | Cust | odial S | staff? | (1.0. | thermal syst surfacing, | | | | pecify or LF) | Remova | Repair | Encapsulate | Enclosure |
| (13) | | | (12) | | | other misce | ellaned | ous) | | S. 1 - 181154 | ova | pair | sula | Sur |
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| unit 11 | С | | | х | | clear | ning | | 11 | 00 sf | | | | |
| unit 10 |)c | | | х | | clear | ning | | 11 | 00 sf | | | | |
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| | | 1 | | | | | - | | | | + | | | \vdash |
| Name of Registered Was | te Hauler | | N | JDEP W | aste | Cubic Yard | ds | Name of | Registe | red Landfill | | | | |
| san ton services | | | Н | auler ID 2430 | | of Waste | 1005867 | medow | 500 86 | | | | | |
| City, State | | | | | | Disposal D | Date | City, Stat | e | - | | | | |
| keniworkth, NJ | | | | | | 8/14 | | kearny | , New | Jersey | | | | |
| Completed by Leticia Torres | | Title Presi | dent | | | Signa | ature | Jan Jan | 5 | 1 02 | ate 7/22/1 | 14 | | |

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

CHECK # 1052



| Date of Notification (1) 7/28/2014 | 1 | lame of Scotch | Building (Plains- | Owner/C Fanwo | perator ood Boa | (2) ard of Ed | ducation | /Deborah | S.Asia | rick | aķi | PH | 2.1 | | |
|--|--|-------------------|-------------------------|----------------------------|---|------------------------------|--------------|---------------------------------------|----------------------------|---------------------------------------|--------------------|---------|------------|-------------|-----------|
| Agencies Notified | Type Notification | | 1 ~ | | | | | | | 2 | 7-0- | 40 | | 11 | 5.4 |
| EPA DEP | × Initial | | | | vergree | | | | | ØA. | 新87 是 17 | 8 | 30 | GALT. | * 33.5 |
| DEP X DOL | Amended Amendment Emergency (| | | | e, Zip Co Plains, | | 076 | | | VD . | GE LI | CE | .NS | ING | TAO |
| DOH DCA | justification) Cancellation | including | | 7-mm | Contact y Miran | da | | | | Telephone | Numbe | er | | | |
| | | | | FACIL | ITY INFO | RMATI | ON | | | | | 2.71 | | | |
| Name of Facility Where Abandoned Reside | | g Place (3) | | | | | | _ | acility (4) | | | | | | |
| Street Address 1311 Terrill Rd. | | - | * | | | | | T Sub | chapter 8 er (i.e. priv | (Other than larter & comm | | uild | lings, | home | es, |
| City (5) Scotch Plains | | | | | | | | Square F 1,900 + | eet | # of Floors | | | ldg. A | ge | |
| County (6) Union | | | | County C | ode (7) SE ONLY) | | | Current U | Jse (Prior | if being dem | olished |) | | | |
| Name of Monitoring Firm | n Hired by Building (| Owner (8) | | ASCM | No. | | Name | of Abatem | ent Contra | actor (9) | | | | | |
| - | | | | | | | Unico | orn Cont | racting (| | | | | | |
| Street Address | | | | | | | 53107053 | Address Pleasaı | nt Valley | Way | | | | | |
| City, State, Zip Code | | | | | | | | tate, Zip C Orange | ode , NJ 07 | 052 | | | | | |
| Project Manager for Mor | Т | elephor | e No. | | 100000000000000000000000000000000000000 | one No. 333-917 | 6 | Licens 0123 | | | | | | | |
| Start Date (10) 7/30/2014 | | | | | | | 2002.000.000 | of OSHA I | Monitor Consulta | ants Inc. | | | | | |
| Occupancy Status Durin | ng Abatement (Chec | k Only One |) | | | | Street | Address | | | | | | | |
| | cated During Entire F ned Outside of Norm | | | ent | | | City, S | tate, Zip C | | - Bldg.35E | | | B 5 | | |
| Scope of Work (Check A | All That Apply) | | | 1000 000 | | | | • | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | = | - | novat molitic | | | | × | Mini-E Glovel | nclosure pag Proce | t with Negati dure *) and Non-F | | | | e | |
| | | led | ocatio | | | | | | 1 | 7 | | | | ement | |
| Location | n of | No | rmally | / | | De | scription | of | | | | | Ту | ре | |
| Asbestos-Containing TO BE AB In Faci (13) | g Material (ACM) B <u>ATED</u> ility | Custo | tenan dial S (12) | ce/ taff? | | tos Cont thermal surfa | taining M | taterial (A) s insulation T, or | | Amount (Specify SF or LF) | | Removal | Repair | Encapsulate | Enclosure |
| Hall Dad & Dad o | A Lister Deem | Yes | No | N/A | | 0 | ge Floo | r Tile | | 800 SF | | _ | | | |
| Hall, Bed 1, Bed 2 | | | | х | | | | SEL VICTORIAL | | 757.552.352.6607 | Х | _ | | | |
| Bathro | | - | | X | Bla | | | Floor Til | e | 60 SF 8 LF | X | | | | |
| Roo | | - | | Х | | | nney C | - 5: | | | X | | | | |
| Exterior House and Garage | | | | Х | , | | ow Gla | _ | | 40 LF | X | | | | |
| Name of Registered Waste Hauler Freehold Cartage | | | | JDEP W auler ID 1939 | | of Wa | Yards ste | | ame of Re a.R.O.W | egistered Lar '.S., Inc. | ndtill | | | | |
| City, State Freehold, New Jers | Jersev | | | | | | sal Date | | ity, State Norrisvill | e, Pennsy | Ivania | | | | |
| Completed by Blagica Nikolova | | Title Presid | ent | | | S | Signature | ZN | ikol | love | Date 07/2 | 8/2 | 2014 | | |

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

2814 AUG - 1 PH 3: 45 (Pursuant to NJAC 8: 60-7 and 12: 120-7) Date of Notification (1) Name of Building Owner/Operator (2) 2 5 / 1 4 0 7 NEWARK PUBLIC SCHOOL DISTRICT Agencies Notified Street Address [X] EPA 2 CEDAR STREET City, State, Zip Code [X] Initial Notification [X] DOL NEWARK, NJ 07102 [] Amended Notification Amendment [X] DOH [] Cancellation Name of Contact Telephone Number [] DCA SAL ALBANESE [] Emergency FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ARTS HIGH SCHOOL [X] School (K-12) Street Address Subchapter 8 (Other than K-12) 11 Other (i.e., private & commercial 1 1 550 DR. MARTIN LUTHER KING JR. BOULEVARD buildings, homes, etc.) County (6) City (5) County Code (7) Square Feet # of Floors Bldg, Age (STATE USE ONLY) Current Use (Prior if being demolished) NEWARK ESSEX Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM WHITMAN 00110 J.R. CONTRACTING & ENVIRONMENTAL CONSULTING, INC. Street Address Street Address 7 PLEASANT HILL ROAD 1141 ROUTE 23 City, State, Zip CRANBURY TOWNSHIP, NJ 08512 WAYNE, NJ 07470 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number KEVIN LOVELY 732-390-5858 973 628-9500 00408 Scheduled State Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 0 8 0 4 Month / Day 1 0 8 2 2 1 ENVIRO VISION CONSULTANTS, INC. Day Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period 20-21 WAGARAW ROAD, BLDG. #34A of Abatement Abatement Performed Outside of Normal Facility [X] Hours - Describe: 7:00 a.m. - 3:30 p.m. FAIR LAWN, NJ 07410 Other - Describe: 11 Scope of Work (Check all that apply) [X] Wrap & Cut Procedure [] Demolition Full Containment With Negative Pressure [X] Renovation Mini-Enclosure $\begin{bmatrix} \end{bmatrix} \ge 3 \text{ sf or } \ge 3 \text{ If}$ Glovebag Procedure $[X] \ge 160 \text{ sf or } \ge 260 \text{ lf}$ [X] Non Exempted (*) and Non-Friable Procedure Abatement Type Is Location Description of NCA N C L Location of Normally Used Asbestos-Containing Material (ACM) E Amount RE Asbestos - Containing (Specify Material (ACM) TO BE ABATED in Facility (13) Solely by (i.e., thermal systems SF or LF) O V A L P P S U L 0 insulation, surfacing, VAT, or other miscellaneous) Maintenance / Custodial A I R S Staff (12) Yes No N/A Auditorium X Pipe Insulation 300 LF X X Radiator Back Panel Insulation 24 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill Hauler ID No. J.R. Contracting & Environmental Consulting, Inc. 17819 40 G.R.O.W.S City, State Disposal Date City, State Wayne NJ 07470 Morrisville PA Completed by (Print or Type) Title Signature Date Jerry Bijelonic Project Manager 07/25/14

ASB-41 Jun-95 CK 13521

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

| Date of Notification (1) 7/29/14 | | | | Name of DONA | | | | | 1 | 7.1 | | | | 6 | I A | |
|---|---|-------------|--|----------------------|------------------|------------------------------|------------|--------------------------------|---|-----------------|-----------------------------|--|--------|--------------|-------------|-----------|
| Agencies Notified | Type Notification | | | Street Ad 744 BF | | STREE | Т | | | | | ************************************** | | | | |
| EPA DEP DOL | Initial Amended Amendment | # | | City, Stat NEWA | | | ! | | 2014 | AUG | | PH 3 | 4 | 9 | | |
| DOH DCA | Emergency justification) Cancellation | - | | Name of DONA | Contact LD WE | RNER | | | (D) | 1) | onhône) | 3 | i i | | | |
| | 1- | | | FACIL | ITY INFO | ORMATI | ON | | Q D | 1 | 02116 | HIAP | | Ąħ. | | |
| Name of Facility Where DONALD WERNE | Abatement is Takin R PROPERTY | g Place (3) | | | | | | | of Facility (4 School (K-12 | 2) | | 25 . 2V | | t. | | |
| Street Address 124 EAST TEXAS | ROAD | | | | | | | 1 | Subchapter 8 Other (i.e. pr etc.) | | | | uildi | ings, | home | es, |
| City (5) LONG BEACH TO | WNSHIP | | | | | | | | re Feet 0 SF | # of 2 | f Floors | | | dg. A 949 | ge | |
| County (6) OCEAN | | | | County C (STATE U | |) | | | nt Use (Prio SIDENTIA | | ng dem | olished) | | | | |
| Name of Monitoring Fire N/A | m Hired by Building | Owner (8) | | ASCM | No. | | | | tement Cont Touch Ast | | | ement | C | orp. | Inc | |
| Street Address | | | | | | | | Addres | ss dway, Unit | : A | | | | | | |
| City, State, Zip Code | | | | | | | | | ip Code nch, NJ 0 | 7740 | | | | | | |
| Project Manager for Mo | roject Manager for Monitoring Firm | | | | | | | none No. 222.8 | | | Licens 0004 | | | | | |
| Start Date (10) 7/31/14 | Com | npletion D |)ate (11) | | Name N/A | | HA Monitor | | | | 1 | | | | | |
| Occupancy Status Duri | ng Abatement (Chec | ck Only One |) | - | | | Street | Addres | SS | | | | 1000 | | | |
| Facility Closed/Va | Occupancy Status During Abatement (Check Only One Facility Closed/Vacated During Entire Period of Ab Abatement Performed Outside of Normal Facility F | | | | | | | 1 | ip Code | 1013 | | | | | | |
| Scope of Work (Check | All That Apply) | - | | | | | | | | | - | | | | | _ |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | , | | nova moliti | | | | | Mir | l Containme ni-Enclosure ovebag Proce n-Exempted | edure | | | | | a | |
| | | lal | o noti | an | | | | _ 140 | LXCIIIptou | () un | u reon r | Tidble I | | | ment | |
| Locatio | on of | 11/2007 | ocation ocatio | 930000 | | Do | scription | o of | | | | | | Ту | ре | |
| Asbestos-Containin TO BE Al In Fac (13 | g Material (ACM) BATED cility | Custo | tenar | nce/ | | tos Cont thermal surfa | aining N | Material s insula AT, or | | (5 | mount Specify For LF) | No. | Domous | Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | | | | | | | te | Ф |
| EXTERIOR | SIDING | | | Х | | AC | SIDIN | NG . | | 20 | 00 SF | Х | | | | |
| | | | | | | | | 2 | | - | | | 1 | | | |
| | | | ****** | | | | | | | | | | 1 | | | |
| Name of Registered Wa | Name of Registered Waste Hauler | | | JDEP W | aste | Cubic | Yards | | Name of F | Registe | ered Lar | ndfill | | | | |
| Finishing Touch Asbestos Abatement Corp., I | | | | auler ID I 2058 | No. | of Was 5 Cy | | | TRRF L | W. C. C. | FILL | | | | | 100 |
| City, State LONG BRANCH, NJ | | | | | | 8/1/1 | /_ | | City, State | rowi | N, PA | | | | | |
| Completed by JOSEPH P. MILLE | R | IDE | NT | | S | ignatur | MI. | Mh | | | Date 7/29 | /14 | | | | |
| J. (1 | | | | | | 7 | 1 ' | | | | | | | | | |

* HURRICANE SANDY WAIVER

06-23-07 06:31 PHUM-

| Date of Notification (1) | 75-111 | | the start | | |
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| Agency Notified Type | Nothcation | The state of the s | ورود المناف المنافعة | | Suchten |
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| | tis) · | 101 Da | Conen | 61/10 | 1 |
| m mai | nended nandment # | Chy, State, Zip Code | | 0116 | OT TANK |
| | BIGGINEV FRESHEIDE | JACKSO | A NJ | MEC | |
| To make 1 HUS | (ක්රියෝදිපත) | Name of Contact | | | 27 NSING |
| U Ga | acellation | M.V. | iR | Telephone R | iumber |
| | | PAGE COLUMN | 2. 0 | | 211 |
| Name of Facility Where Abatems | nt is Talcing Place on | FACILITY INFORMATION | | | |
| 1 . Jay 1/80 | n Hich Sch | | Type of Facili | IV (A) | |
| Street Address | LE LAICH OCHE | 12 (· | - 1 | | - |
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| City (5) | Il Conno | n Bluck | the second series at | TIMETO - AND | (2) |
| 1000 | | | | 1 | al duligings, |
| JACKS | en | | Square Feet | # of Floors | Bidg. Age |
| County (6) | | B | | | |
| - | | County Code (7) (STATE US) ONLY) | Current Use /P | nor if being demol | Pak B |
| Name of Monitoring Firm Hired by | British - S | | | | |
| (6) . | Building Camer ASCH | No. Name of Air | jement Contractor (9) | 1 | |
| Street Address | | An | 1-11 | 1 | |
| 11000 | | Strest Addres | | | |
| City, State, Zip Code | | 121 | | 1 | |
| | | City, State, Z | - OURIN | stan 14 | · · · |
| F-Alast Sc | | 1) 0 | anco N | IT ALI | |
| Project Manager for Monitoring Farm | . Telephone | No. Telephone No | WICE IN | 1 000 | 25 |
| | | satelatette 150 | | License No. | |
| Start Date (10) | heduled Completion Date | 85682 | 9041 | 010 | 70 - |
| | | (11): '. Neme of OSH/ | Monitor | 7 | 1 |
| Decumency Status During Abatement | (Ghack anhunia) | | · Coll | 5 | |
| Farific Class JA | | Street Address | 0-6 | | C 4 |
| Pacific Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe: | memetada to bone or | | | | 5 |
| | THE PAGE HOUS | City, State, Zip (| Code | - | |
| tage of Work (Check all that apply) | | | • | | His H |
| 23 of 20 2 5 5 | • | · | | | 20 |
| ≥ 160 sf or ≥ 260 F | . 98 | enovation : G Full (| ioniainment with Negr Enclosuro | ativo Pressura | 量量 |
| 2004 | FE . | OHIMBUH PRESENT | See The | | , mark. () |
| | F-1 | □ Non-E | Xomplad (7) and Non | Fish Dece | |
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| The market | | 21 | | 50 50 | 14 |
| WILLIAM D | | FIDER TITE | < | 50 E | |
| of Registered Waste Hauler | NJDEP Wasta Ha | FIOOR TIPE | | Znas | |
| En du-110 | | | me of Registered Lan | 100 30 | 4 |
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| 1)0/1 | 1 | - Company of the Comp | way | A V. | _ |
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| 3 Hall 1 | 7 | Signature | VIIYTON | TA | - 1 1 |
| V | , | 1 _1 /1 | | Date | |
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NOTIFICATION OF ASSESTED ABATEMENT (Pursuant to NJAC 8:80 and 12:120)

| Date of Notification (1) | \$ F | ursuant to l | | | | |
|--|--|--|--|--|--|--|
| The state of the s | 9-14 | Name of | Building Owner/Oper | ator (2) In | Wen | 2 000/ |
| Agency Notified Type No | Hiesker | - Miles Transc | | UHC CHE | 1650N (| SUANCE EL |
| 12 | | Street Ad | diess \ | | | THE STOCK ST |
| D THICK | | | 101 0 | m (0) | nnan | Blue |
| G DOL Green | ied Iment∓ | City, State | , Zip Code · | | 77 107 | 1200 |
| Property Diameter | ancy forcing | 1 | Jal | Son | 11:75 | 08525 |
| D Pa | #ilion) | Name of C | | | | |
| C DCA Q Cancel | allon | 1 | MIL. | - B | Telaphon | to Number |
| | | EACH IS | INFORMATION | | | |
| Name of Facility Where Abatement is | Taking Place (5) | The second secon | INFORMATION | | | |
| - Halma | n School | 3/ | | Type of Fac | lity (4) | |
| Street Address | Copo | | <u> </u> | O School De | ¥31 | * |
| 101 Don Conna | RIM | / | | U Substant | AR IFILL | K. ta |
| City (5) | L OTT | | | A PARTY LIVE | LICENSIA & PARKET | i(-12) Percial buildings. |
| JACKSO | n 1/1 | | | homes, at | 4-7 | |
| County (6) | | | • | Oquale 1 gat | # of Floors | Bidg. Age |
| | A 100 MILLS 100 | County Code | (7) (STATE USE | Finance | | |
| N | | ONLY | -/ CIVIE 09E | Gurrent Use (| Prior if being de | molished) |
| Name of Monitoring Firm Hised by Build | Ing Chinar ASC | Vi No. | I Riese - C | | | |
| | | | Name of Abstern | ant Contractor | 9)2 | - |
| Street Address | | | An Jo | E CL | 0 | |
| Chi chi e | • | | Streat Address | Bush | 7 | 7 |
| City, State, Zip Code | | | | | ing In | Ree |
| | | | City, State, Zip Co | | NT | - 8 |
| TAIAGD SC | | | | nea A | . I AC | 001 |
| Project Manager for Monitoring Furn | Telephor | n No | Jela | 1100 10 | 0 08 | 015 |
| | Telephor | 19 N o. | Telephone No. | | License No. | |
| Steph Date 198 | 1 | 23 | Telephone No. | (8977 | License No. | |
| Start Gats (10) -14" Safes | yled Completion Dat | 23 | Telephone No. | (8977 | | |
| Start Pate (10). 6-14-14 "Setter Startus During Abatement (Ch | tyled Completion Dat | 23 | Telephene No. 856 829 Name of OSHA Mo | (8977 | | |
| Start Date (10). School During Abatement (Ch. | tyled Completion Date | 23 | Telephone No. | (8977 | | |
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| Date of Notification (1) 07/25/14 | | | Building | | Operator | (2) | | | 2014 | file | - 7 | | | | | |
|---|---------------------------------------|--|-----------------|-------------------|--------------------------------|----------------------------|--|------------------------------|---|--------|--|----------|-------------|----------|-------------|-----------|
| Agencies Notified | Type Notification | | 1 | Street A | ddress | | | | | | 2014 / | 406 | -1 | _Př | [_3: | 50 |
| EPA DEP X DOL | Initial Amended Amendment | | | 300000 000 | CTORIA ite, Zip Co AN NJ | | | | | (P | i de | ST LI | CEI | C = 131! | VG | Üί. |
| DOH DCA | Emergency justification) Cancellation | including | | Name of | Contact | | | | | Tele | ephone | Num | ber | | | |
| Name of English Manage A | hotoment in Takin | - Dises (2) | _ | FACI | LITY INF | ORMAT | ION | - | | | | | | | | |
| Name of Facility Where A | voatement is Takin | g Place (3) | | | | | | Professional | of Facility (4) School (K-12 | | | | | | | |
| Street Address 111 PRESDIENT A | VE | | | | | | | × | Subchapter 8 Other (i.e. pri etc.) | (Othe | | | | dings, | home | es, |
| City (5) LAVELLETTE | | oceanio de la companio del companio de la companio del companio de la companio della companio de la companio della companio de | | | | | | | re Feet | # of | Floors | | В | ldg. A | ge | |
| County (6) OCEAN | | | | County (| Code (7) JSE ONLY | · | | Curre | ent Use (Prior ME | if bei | ng dem | olishe | ed) | | | |
| Name of Monitoring Firm | Hired by Building | Owner (8) | | ASCM | 1 No. | | | | tement Control OPROFES | | The state of the s | | #EIII - 755 | | | |
| Street Address | | | | | | | | Addre | ss DOVE CO | URT | | | | 30000 | | |
| City, State, Zip Code | * ** | | | | | | | | ip Code OD, NJ 08 | 701 | | | | | | |
| Project Manager for Moni | ect Manager for Monitoring Firm | | | | ne No. | | | none N 668-9 | | | Licens 1200 | |), | | | |
| Start Date (10) 07/29/14 | | Scheduled 07/29/14 | | mpletion (| Date (11) | | and the second second | | HA Monitor D PROFES | SSIO | NALS | | | | | |
| Occupancy Status During | Abatement (Chec | k Only One |) | | | | | Addre | ss DOVE CO | IIDT | | | | | V. E. | |
| X Facility Closed/Vaca Abatement Performe Other – Describe: | | | | | | | City, S | State, Z | ip Code | | | | | | | |
| Scope of Work (Check Al | I That Apply) | | | | | _ | LAK | EVVO | OD, NJ 08 | 701 | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | , | | enova emolii | | | | | Min | Il Containmer ni-Enclosure ovebag Proce n-Exempted | dure | | | | | e | |
| Location | | | _ocat | | | | | | | | | | | Abate | ement pe | t |
| Asbestos-Containing TO BE ABA In Facilii (13) | Material (ACM) TED | Used Mair | l Sole ntena | ely by | | tos Con therma surfa | escription staining N I system acing, VA miscellar | Materia s insula T, or | ation, | (8 | mount Specify or LF) | | Removal | Repair | Encapsulate | Enclosure |
| EXTERI | OR | | | | | , | SIDING | 3 | | 10 | 00SF | | Х | | | |
| | | | | | | | 5 -415 | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Name of Registered Was | te Hauler | | 100 | JDEP W | | 19941001200 | Yards | | Name of R | egiste | red Lar | ndfill | | | | |
| NEWARK CARTING | | T-5 10-5 10-05-5 0 - 1-T | 130 | lauler ID 4509 | NO. | of Wa | iste | | IESI | | | | | | | |
| City, State NEWARK, NJ | | | | | | Dispo | sal Date 9/14 | | City, State BETHLE | | 1 PA | | | | | |
| Completed by JOSEPH PERLSTEII | N | Title OWNE | ΞR | | | | Signature | Э | | | | Dat | е | | | |



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

CK 41243

| | | 122 | | (1 | ursuan | t to NJAC | 3 8:60 an | d 12:12 | 0) (* | K 4/ | 243 | | | 90 | |
|--|-----------------------------------|---|--------------------|--|----------------|------------------------|---------------------------------|--|--|------------------------------------|----------------------------|------------------|----------------|-------------|-----------|
| Date of Notification (1) 7/28/14 | | | | | | of Building levance | | | (2) | | | 1 | 3 | 40 | |
| Agencies Notified | Туре | Notification | | | | Address (ing Fisl | her | | | ₽14 AU(| 3-1 F | PA 3. | 5 ₀ | | |
| DEP DOL | | Amended Amendmen | t # | | City, St | ate, Zip Certon Nu | Code | | Ta | 10.01 | 200 | | | | |
| DOH DCA | | Emergency justification) Cancellation | | 1 | Name of | of Contac | t | | <i>9</i> | | CF NO lephone N | | | <u> </u> | |
| | | | | | FAC | ILITY IN | FORMAT | ION | | | | | | | |
| Name of Facility Where John levance Priva | Abater | ment is Takir ome | ng Place | (3) | | | 35 | | Type of Facili | | | | | | |
| Street Address 364 King Fisher | | | | | | | | | Subchar X Other (i. | K-12) oter 8 (Oth e. private | er than K & comme | -12) rcial bu | ilding | s, hom | nes, |
| City (5) Tuckerton NJ 0807 | 0 | | | | - | | | | etc.) Square Feet 1000 | # 0 | f Floors | T | Bldg. 35+ | Age | |
| County (6) Ocean | | 1 3 | | | | Code (7) USE ONL | Y) | | Current Use (| | ing demol | 1.0 | - | | - |
| Name of Monitoring Firm N/A | n Hired | by Building | Owner (8 |) | ASCI | M No. | | | of Abatement (| Contractor | (9) | | | | |
| Street Address | | | | | | | | Street | Address Box 329 | | | | | - | - |
| City, State, Zip Code | * | | | | | | | City, S | tate, Zip Code | | - | - | | | |
| Project Manager for Mor | oject Manager for Monitoring Firm | | | | | ne No. | - | Teleph | Berlin NJ 0 | 8091 | License | | | | |
| Start Date (10) 7/28/14 | | | Schedu | ed Cor | npletion | Date (11) | | Name | 753-9800 of OSHA Monit | or | 00727 | SREET-LINE | | | |
| Occupancy Status Durin | - ^ | | 7/31/1 | | | | | Sam | - | | | | | | |
| Facility Closed/Vac. Abatement Perform Other – Describe: | ated Di | uring Entire (| Period of | Ahaten | nent | | | | Address tate, Zip Code | | | 6 | | | |
| Scope of Work (Check A | II That | Apply) | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | , 440) | | Renova Demolit | | | | × | Full Contain Mini-Enclos Glovebag P Non-Exemp | ure rocedure | | | | | |
| | | ** | Is | Locati | on | | | | Non-Exemp | leu () am | u NOH-FII | able Pri | | re emen | + |
| Location | | | | Vormal | ly | | Des | scription | of | | | | | уре | • |
| Asbestos-Containing TO BE ABA In Facili (13) | ATED | al (ACM) | Ma Cus | ed Sole intenar todial S (12) | nce/ Staff? | Asbes (i.e. | stos Conta thermal surfac | aining M | aterial (ACM) insulation, Γ, or | (8 | mount Specify or LF) | Removal | Repair | Encapsulate | Enclosure |
| Through | Out | | Yes | No | N/A | | | | | - | | | _ | (D) | |
| mough | Out | | | | x Floor Tile | | | |) | 50 | 00 SF | x | - | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Was | te Hau | ler | | N | JDEP W | acto | Cubic | Vorde | | (5 | | | | | |
| United Containers Ha | | | | auler ID 2459 | | of Was | | #1000000000000000000000000000000000000 | of Registe D.W.S. | red Landf | ill | | | | |
| City, State Elm NJ | | | | | | Dispos 7/31/1 | | City, St | ate sville PA | 19067 | - | | | - | |
| Completed by Anthony T Perna | | | Title President | | | | | gnature | | | | ate 7/28/1 | 4 | | |



5 Enegand

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

CK 4244

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| 1 |
| - 5 |
| 653 |
| |

| Date of Notification (1) 7/28/14 | | | | Building (Frieder F | | | | | 21 | 14 81 | IC | | | | | |
|---|---|--|-------------------|-------------------------|------------------------|-------------------------------|-----------|-------------------------------|--|-------------|----------------------------|-------------|-----------------------|--------------|-------------|-----------|
| Agencies Notified | Type Notification | | 10.0 | treet A | ddress frey Driv | re | | | | | 14 AL | | | | | - 1 |
| EPA DEP DOL | Initial Amended Amendment Emergency | | | | te, Zip Co nawkin N | | 50 | | | D | 8 L | LIC | S 3 ENS | Chi IN(| M. | 1 |
| DOH DCA | justification) Cancellation | | 1 58 | lame of | Contact | | | | | Tel | ephone | Num | ber | | | 45 |
| | | | | FACI | LITY INFO | RMATI | ON | | , | _ | - | | | | | |
| Name of Facility Where A Scott Frieder Privat | | g Place (3) | | | | 21 CW 24 1 1 | OIN | | of Facility (School (K-1 | 12) | | | | | | |
| Street Address 72 Jeffrey Drive | | | 88 | | | | • | × | Subchapter Other (i.e. petc.) | orivate 8 | & comn | nercia | | lings, | home | es, |
| City (5) Manahawkin NJ 08 | 050 | | | | | | | Squa 1000 | re Feet) | 2 | Floors | | 100.077 | ldg. A 5+ | ge | |
| County (6) Ocean | 4 3 | | C | County (| Code (7) USE ONLY | | _ | Curre | ent Use (Pri | or if bei | ng dem | nolish | ed) | | | |
| Name of Monitoring Firm | Hired by Building | Owner (8) | | ASCN | f No. | | | of Aba | tement Cor | ntractor | (9) | - | | | | |
| Street Address | | | | | | | Street | Addres | SS | | | | - | | | |
| City, State, Zip Code | | | | | | | City, S | tate, Z | ip Code in NJ 080 | NO.1 | | | - | | | |
| Project Manager for Mor | itoring Firm | | T | elepho | ne No. | | Teleph | one N | 0. | 181 | Licen | |). | | | |
| Start Date (10) | | Scheduled | Comr | oletion I | Date (11) | | | 753-9 | HA Monitor | | 0072 | 27 | | | | |
| 7/29/14 | | 8/1/14 | | SICCIOIT I | Date (11) | | Sam | | IA WOULD | | | | | | | |
| Occupancy Status Durin | | | | 53 | | | Street | Addres | ss | | | | | | | |
| Facility Closed/Vac Abatement Perform Other – Describe: | ated During Entire I led Outside of Norn | Period of Aba nal Facility H | ateme ours | ent | | _ | City, S | tate, Z | ip Code | | + | | | | | |
| Scope of Work (Check A | II That Apply) | | | | | | | | | | | | | | | - |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | THE REAL PROPERTY AND ADDRESS OF THE PERTY ADDRESS OF THE PERTY ADDRESS OF THE PERTY AND ADDRESS OF THE PERTY ADDR | novati nolitic | | | | × | Mir Glo | Il Containmoni-Enclosure ovebag Produce n-Exempted | e cedure | 671 | | | | 9 | |
| | | le Le | | _ | | | | 140 | II-Exemple | u () air | u NOII-I | Habi | | | ement | |
| Location | n of | | catio mally | | | Dor | scription | of | | | | | | 1000 | ре | |
| Asbestos-Containing TO BE AB. In Facil (13) | Material (ACM) ATED ity | Used S Maint Custod (| enand | ce/ | Asbes (i.e. | tos Cont thermal surfac | aining N | faterial s insula T, or | I (ACM) ation, | (5 | mount Specify or LF) | | Remova | Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | u | | | | | | _ | | ite | Ф |
| Exterior s | siding | + | _ | х | | Exte | rior Si | dng | | 19 | 00 SF | : | x | | | |
| | | | | | | | | | | | | | | | | |
| Name of Registered Was | ste Hauler | | LNJ | DEP W | laste. | Cubic | Yards | | Name of | Registe | red La | ndfill | | | | |
| United Containers | Ha | uler ID 459 | | of Was | | | G.R.O. | | | | | | | | | |
| City, State Elm NJ | | | | | | Dispos 8/1/14 | al Date | | City, Stat Morrisv | | 1906 | 57 | | | | |
| Completed by Anthony T Perna | | Title Preside | | | 1.0 | ignature | 1 | | | | Dat | te 28/14 | | | \dashv | |
| | | | | | | | | 1 | | 2007 | | L.,. | Work Arch | | | |



1 Energeny \$

| Date of Notification (1) 7/28/14 | | Name | of Building Ow | mer/Operato | (2) | | 77 | <u>ر</u> ال | Ve | , | |
|---|---|---|--|---|---|------------------------|---------------------------|-------------------|---------|--------------|-----------|
| Agencies Notified Type Notifica | tion | Street | Address | | Home | UG - i | PM | 2. 5. | | | |
| EPA DEP DOL Amende Amende Amende Emerge justificat Cancella | nent # ncy (including ion) | City, S Ship | West 7th St. tate, Zip Code Bottom NJ of of Contact | | G) å | STOS LICE | 0012 | TAG; | | | 56 |
| Name of Facility Where Abatement is T | aking Place (3) | FAC | ILITY INFOR | MATION | | | | | | | |
| Deborah Biegalski Private Hom Street Address 283 West 7th St. | e | | | 14 | Type of Facility School (Kong Subchapte Other (i.e. | -12) er 8 (Othe | er than | K-12) ercial b | uilding | s hor | mae |
| City (5) Ship Bottom NJ 08008 | 4 | | | | etc.) Square Feet 1000 | | Floors | | Bldg. | 2000 | |
| County (6) Ocean | i, | County (STATE | Code (7) USE CNLY) | | Current Use (Pri House & gar | rior if bei | ng dem | olished) | | | |
| Name of Monitoring Firm Hired by Build N/A | ing Owner (8) | ASC | M No. | | of Abatement Co aco Inc. | • | (9) | - | | | |
| Street Address | | | | 100000000000000000000000000000000000000 | Address Box 329 | | | | | | |
| City, State, Zip Code | * | | 75 | | tate, Zip Code Berlin NJ 08 | 091 | | | | - | |
| Project Manager for Monitoring Firm | | Telepho | | | none No. 753-9800 | | Licens | | | | |
| Start Date (10) 7/29/14 | Scheduled 8/1/14 | Completion | Date (11) | Name Same | of OSHA Monitor | | | | | | |
| Facility Closed/Vacated During Ent | Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Ho | | | | Address tate, Zip Code | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | 19 | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | pronung | ovation nolition | | × | Full Containm Mini-Enclosur Glovebag Pro Non-Exempte | e cedure | | | | ro. | |
| Location of | . Non | cation mally | | Departation | | | 1101111 | · | Aba | temen ype | it |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Mainte Custodi | colely by enance/ al Staff? 2) | (i.e. ther | Description Containing M mal systems urfacing, VA er miscelland | aterial (ACM) insulation, Γ, or | (Sp | nount pecify or LF) | Remova | Repair | Encapsulate | Enclosure |
| Exterior siding | Yes N | lo N/A | | | | | | | | ate | Гe |
| Exterior siding | | × | E | xterior Sic | Ing | 160 | 0 SF | x | - | | |
| | | | | | | | | \pm | | | |
| Name of Registered Waste Hauler United Containers | | NJDEP W Hauler ID 22459 | 70.00 | bic Yards Waste | Name of G.R.O. | STOCKES OF THE STOCKES | ed Land | dfill | | | |
| City, State Elm NJ | | | 100000 | posal Date /14 | City, State Morrisv | | 19067 | 7 | | - | \neg |
| Completed by Anthony T Perna | Title Presider | nt | | Signature | | • | TT | Date 7/28/1 | 4 | - | |

P.O

CK 4242

| Date of Notification (1) 7/28/14 | | | | Name of Building Owner/Operator (2) Mt laurel Development LLC Street Address 204 Harding Ave. | | | | | | | | | | | | |
|--|---------------------------|--------------------|-------------------|--|--|---------|---|---|---------------------------------------|---|--------|-----------|------------------|-------------|-----------|--|
| Agencies Notified Type No | EPA Initial DEP Amended | | | Street Address | | | | | 2814 | AUG | ; P | N 3 | : 50 | | | |
| | | | | 204 Harding Ave. City, State, Zip Code | | | | | | | | | | 707 | 1 | |
| I Fn | nendment# nergency (in | | - L | Bellmawr NJ 08031 Name of Contact Mike Esposito | | | | CA & LICENSING | | | | | M) | | | |
| DOH jus | tification) | | - 1 | | | | | Telepho | | | | ne Number | | | | |
| Name of Facility NAS - All 4 | | FACI | LITY INFO | RMATI | ON | | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) House For Demo | | | | | | | | Type of Facility (4) | | | | | | | | |
| Street Address | | | | | | | | School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, | | | | | | | | |
| 623 Fellowship Road | | | | | | | | etc.) | | | | | | | | |
| City (5) Mount Laurel NJ 08054 | | | | | | | | Square 1000 | are Feet # of Floor 00 1 | | Floors | | Bldg. Age 35+ | | | |
| County (6) Burlington | | | | | County Code (7) (STATE USE ONLY) | | | | rrent Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | | | | | | | e of Abatement Contractor (9) | | | | | | | | |
| N/A Street Address | | | | | | | | naco Inc. | | | | | | | | |
| Street Address | | | | | | | | t Address Box 329 | | | | | | | | |
| City, State, Zip Code | | | | | | | | State, Zip Code st Berlin NJ 08091 | | | | | | | | |
| Project Manager for Monitoring Firm | | | 1 | | | | 277700000000000000000000000000000000000 | Elephone No. License No. 00727 | | | | | | | | |
| Start Date (10) Scheduled Co 8/8/14 8/13/14 | | | Com | | | | Name | e of OSHA Monitor ne | | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | | Street | | | Street | t Address | | | | | | | | |
| Facility Closed/Vacated During Entire Period of Abate Abatement Performed Outside of Normal Facility Hou Other – Describe: | | | | | | | State, Zip Code | | | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | ration lition | | | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | | | |
| o = | Is Loca | | | | | | Ţ | | 7.5 | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | Abatement | | | | |
| Location of Asbestos-Containing Material | (ACM) | Norma Used So | | | de la desa | | | Description of ontaining Material (ACM) | | | | - | Type | | | |
| TO BE ABATED M | | | Maintenance/ ASDE | | | thermal | hermal systems insulation, | | | Amount (Specify | | Re | , | Enca | Ē | |
| | | | (12) | | | | surfacing, VAT, or other miscellaneous) | | | SF or LF) | | Remova | Repair | Encapsulate | Enclosure | |
| | | Yes | No | N/A | | | | | | | | 1 2 | | ate | Te . | |
| Exterior siding | | | | x | | Exte | terior Sidng | | 700 SF | | x | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Name of Registered Waste Haule | | | LN | IDEDW | lasta | Cubia | VI- | | <u> </u> | | | | | | | |
| United Containers | | | Н | NJDEP Waste Hauler ID No. 22459 Cubic Yards of Waste 2 | | | | Name of Registered Landfill G.R.O.W.S. | | | | | | | | |
| City, State Elm NJ | State | | | | Disposal Date | | | | | | | | | | | |
| Completed by Anthony T Perna | | Title President | | | | | Signature | | | Date 7/28/14 | | | | | | |

| Drint | Earna |
|-------|-------|
| Print | COULT |

CK# 2396



| Date of Notification (1) | | Name | of Building Owne | er/Operator (2 | 2) | | | | | 157 | | | |
|--|----------------------|---|--------------------------------|---|------------------------------|-------------------|------------------|--------|-------------|-----------|--|--|--|
| 7/30/14 | | SUS | 2814 AUG - 1 PM 3: 5 | | | | | | | | | | |
| Agencies Notified Type Notification | Street | Address | 1 1 1 3: 5 | | | | | | | | | | |
| EPA M Initial | 3 | DI NECA | i Atoria de las | | | | | | | | | | |
| DEP Amended Amendmen | | City, S | tate, Zip Code | PA & CNE TOWN | | | | | | | | | |
| Emergency | (including | - 10 | Cach b | ate | Men. | Tare 1 | , U. K | 7'7 | Mile | ソ | | | |
| DOH justification |) | Name | of Contact | | | Telephone | Telephone Number | | | | | | |
| Cancellatio | 11 | | 11,10 | | | | | | | | | | |
| Name of Facility Where Abatement is Taki | ng Place (3) | FAC | CILITY INFORMA | - | ype of Facility | (4) | | | | | | | |
| Certaine Resi | | | | - | School (K- | 000€05 Noncone | | | | | | | |
| Street Address | | | r 8 (Other than K-12) | | | | | | | | | | |
| 321 Newword | 2 | | 15 | Other (i.e. private & commercial buildings, homes etc.) | | | | | | | | | |
| City (5) | • | | | # of Floors Bldg. A | | | | | | | | | |
| Ulan Oak | | | | | quare Feet | 2 | (63 | | | | | | |
| County (6) | | | Code (7) | C | urrent Use (Pri | or if being demo | | | | | | | |
| COGO | | STATE | USE ONLY) | | | Docat | | | | | | | |
| Name of Monitoring Firm Hired by Building | Owner (8) | ASC | M No. | | Abatement Cor | | | | | | | | |
| Street Address | | | | | sulation Co., | Inc. | | | | | | | |
| Street Address | | | | Street Ad | 77. 77. 7. 7. 1 | | | | | | | | |
| City, State, Zip Code | | | | | ntrose Road | | | | | | | | |
| 2.05, 0.00.0, 2.0 | 1 | | | | e, Zip Code leck, N.J. 07 | 7722 | | | | | | | |
| Project Manager for Monitoring Firm | | Telepho | one No | Telephon | | License | Na | | | | | | |
| | | | 732-29 | | 00029 | | | | | | | | |
| Start Date (10) | Scheduled | Completion | Date (11) | Name of | OSHA Monitor | | | | _ | | | | |
| 8 8 10 | 9 | 1511 | 4 | | | | | | | | | | |
| Occupancy Status During Abatement (Chec | | - | , | Street Ad | dress | | | | | | | | |
| Facility Closed/Vacated During Entire | | | | | | | | | | | | | |
| Abatement Performed Outside of Norm Other – Describe: | Hours | | City, State | State, Zip Code | | | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf | - П во | novation | | | | | | | | | | | |
| ≥160 sf or ≥260 lf | novation molition | | nt with Negative Pressure | | | | | | | | | | |
| | | | A | Mini-Enclosure Glovebag Proc | edure | | | | | | | | |
| | Τ | | Γ | | Non-Exempted | (*) and Non-Fri | | | | | | | |
| Location of | 100 | ocation rmally | | | | Abatement Type | | | | | | | |
| Asbestos-Containing Material (ACM) | Solely by | Asbestos Co | escription of ntaining Mate | rial (ACM) | Amount | | Π | | | | | | |
| TO BE ABATED In Facility (13) Maintena Custodial (12) | | | (i.e. therm: | al systems in: | sulation, | (Specify | ٦ | 77 | Enc | m | | | |
| | | | surf | acing, VAT, o miscellaneou | or us) | SF or LF) | Remova | Repair | Encapsulate | Enclosure | | | |
| | Yes | No N/A | | | .5) | | Va. | = | ulate | enu | | | |
| OUNDING | 1 | | | | | 2133 | - | - | | | | | |
| 22.502 | +-+ | -12 | 2900 | 1 | | 71.00 | V | | | | | | |
| | - | _ / _ | 10 | 1 Musi | | | | | | | | | |
| | | | | 1 182 | | | | | | | | | |
| | | | | | | Ti . | | | | | | | |
| Name of Registered Waste Hauler | NJDEP W Hauler ID | | Yards | Name of Registered Landfill | | | | | | | | | |
| Ace Insulation Co., Inc. | 12086 | No. of Wa | sie 3 | 3 Chrins | | | | | | | | | |
| City, State | | 10 / 10 / 10 / 10 / 10 / 10 / 10 / 10 / | Dispo | șal Date | City, State | | | | | | | | |
| Colts Neck, New Jersey | | | 8 | 115/14 | Easton, | | | | | | | | |
| Completed by | Title | | | Signature | M | | ate | ī | | \dashv | | | |
| Bree McGuire | Secreta | ary Treasu | rer | Re | W | | 7/30/ | 14 | | | | | |
| | | | | - | / | | | - | | | | | |