#### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

2017-99

| B & G proj. #:                 | 2017-99                                | _            | ( = 0          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ***EMERG      |                | ***                             |                                 | Check # 8                                      | 3505       |              |              |        | _       |
|--------------------------------|----------------------------------------|--------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------|---------------------------------|---------------------------------|------------------------------------------------|------------|--------------|--------------|--------|---------|
| Date of Notification           |                                        |              |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Operator (2)  |                |                                 |                                 | ME                                             | CE         |              | $\mathbb{V}$ |        | M       |
| 10 17 1/12 17                  |                                        |              | oringfield     | Board C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | of Education  | n              |                                 |                                 | 114/                                           |            |              |              | - 1    | +       |
| Agencies Notified              | Type Notification                      | 0.0000000    | et Address     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                |                                 |                                 |                                                | 1110       | 1 /          | 0047         | -      | IUI     |
| ☐ EPA                          | X Initial                              | 1            | 39 Mount       | ain Ave                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | nue           |                |                                 |                                 |                                                | AUG -      | 1 (          | 2017         | -      |         |
| DEP                            | _                                      |              | State, Zip     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                |                                 |                                 |                                                |            |              |              |        |         |
| X DOL                          | ☐ Amendme                              | 11           | Springfield    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 081           | - And a second |                                 |                                 | Telephone N                                    | STOS       | 001          | ITP          | 71 8   | ipeneri |
| X DOH                          |                                        |              | e of Contac    | t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               |                |                                 |                                 | Il reseptione i                                | 'dilloojE  | 1/211/       | 14           |        |         |
| ☐ DCA                          | Cancellati                             | ion   _\     | William K      | norr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               |                |                                 |                                 |                                                |            |              |              |        | _       |
|                                |                                        |              |                | FACILI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TY INFORMA    | NOITA          |                                 |                                 |                                                |            |              |              |        |         |
| Name of facility wh            | nere abatement is                      | taking place | (3)            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                |                                 |                                 | of Facility (4) School (                       | K - 12)    |              |              |        |         |
|                                | ton Springfield                        |              |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                |                                 |                                 | Subchap                                        |            | er tha       | n K-1        | 2)     |         |
|                                | /torr opringiloid                      |              |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                |                                 |                                 | Other (Pr                                      | ivate/Cor  | nmerc        |              |        |         |
| Street Address<br>139 Mountain | Ανορμο                                 |              |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                |                                 | Sau                             | Bldgs./Ho                                      | of Floors  |              | Bldg         | . Age  | -       |
| 139 Mountain                   | Avenue                                 |              | (0)            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | T             | Coun           | ty Code (7)                     | Squ                             | ale i cot "                                    | 01110011   |              |              | 033    |         |
| City (5)                       |                                        | County       | (6)            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                | e use only)                     | ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) | rent Use (Prio                                 | r if being | demo         | ished        | )      |         |
| Springfield, I                 | NJ 07081                               | Unio         | n              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                |                                 |                                 | N-SUB 8                                        |            |              |              |        |         |
| Name of Monitorin              | ng Firm Hired by B                     | ldg. Owner   | (8)            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ASCM No.      |                | Name of Abatemen                |                                 |                                                |            |              |              |        |         |
| n/a                            |                                        |              |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | _              | B & G Restora                   | ation, Ir                       | 1C.                                            |            |              | _            |        | _       |
| Street Address                 |                                        |              |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                | 105 Ryerson                     | Road                            |                                                |            |              |              |        |         |
|                                | -                                      |              |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | -              | City, State, Zip Code           | е                               |                                                |            |              |              |        |         |
| City, State, Zip Co            | ae                                     |              |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                | Lincoln Park                    |                                 |                                                |            |              |              |        |         |
| Project Manager fo             | or Monitoring Firm                     |              | Pho            | ne Numbe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Г             |                | Telephone Number<br>(973)696-68 | 69                              |                                                | License I  | Numbe<br>378 | er           |        |         |
| 50.00                          |                                        |              |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | _              | Name of OSHA Mo                 |                                 |                                                |            |              |              |        |         |
| Scheduled Start D              | ate (10)                               | Sched.       | Completion     | Date (11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | )             |                | B & G Restora                   |                                 | nc.                                            |            |              |              |        |         |
| 07/27/2017                     |                                        | 07/2         | 8/2017         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                | Street Address                  | D 1                             |                                                |            |              |              |        |         |
| Occupancy Status               | During Abatemer                        | nt (Check or | ly one)        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                | 105 Ryerson                     |                                 |                                                |            |              |              |        |         |
| Facility close                 | ed/vacated during<br>performed outside | entire perio | d of abatem    | nent.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |               |                | City, State, Zip Cod            | le                              |                                                |            |              |              |        |         |
| Describe:                      |                                        |              | acility floars |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | -              | LincolnPark,                    | NJ 070                          | 35                                             |            |              |              |        |         |
|                                | ribe: Start 4:00                       |              |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                |                                 |                                 |                                                |            |              |              |        |         |
| Scope of Work (                | check all that apply                   | Renovation   | 2              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | □F             | ull Containment w/r             | negative                        | pressure                                       | Gloveb     | ag pro       | cedu         | re     |         |
| _                              | _                                      | ≥160 sf or } |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               | X              | Mini-enclosure                  | - 20                            |                                                | Non-fr     | iable p      | roceo        | ure    |         |
| >3 sf or >3                    |                                        |              | normally u     | sed solely                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |               |                |                                 |                                 |                                                |            | R            | R<br>e       | E<br>n | E       |
| Location of asbestos-c         |                                        | by mainte    | nance/cust     | odial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Descript      | tion of a      | sbestos-containing              |                                 | Amount<br>(Specify SI                          | For        | m            | р            | С      | n       |
| material to                    | be                                     | staff(12)    | rr:            | L                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | material      | (ACM)          |                                 |                                 | LF)                                            |            | o<br>v       | a<br>i       | a<br>p | L       |
| abated in fa                   | acility (13)                           | Yes          | No             | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |               |                | ( 0t)                           |                                 | 6 sf                                           |            | e            | r            | П      |         |
| attic                          |                                        |              |                | X                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |               | -              | (wrap & cut)                    |                                 | 1 cy                                           |            | X            | 一            |        |         |
| attic                          |                                        |              |                | ×                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | pipe insu     |                | lation on floor                 |                                 | 8 lf                                           |            | X            |              |        |         |
| mechanical ro                  | om tunnel                              |              |                | ×                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Pipe III3u    | i di di l      |                                 |                                 |                                                |            |              |              |        |         |
|                                |                                        |              |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |               |                |                                 |                                 |                                                |            |              |              |        |         |
| Registered Waste               | Hauler                                 | INJDI        | P Hauler I     | D#   C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ubic Yards of | f Waste        | Name of Register                | red Land                        | ifili<br>ource & Re                            | COVED      | Can          | or           |        |         |
| B & G Restor                   | ration, Inc.                           |              | 19563          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2 1/2         |                | City, State                     | vii Kes                         | ource & Re                                     | Jovery     | JUI          |              |        |         |
| City, State                    | NI                                     |              |                | Disposal Dis | 28/2017       |                | Tullytow                        | n, PA                           | Manager 11 11 11 11 11 11 11 11 11 11 11 11 11 |            |              |              | 3      |         |
| Lincoln Park Completed by (P   |                                        | Title        |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Signature     |                | Gordana Lun                     |                                 |                                                | Date       | 7/20         | 17           |        |         |
| Gordana Lui                    |                                        |              | ry/Treasu      | ırer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |               |                | Gordana Luni                    | a                               |                                                | 0/12       | 7/201        | 1 /          |        |         |

105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Project Manager for Monktoring Firm Phone Number (973)696-5869 00378 Name of OSHA Monitor Sched, Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 07/27/2017 07/28/2017 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entitle period of abatement. City, State, Zip Code Absternent performed qualde of normal facility hours-Lincompark, NJ 07035 Cther-Describe: Start 4:00 pm Scope of Work (check at that apply) Glovabag procedure ☐ Demolition Full Containment winegative pressure Renovation Non-friable procedure Mini-endosure 2180 sf or ≥280 if 1 5 st or >3 if is location hormally used solely E Location of 0 by maintenance/custodial Amount asbectos-containing Description of aspectos-containing (Specify SF or LF) m p statt(12) à material to be material (ACM) 0 abalad in facility (13) No N/A duct insulation (wrap & cut) 1 8 sf altic X 1 cy attic loose duct insulation on floor 8 W pipe insulation mechanical room tunnel K Name of Registered Landilli NJDEP Hauler ID Cubic Yards of Waste Registered Waste Hauler 19563 Tuliytown Resource & Recovery Center B & G Restoration, Inc. 2 1/2 Disposal Date City, State Tuliytown, PA Lincoln Park, NJ 07/28/2017

Signature

Secretary/Treasurer

Cardana Same

Completed by (Print or Type)

Gordana Luna

Date

07/27/2017

|                                                                                                     |                    |                                                   |                     |                                      |                   |                  |                           |                                                                  |               |                              |             | 0-100   |        | Pr            | nt F      | orm |
|-----------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------|---------------------|--------------------------------------|-------------------|------------------|---------------------------|------------------------------------------------------------------|---------------|------------------------------|-------------|---------|--------|---------------|-----------|-----|
| MOH244983711                                                                                        | 071                | 0 (P                                              | CATION              | ate of New<br>I OF ASBE<br>to NJAC 8 | STOS A<br>:60 and | 12:120           | 0)                        | Т                                                                | Di            |                              | C           | Ē       |        | <u> </u>      |           |     |
| Date of Notification (1)<br>06/09/17                                                                |                    |                                                   |                     | f Building O<br>Sparkmar             |                   | perator          | (2)                       |                                                                  |               | <u> </u>                     | UG          | - '     | 1 20   | 017           |           | Y   |
| Agencies Notified Type Notification                                                                 |                    |                                                   | Street A            | ddress                               |                   |                  |                           |                                                                  |               | ASBE                         | STO         | SC      | :ON    | TRO           | L &       |     |
| X EPA X Initial Amended Amendmen                                                                    | t #                |                                                   |                     | ate, Zip Cod<br>City, NJ             |                   |                  |                           |                                                                  |               | 7001                         | LIC         | EN      | SINC   | 3             |           | +   |
| □ Emergency justification;     □ DCA     □ Cancellation                                             |                    |                                                   | Name o              | f Contact                            |                   |                  |                           |                                                                  | Tel           | ephone                       | Numb        | er      | - Mar- |               |           |     |
| E SOIT CONCUMENT                                                                                    | <u> </u>           |                                                   | FACI                | LITY INFO                            | RMATIC            | )N               |                           |                                                                  |               |                              |             |         |        |               |           | 1   |
| Name of Facility Where Abatement is Takin<br>John Sparkman                                          | ng Place (3        | 3)                                                |                     |                                      |                   |                  | Тур                       | e of Facility (                                                  |               |                              |             |         |        |               |           |     |
| Street Address                                                                                      |                    |                                                   |                     |                                      |                   |                  | ×                         | School (K-1<br>Subchapter<br>Other (i.e. p                       | 8 (Oth        |                              |             | build   | lings, | home          | es,       |     |
| City (5)<br>Union City                                                                              |                    |                                                   |                     |                                      |                   |                  | Squ                       | etc.)<br>uare Feet                                               | # 0           | f Floors                     |             | В       | ldg. A | ige           | 1251/16   | 1   |
| County (6)<br>Hudson County                                                                         | -                  |                                                   |                     | Code (7)<br>USE ONLY)                |                   |                  | Cur                       | Tent Use (Prid                                                   | or if bei     | ing demo                     | olishe      | d)      |        |               |           |     |
| Name of Monitoring Firm Hired by Building                                                           | Owner (8)          | )                                                 | ASCA                | A No.                                |                   |                  |                           | batement Contemporate                                            |               |                              | utions      | 5       |        |               |           |     |
| Street Address                                                                                      |                    |                                                   |                     |                                      |                   | Street<br>8600   |                           | ress<br>wkirk Ave                                                |               |                              |             |         |        |               |           |     |
| City, State, Zip Code                                                                               |                    |                                                   |                     |                                      |                   |                  |                           | Zip Code<br>ergen, NJ 0                                          | 7047          |                              |             |         |        |               |           |     |
| Project Manager for Monitoring Firm                                                                 |                    | T                                                 | Telepho             | ne No.                               |                   | Teleph           | none                      |                                                                  |               | Licens<br>01223              |             |         |        |               |           |     |
| Start Date (10)<br>06/24/17                                                                         | Schedule<br>07/08/ |                                                   | npletion            | Date (11)                            |                   |                  |                           | SHA Monitor                                                      | LTIN          | GLLC                         |             |         |        |               |           |     |
| Occupancy Status During Abatement (Cher                                                             | ck Only Or         | ne)                                               |                     |                                      |                   | Street           | Addr                      | ess                                                              |               |                              |             |         |        |               |           | +   |
| Facility Closed/Vacated During Entire     Abatement Performed Outside of Norr     Other – Describe: | Period of          | Abatem                                            | nent<br>i           |                                      |                   | City, S          | tate,                     | Zip Code<br>NJ 07083                                             | r sui         | TE 107                       | 7           | X       |        |               |           |     |
| Scope of Work (Check All That Apply)                                                                |                    |                                                   |                     |                                      |                   | 0,111            |                           |                                                                  |               |                              |             |         |        |               |           | +   |
| ≥3 sf or ≥3 lf<br>x ≥160 sf or ≥260 lf                                                              | × F                | Renova<br>Demoliti                                | tion<br>ion         |                                      |                   | ×                | d M                       | full Containme<br>Mini-Endosure<br>Blovebag Prod<br>Jon-Exempted | edure         |                              |             |         |        | e             |           |     |
|                                                                                                     | le                 | Locati                                            | on                  |                                      |                   |                  |                           |                                                                  |               |                              |             |         | Abate  | ement         |           | 1   |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)                        | Use<br>Ma          | Normall<br>ed Sole<br>intenar<br>todial S<br>(12) | ly<br>ly by<br>nce/ | (i.e. ti                             |                   | ystem:<br>ng, VA | fateri<br>s insu<br>T, or |                                                                  | (5            | mount<br>Specify<br>F or LF) |             | Remova  | Repair | e Encapsulate | Enclosure |     |
|                                                                                                     | Yes                | No                                                | N/A                 |                                      |                   | VAT              |                           |                                                                  |               |                              |             |         |        | ite           | е         |     |
| basement                                                                                            | basement           |                                                   |                     |                                      |                   |                  |                           |                                                                  | 60            | 00 SF                        | -           |         |        |               |           | -   |
|                                                                                                     |                    |                                                   | -                   |                                      |                   |                  |                           |                                                                  |               |                              | -           | 2001-54 |        |               |           | 1   |
|                                                                                                     |                    |                                                   |                     |                                      |                   |                  | -                         |                                                                  |               |                              |             |         |        |               |           | 1   |
| Name of Registered Waste Hauler NEWARK CARTING                                                      |                    |                                                   |                     |                                      |                   |                  |                           | Name of WASTE                                                    | will the same |                              |             | ГG      | ROV    | VS N          | l.        |     |
| City, State<br>HILLSIDE, NJ                                                                         |                    |                                                   | 4509                |                                      | Disposa           | al Date          | ^                         | City, State                                                      |               | LE PA                        |             |         |        |               |           |     |
| Completed by<br>Bryan Parra                                                                         | Title<br>Proje     | ect Ma                                            | anager              |                                      | Sig               | gnature          | A                         | Jan K                                                            | UA            |                              | Date<br>06/ |         | 7      |               |           |     |

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) -12017AUG July 28, 2017 **Drew University** Agencies Notified Notification Type Street Address ☑ Initial Notification 36 Madison Avenue ASBESTOS CONTROL & X EPA Amended Certification City, State, Zip Code x DCA LICENSING ☐ Emergency (including Madison, NJ x DOL iustification) Name of Contact Telephone Number X DEP □ Cancelled Greg Smith x DOH FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Drew University-Smith House ☐ School (K-12) ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) 36 Madison Avenue Sq. Feet: Unknown # of Floors: 2 Bldg. Age: 60 years City (5) County (6) County Code (7) Current Use (prior if being demolished): Madison Morris (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Briggs Associates, Inc. GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 Crosswicks Street 511 MAIN STREET City, State, Zip Code City State, ZipCode Bordentown, NJ Butler, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Michael Hoodak 609.298.5520 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor August 7, 2017 August 14, 2017 EMSL inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -1056 Stelton Road Describe City, State, Zip Code Other - Describe: Piscataway, NJ 08854 Source of Work (Check all that apply) x Full Containment with Negative Pressure  $\geq$  3 sf or  $\geq$  3 lf X Renovation Mini-Enclosure ≥ 160 sf or > 260 Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial Staff? (12) (Specify SF (ACM) (i.e. thermal systems insulation, surfacing Remove Repair Encap Enclose VAT, or other miscell.) or LF) YES NO NA Basement X TSI 125 If X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: Name of Registered Landfill See Hauler Below # 1 & 2 See Below Meadowfill Landfill 10 Cy.yds. G.R.O.W.S Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJ DEP # 12561 NY DEP # August 14, 2017 Route 2, Box 68 Bridgeport, WVA Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551 304-842-2784 Completed by (Print or Type) Signature Marin Graure SENIOR PROJECT July 28, 2017 Marin Graure

State of New Jersey - Notification of Asbestos Abatement

MANAGER

| Date of Notification (1)   Agencies Notified   Type Notification   Type of Facility (1)   To Product Manager for Monitoring Film   Type of Facility (1)   State Address   Telephone Number   Type of Facility (1)   Shookapter 8 (Other than K-12)   Shookapter 8 (Other than K   | OH A4498=                | 3711054                                 | , NO                         |                                         | Sta<br>CATION<br>ursuant t |                | ESTOS                                   | ABATE                                   |                  | т                              |             | EG          |           |         | <b></b>   |       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------|------------------------------|-----------------------------------------|----------------------------|----------------|-----------------------------------------|-----------------------------------------|------------------|--------------------------------|-------------|-------------|-----------|---------|-----------|-------|
| FPA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                         |                              |                                         |                            |                |                                         | Operator                                | (2)              |                                |             | AU(         | } -       | 1 21    | )17       |       |
| Dep   Dold   Amended   Amended   Berkeley Heights, NJ 07922   Telephone Number   Dold   Dol   | Agencies Notified        | Type Notification                       |                              |                                         | Street Ad                  | Idress         | 10 ****                                 |                                         |                  |                                |             | Ī           |           |         |           |       |
| Dep   Amendment # Emergency (including   Lipidination)   Department   Telephone Number    | IX FPA                   | ☐ Initial                               |                              |                                         |                            |                |                                         |                                         |                  |                                | 7           | ASBES1      | OS        | CON     | TRO       | _&    |
| DOH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | × DEP                    | Amended                                 |                              |                                         |                            |                |                                         | 1.0700                                  | 2                |                                | L           |             | CEN       | SIN     | <u>.i</u> |       |
| DOH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | × DOL                    |                                         |                              | -                                       |                            |                | nis, iv                                 | 0792                                    |                  |                                | 1-1         |             |           |         |           |       |
| Type of Facility (4)   School (K-12)   Schoo   | X DOH<br>X DCA           | justification)                          |                              |                                         | Name of                    | Contact        |                                         |                                         |                  |                                | I el        | epnone Nu   | mper      |         |           |       |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Name of Facility Where A | batement is Takir                       | g Place (3)                  |                                         | FACIL                      | ITY INFO       | RMATI                                   | ON                                      | Typ              | oe of Facility (               | 4)          |             |           |         |           |       |
| Subchapter & Cliry (5) Berkeley Heights  County (6) Union County Name of Monitoring Firm Hired by Building Owner (8)  Street Address  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  North Bergen, N. 107047  Project Manager for Monitoring Firm  Telephone No. 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 201-951-6310 |                          |                                         | 3 (-/                        |                                         |                            |                |                                         |                                         |                  | 5935                           |             |             |           |         |           |       |
| Square Feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Street Address           |                                         |                              |                                         |                            |                |                                         |                                         | ×                | Subchapter                     | 8 (Oth      |             |           | ldings  | home      | es,   |
| Seric   Heights   County (6)   County Code (7)   Current Use (Prior if being demoilshed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | City (5)                 |                                         | -                            |                                         |                            |                |                                         |                                         | Sai              |                                | # 0         | f Floors    |           | 3lda. A | Age       | -     |
| Union County  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Abatement Contractor (9) Pro Abatement Services & Solutions  Street Address  Street Address  8600 Newkirk Ave  City, State, Zip Code City, State, Zip Code City, State, Zip Code North Bergen, NJ 07047  Project Manager for Monitoring Firm  Telephone No. City, State, Zip Code North Bergen, NJ 07047  Project Manager for Monitoring Firm  Telephone No. Cathering Name of OSHA Monitor HILMAMM CONSULTING LLC  Start Date (10) O7/21/17  Start Date (10) O8/04/17  Start Date (10) O8/04/17  Start Date (10) O7/21/17  Start Date (10) O7/21/17  Start Date (10) O7/21/17  Start Date (10) O8/04/17  Name of OSHA Monitor HILMAMM CONSULTING LLC  Street Address 1600 ROUTE EAST SUITE 107  City, State, Zip Code UNION NJ 07083  Store of Work (Check All That Apply)  Start Date of value of Normal Facility Hours Other Describe:  Store of Work (Check All That Apply)  Start Date of value of Normal Facility Hours  Other Describe:  In Facility Closed/Vacated During Entire Period of Abatement Abatement Winter Proceeding Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Family Room  Family Room  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Family Room  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  NAME of Registered (1 and Non-Friable Procedure Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Normally Used Solely by Maintenance/ Custodial Staff? (13)  Family Room  Normally Used Solely by Maintenance/ Custodial Staff? (13)  Normally Used Solely by Maintenance/ Custodial Staff? (13)  Normally Used Solely by Maintenance/ Custodial Staff? (14)  Normally Used Solely by Maintenance/ Custodian Staff? (15)  Start Date (10)  Normally Used Solely by Maintenance/ Custodian Staff? (15)  Normally Used Solely by Maintenance/ Custodian Staff? (15)  Normally Used Solely by Maintenance/ Custodian Staff?  Normally Used Solely by Maintenance/ Custodian Staff?  Normally Used Solely by   |                          |                                         |                              |                                         |                            |                |                                         |                                         | 04,              | uu. 0 7 001                    | ,, 0        |             |           |         | .5-       |       |
| Street Address  Stored Address  Street Address  Stored Address  Stored Address  Stored Address  Stored Address  Stored Address  City, State, Zip Code  North Bergen, NJ 07047  Project Manager for Monitoring Firm  Telephone No.  201-951-6310  01223  Start Date (10)  07/21/17  08/04/17  Name of OSHA Monitor  HILMAMM CONSULTING LLC  Street Address  1600 ROUTE EAST SUITE 107  City, State, Zip Code  North Bergen, NJ 07047  HILMAMM CONSULTING LLC  Street Address  1600 ROUTE EAST SUITE 107  City, State, Zip Code  UNION NJ 07083  Scope of Work (Check All That Apply)  23 st or 23 if  24 stored State State Address  1600 ROUTE EAST SUITE 107  City, State, Zip Code  UNION NJ 07083  Scope of Work (Check All That Apply)  23 st or 23 if  24 stored State Stat |                          |                                         |                              |                                         |                            |                |                                         |                                         | Cui              | rrent Use (Pri                 | or if bei   | ng demolis  | hed)      |         |           |       |
| Street Address  Street Address 8600 Newkirk Ave  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  North Bergen, NJ 07047  Project Manager for Monitoring Firm  Telephone No. Telephone No. 1 Telephone No. 019951-6310 01223  Start Date (10) 07/21/17  Name of Registered Waste Hauler NEWARK CARTING  City, State  Street Address 8600 Newkirk Ave  City, State, Zip Code North Bergen, NJ 07047  Telephone No. 021-951-6310 0223  Name of Registered Landfill VASTE MANAGEMENT GROWS N.  City, State 8600 Newkirk Ave  City, State, Zip Code North Bergen, NJ 07047  North Bergen, NJ 07047  Telephone No. 010223  Name of Registered Landfill VASTE MANAGEMENT GROWS N.  City, State 870 Pode North Bergen, NJ 07047  Telephone No. 01023  North Bergen, NJ 07047  Telephone No. 01023  North Bergen, NJ 07047  Telephone No. 01023  North Bergen, NJ 07047  North State, Zip Code UNION NJ 07083  Steret Address 1600 ROUTE EAST SUITE 107  City, State, Zip Code UNION NJ 07083  Steret Address 1600 ROUTE EAST SUITE 107  City, State, Zip Code UNION NJ 07083  Steret Address 1600 ROUTE EAST SUITE 107  City, State, Zip Code UNION NJ 07083  Steret Address 1600 ROUTE EAST SUITE 107  City, State, Zip Code UNION NJ 07083  Steret Address 1600 ROUTE EAST SUITE 107  City, State, Zip Code UNION NJ 07083  Steret Address 1600 ROUTE EAST SUITE 107  City, State, Zip Code UNION NJ 07083  Steret Address 1600 ROUTE EAST SUITE 107  City, State UNION NJ 07083  Steret Address 1600 ROUTE EAST SUITE 107  City, State UNION NJ 07083  Steret Address 1600 ROUTE EAST SUITE 107  City, State UNION NJ 07083  Steret Address 1600 ROUTE EAST SUITE 107  City, State UNION NJ 07083  Steret Address 1600 ROUTE EAST SUITE 107  City, State UNION NJ 07083  Steret Address 1600 ROUTE EAST SUITE 1 |                          | Hired by Building                       | Owner (8)                    |                                         | ASCM                       | No.            |                                         |                                         |                  |                                |             |             |           |         |           |       |
| Second   S   | Street Address           |                                         |                              |                                         |                            |                |                                         | 15195510                                |                  |                                | vices       | & Solution  | ons       |         |           |       |
| Rorth Bergen, NJ 07047   Project Manager for Monitoring Firm   Telephone No.   Telephone No.   201-951-6310   D1223                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                         |                              |                                         |                            |                |                                         | 8600                                    | ) Ne             | wkirk Ave                      |             |             |           |         |           |       |
| Start Date (10) 07/21/17   Scheduled Completion Date (11) 07/21/17   Occupancy Status During Abatement (Check Only One)   Family Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours   Other - Describe:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | City, State, Zip Code    |                                         |                              |                                         |                            |                |                                         | 100000000000000000000000000000000000000 |                  |                                | 7047        |             |           |         |           |       |
| Occupancy Status During Abatement (Check Only One)    A Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Project Manager for Moni | toring Firm                             |                              |                                         | Telephon                   | ie No.         |                                         |                                         |                  |                                |             |             | 10.       |         |           |       |
| Actification of Abatement Pacific Procedure   Asbestos-Containing Material (ACM)   TO BE ABATED   In Facility (13)   Yes   No   N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                         |                              |                                         | mpletion [                 | Date (11)      |                                         | 1 - 2 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - |                  |                                | ILTIN       | G LLC       |           |         |           |       |
| Abatement Performed Outside of Normal Facility Hours                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                                         |                              |                                         |                            |                |                                         |                                         |                  |                                | T CI II     | TE 107      |           |         |           |       |
| Scope of Work (Check All That Apply)    Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (Check All That Apply)   Stope of Work (C  | Abatement Performe       | ted During Entire<br>ed Outside of Norr | Period of Al<br>nal Facility | bater<br>Hour                           | nent<br>s                  |                |                                         | City, S                                 | State,           | , Zip Code                     | 1 301       | 12 107      |           |         |           |       |
| ≥3 sf or ≥3 lf                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          | I That Apply)                           |                              |                                         |                            |                |                                         | UNI                                     | ON               | 143 07003                      |             |             |           |         |           |       |
| Secretarion of Asbestos-Containing Material (ACM)   Used Solely by Maintenancel Custodial Staff? (12)   Yes   No   N/A   | ≥3 sf or ≥3 lf           |                                         | X Re                         | enova                                   | ation<br>tion              |                |                                         | >                                       |                  | Mini-Enclosure<br>Glovebag Pro | e<br>cedure |             |           |         | re        |       |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  Name of Registered Waste Hauler NEWARK CARTING  City, State HILLSIDE, NJ  Completed by  To BE ABATED Containing Material (ACM) Maintenance/ Custodial Staff? (12)  Yes No N/A  No N/A  Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  NAME OF REGISTERED ACTION OF ASBESTOS Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  NAME OF REGISTERED ACTION OF ASBESTOS Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  NAME OF REGISTERED ACTION OF ASBESTOS Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  NAME OF REGISTERED ACTION OF ASBESTOS CONTAINING OF ASBESTOS CONTAINING OF ASBESTOS CONTAINING OF ASBESTOS CONTAINING OTHER ASBESTOS CONTAI |                          |                                         |                              |                                         |                            |                |                                         |                                         |                  |                                |             |             |           |         |           | 4     |
| Name of Registered Waste Hauler   NEWARK CARTING   Name of Registered Landfill   New Art   Name of Registered Landfill   New Art   Name of Registered Landfill   New Art   New   |                          |                                         |                              |                                         |                            |                |                                         |                                         |                  |                                |             |             |           | T       | T         |       |
| Family Room  VAT  VAT  260 SF  X  Name of Registered Waste Hauler  NEWARK CARTING  NIDEP Waste Hauler ID No. 04509  Disposal Date  City, State HILLSIDE, NJ  Completed by  Title  Signature  VAT  260 SF  X  Disposal Date  Date  Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                         | Mair                         | ntena                                   | nce/                       | Asbes<br>(i.e. | tos Con<br>thermal                      | taining i<br>I system                   | viater<br>is ins | ulation,                       |             |             | R         | 77      | Enc       | Ē     |
| Family Room  VAT  VAT  260 SF  X  Name of Registered Waste Hauler  NEWARK CARTING  NIDEP Waste Hauler ID No. 04509  Disposal Date  City, State HILLSIDE, NJ  Completed by  Title  Signature  VAT  260 SF  X  Disposal Date  Date  Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | In Facili                |                                         | Custo                        |                                         |                            |                |                                         |                                         |                  |                                | SI          | F or LF)    | Nome      | epa     | apsu      | closu |
| Name of Registered Waste Hauler NEWARK CARTING  City, State HILLSIDE, NJ  Completed by  Title  VAT  260 SF x  Name of Registered Landfill WASTE MANAGEMENT GROWS N.  Disposal Date  City, State MORRISVILLE PA  Date  Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (13)                     |                                         | Yes                          | No                                      | N/A                        |                | Otheri                                  | HISCEIIA                                | ricou            | (3)                            |             |             | <u>/a</u> | =       | late      | ıre   |
| NEWARK CARTING  Hauler ID No. 04509  of Waste  WASTE MANAGEMENT GROWS N.  City, State HILLSIDE, NJ  Completed by  Title  Signature  Signature  Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Family Re                | oom                                     |                              | 59/62                                   |                            |                |                                         | VAT                                     |                  |                                | 2           | 60 SF       | x         |         |           |       |
| NEWARK CARTING  Hauler ID No. 04509  of Waste  WASTE MANAGEMENT GROWS N.  City, State HILLSIDE, NJ  Completed by  Title  Signature  Signature  Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                         |                              |                                         |                            |                |                                         |                                         |                  |                                |             |             |           |         |           |       |
| NEWARK CARTING  Hauler ID No. 04509  of Waste  WASTE MANAGEMENT GROWS N.  City, State HILLSIDE, NJ  Completed by  Title  Signature  Signature  Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                         |                              |                                         |                            |                |                                         |                                         |                  |                                |             |             |           |         |           |       |
| NEWARK CARTING  Hauler ID No. 04509  of Waste  WASTE MANAGEMENT GROWS N.  City, State HILLSIDE, NJ  Completed by  Title  Signature  Signature  Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                                         |                              |                                         |                            |                |                                         |                                         |                  |                                |             |             |           |         |           |       |
| NEWARK CARTING  O4509  O4509  Disposal Date  City, State HILLSIDE, NJ  Completed by  Title  Signature  Signature  O4509  Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Name of Registered Was   | te Hauler                               |                              | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                            |                | 100000000000000000000000000000000000000 |                                         |                  | Name of                        | Registe     | ered Landfi | I         |         |           |       |
| HILLSIDE, NJ  Completed by  Title  Signature  Signature  Completed by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NEWARK CARTING           |                                         |                              | 1 1 23                                  |                            | NO.            |                                         | 10                                      |                  |                                |             | NAGEME      | NT (      | GRO'    | NS N      | l.    |
| Completed by Title Signature Completed by Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                                         |                              |                                         |                            |                | Dispo                                   | sal Date                                | Э                |                                |             | LE PA       |           |         |           |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                                         | 10.000                       | ot NA                                   | oncast                     |                | 3                                       | Signatur                                | ELV              | ring A                         | MA          |             |           | /17     |           |       |

|                                                                                               |                |                                               |                            |                                    |                           |                                                             |                            |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |             |        | Pri           | nt For    |
|-----------------------------------------------------------------------------------------------|----------------|-----------------------------------------------|----------------------------|------------------------------------|---------------------------|-------------------------------------------------------------|----------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------|--------|---------------|-----------|
| DHA4498371104                                                                                 | 3 N            | (P                                            | CATION<br>ursuant          | ate of New<br>OF ASBE<br>to NJAC 8 | ESTOS<br>8:60 ar          | ABATE<br>nd 12:12                                           | 0)                         | т                                                                     | DE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | G        | E           |        | $\mathbb{V}$  |           |
| Date of Notification (1) 07/13/17                                                             |                |                                               |                            | f Building (<br>ly Shopp           |                           |                                                             |                            |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | AUG      | -           | 1 2    | 2017          |           |
| Agencies Notified Type Notification                                                           |                |                                               | Street A                   | ddress<br>est Railro               | ad Av                     | ve.                                                         |                            |                                                                       | ASB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | EST      |             |        |               | DL &      |
| □ EPA     □ Initial     □ Amended     □ Amendment                                             | #              |                                               |                            | ate, Zip Coo                       |                           |                                                             |                            |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LI       | <u> 430</u> | 1SIN   | <u>G</u>      |           |
| Emergency ( justification)                                                                    |                |                                               |                            | f Contact                          |                           |                                                             |                            |                                                                       | Telephone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Numb     | er          |        |               |           |
| X DCA Cancellation                                                                            | -              |                                               | FACI                       | ILITY INFO                         | PMAT                      | ION                                                         |                            |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 16-190   |             |        |               |           |
| Name of Facility Where Abatement is Taking                                                    | g Place (3     | )                                             | IAG                        | LITT IN C                          | MINIM                     | ION                                                         | Тур                        | oe of Facility (4)                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |             |        |               |           |
| Tenafly Shopping Center LP.                                                                   |                | -                                             |                            |                                    |                           |                                                             |                            | School (K-12)                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |             |        |               |           |
| Street Address 34 West Railroad Ave.                                                          |                |                                               |                            |                                    |                           |                                                             | ×                          | Subchapter 8<br>Other (i.e. pri<br>etc.)                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          | build       | dings, | home          | es,       |
| City (5)<br>Tenafly                                                                           |                |                                               |                            |                                    |                           |                                                             | Squ                        | uare Feet                                                             | # of Floors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | i        | В           | ldg. A | ige           |           |
| County (6)<br>Bergen County                                                                   |                |                                               |                            | Code (7)<br>USE ONLY)              |                           |                                                             | Cur                        | rrent Use (Prior                                                      | if being dem                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | olishe   | d)          |        |               |           |
| Name of Monitoring Firm Hired by Building (                                                   | Owner (8)      |                                               | ASCN                       | Л No.                              |                           |                                                             |                            | batement Contr<br>tement Servi                                        | Commence of the commence of th | utions   | S           |        |               |           |
| Street Address                                                                                |                |                                               |                            |                                    |                           | Street<br>8600                                              |                            | ress<br>wkirk Ave                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |             |        |               |           |
| City, State, Zip Code                                                                         |                |                                               |                            |                                    |                           |                                                             |                            | Zip Code<br>ergen, NJ 07                                              | 047                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          | -           |        |               |           |
| Project Manager for Monitoring Firm                                                           | W              | T                                             | Telepho                    | ne No.                             |                           | Teleph                                                      | none                       |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | se No.   |             |        |               |           |
| Start Date (10)<br>07/27/17                                                                   | Schedule       |                                               | npletion                   | Date (11)                          |                           | Name                                                        | of O                       | SHA Monitor                                                           | TING LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ;        |             |        |               |           |
| Occupancy Status During Abatement (Chec                                                       | k Only On      | e)                                            |                            |                                    |                           | Street                                                      |                            |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |             |        |               |           |
| Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: |                |                                               |                            |                                    |                           | City, S                                                     | State,                     | Zip Code<br>NJ 07083                                                  | SUITE 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 7        |             |        |               |           |
| Scope of Work (Check All That Apply)                                                          |                |                                               |                            |                                    |                           | UNI                                                         | ON                         | 143 07003                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |             |        |               |           |
| ≥3 sf or ≥3 lf<br>× ≥160 sf or ≥260 lf                                                        |                | enova<br>emolit                               |                            |                                    |                           |                                                             | l N                        | Full Containmen<br>Mini-Enclosure<br>Glovebag Proce<br>Non-Exempted ( | dure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |             |        | e             |           |
|                                                                                               | Is             | Locati                                        | on                         |                                    |                           |                                                             |                            |                                                                       | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |             | Abate  | ement         |           |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)                  | Used<br>Mai    | lormal<br>d Sole<br>ntenar<br>odial S<br>(12) | ly by<br>nce/              |                                    | os Cor<br>therma<br>surfa | escription<br>ntaining Nal system<br>acing, VA<br>miscellar | /later<br>s insi<br>(T, or |                                                                       | Amount<br>(Specify<br>SF or LF)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          | Remova      | Repair | e Encapsulate | Enclosure |
| (10)                                                                                          | Yes            | No                                            | N/A                        |                                    | Otrici                    | misociidi                                                   | 1000                       | 3)                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          | /al         | -      | late          | Jre       |
| 1st floor                                                                                     |                |                                               |                            |                                    |                           | VAT                                                         |                            |                                                                       | 620 SF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          | x           |        |               |           |
|                                                                                               |                |                                               |                            |                                    |                           |                                                             |                            |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |             |        |               |           |
|                                                                                               |                |                                               |                            |                                    |                           |                                                             |                            |                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |          |             |        |               |           |
| News (Desire 1)                                                                               |                | 1                                             | IDEE:                      | la ato                             | 0.11                      | Vent                                                        |                            | N                                                                     | alate 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | oden.    |             |        |               |           |
| Name of Registered Waste Hauler<br>NEWARK CARTING                                             |                | Н                                             | JDEP W<br>auler ID<br>1509 | TUD 10 0000                        | of Wa                     | c Yards<br>aste                                             |                            | M. T. C.                          | egistered Lar<br>MANAGEN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          | ΓG          | ROV    | VS N          | I.        |
| City, State<br>HILLSIDE, NJ                                                                   |                |                                               |                            |                                    | Dispo                     | sal Date                                                    |                            | City, State<br>MORRIS                                                 | VILLE PA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 83       |             |        |               |           |
| Completed by<br>Bryan Parra                                                                   | Title<br>Proje | ct Ma                                         | anager                     |                                    |                           | Signature                                                   | 34                         | on tara                                                               | )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Date 07/ |             | 7      |               |           |

| 0.200.000                                                                   |                                         | NOTIF             |                              | ate of Ne            |                 |                                         | MENT                            | -              |                      |                      |         |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------|-----------------------------------------|-------------------|------------------------------|----------------------|-----------------|-----------------------------------------|---------------------------------|----------------|----------------------|----------------------|---------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (YIO# 250X258948                                                            | 51                                      |                   |                              | to NJAC              |                 |                                         |                                 |                | EG                   | E                    |         | / [5        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Date of Notification (1) 07/07/17                                           |                                         |                   |                              | f Building<br>Abraha |                 | Operator                                | (2)                             | IM             | ÁIIC                 | . 4                  | 00      | 47          | A Company of the Comp |
| Agencies Notified Type Notification                                         |                                         |                   | Street A                     | ddress               |                 |                                         |                                 | Li Li          | AUU                  |                      | 20      | 1/          | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| X EPA Initial Amended                                                       |                                         |                   | City, Sta                    | ate, Zip Co          | ode             |                                         |                                 |                | ASBEST               | 20.00                | O N 17" | 201         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| X DOL Amendment                                                             |                                         | _                 |                              | ck, NJ (             |                 |                                         |                                 |                | LI                   | CENS                 | ING     | HUL         | ŭ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| X Emergency (     justification)     DCA Cancellation                       | including                               |                   | Name of                      | f Contact            |                 |                                         |                                 | Tel            | ephone No            | ımber                |         |             | 1000000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Name of Facility Where Abatement is Taking                                  | - DI (                                  | 2/                | FACI                         | LITY INF             | ORMATI          | ION                                     | T ( F 10%                       | . (4)          |                      |                      |         |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Abbey Abraham                                                               | J Place (                               | 3)                |                              |                      |                 |                                         | Type of Facility                | 1 1005         |                      |                      |         |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Street Address                                                              |                                         |                   |                              |                      |                 |                                         | Other (i.e                      | er 8 (Oth      | er than K-           |                      | dings   | , home      | es,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| City (5)<br>Teaneck                                                         |                                         |                   |                              |                      |                 |                                         | etc.)<br>Square Feet            | # 0            | f Floors             | E                    | Bldg. A | Age         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| County (6)                                                                  |                                         | T                 | County (                     |                      |                 |                                         | Current Use (F                  | rior if bei    | ing demolis          | shed)                |         |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Bergen County                                                               | -60                                     |                   | (STATE U                     | USE ONLY             | )               |                                         |                                 |                |                      | 2.511                |         |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Name of Monitoring Firm Hired by Building C                                 | Owner (8)                               | )                 | ASCN                         | / No.                |                 |                                         | of Abatement C<br>Abatement S   |                | 0000000              | ons                  |         |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Street Address                                                              |                                         |                   |                              |                      |                 |                                         | Address<br>Newkirk Ave          | 9              |                      |                      |         |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| City, State, Zip Code                                                       |                                         |                   |                              |                      |                 |                                         | State, Zip Code<br>h Bergen, NJ | 07047          |                      |                      |         |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Project Manager for Monitoring Firm                                         |                                         |                   | Telephor                     | ne No.               |                 |                                         | none No.<br>951-6310            |                | License I<br>01223   | No.                  |         |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Start Date (10) 07/07/17                                                    | Schedul<br>07/21/                       |                   | mpletion [                   | Date (11)            |                 |                                         | of OSHA Monito                  |                | G LLC                |                      |         |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Occupancy Status During Abatement (Check                                    | Only Or                                 | ne)               |                              |                      |                 | 100000000000000000000000000000000000000 | Address                         | OT 0111        | TE 407               |                      |         |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm |                                         |                   |                              |                      |                 |                                         | ROUTE EA                        | 51 501         | 1E 107               |                      | -       |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Other – Describe:                                                           | on r donie,                             | , 1.ou.           |                              |                      | _               |                                         | ON NJ 07083                     |                |                      |                      |         |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Scope of Work (Check All That Apply)                                        | *************************************** |                   |                              |                      |                 |                                         | _                               |                |                      |                      |         | 1008-0      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ≥3 sf or ≥3 lf<br>× ≥160 sf or ≥260 lf                                      |                                         | Renova<br>Demoli  |                              |                      |                 | ×                                       |                                 | ire<br>ocedure |                      |                      |         |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                             | le                                      | Locat             | ion                          |                      |                 |                                         | Non-Exempt                      | ed ( ) an      | u Non-Fna            | DIE Pro              |         | e<br>ement  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Location of                                                                 | 1                                       | Norma             | lly                          |                      | Des             | scription                               | of                              |                |                      | _                    | Ту      | ре          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Asbestos-Containing Material (ACM) TO BE ABATED                             | Ma                                      | ed Sole<br>intena | nce/                         |                      |                 |                                         | Material (ACM) s insulation,    | 1              | mount<br>Specify     | Z                    |         | Enc         | п                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| In Facility (13)                                                            | Cus                                     | todial (<br>(12)  |                              |                      | surfac          | cing, VA                                | T, or                           |                | or LF)               | Removal              | Repair  | Encapsulate | Enclosure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| (10)                                                                        | Yes                                     | No                | N/A                          |                      | 00.07           | necona.                                 | .0000)                          |                |                      | /al                  | 5       | ilate       | лге                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| basement                                                                    |                                         |                   |                              |                      |                 | TSI                                     |                                 | 8              | 0 LF                 | x                    |         |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                             |                                         |                   |                              |                      |                 |                                         |                                 |                |                      |                      |         |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                             |                                         |                   |                              |                      |                 |                                         |                                 |                | 100 6                |                      |         |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                             |                                         |                   |                              |                      |                 |                                         |                                 |                |                      |                      |         |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Name of Registered Waste Hauler NEWARK CARTING                              |                                         | H                 | NJDEP W<br>Hauler ID<br>4509 |                      | Oubic<br>of Was |                                         |                                 |                | red Landfi<br>IAGEME |                      | ROV     | VS N        | ı.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| City, State<br>HILLSIDE, NJ                                                 |                                         |                   |                              |                      | Dispos          | sal Date                                |                                 | ate<br>RISVILL | E PA                 | <u> </u>             |         |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Completed by<br>Bryan Parra                                                 | Title<br>Proje                          | ect Ma            | anager                       |                      | ্ত              | igratura                                |                                 |                | 1                    | ate<br><b>7</b> /07/ | 17      |             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

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

CHECK #5948

| Date of Notification (1)                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | of Building Owner                     |                                         |                                          |                                           |              |                  |             |              |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------|-----------------------------------------|------------------------------------------|-------------------------------------------|--------------|------------------|-------------|--------------|
| 07-27-17                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                       | nent of                                 | Transportation                           | ME                                        | CE           |                  | W           | F            |
| Agencies Notified Type Notification                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | Address<br>Benigno, Suite             | A1                                      |                                          |                                           |              |                  |             |              |
| EPA Initial Amended Amendment                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | City, St                      | ate, Zip Code<br>awr, NJ 08031        |                                         |                                          |                                           | UG -         | - 1              | 2017        | -            |
| □ Emergency justification)     □ DCA     □ Cancellation                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | of Contact<br>obias Morello,          | RE                                      |                                          | Telephone Nu                              | umber        |                  | 7           | JL &         |
|                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FAC                           | ILITY INFORMAT                        | ION                                     |                                          |                                           | LICE         | NSIN             |             | <i>y</i> = 0 |
| Name of Facility Where Abatement is Takin                                      | g Place (3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |                                       |                                         | Type of Facility (4                      | 5.0                                       |              |                  |             |              |
| Street Address Route 295 & 42 / I-76 Direct Conne                              | ect                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               |                                       |                                         |                                          | t)<br>3 (Other than K-<br>ivate & commerc |              | ldings           | , home      | es,          |
| City (5)<br>Bellmawr, NJ 08031                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                       |                                         | Square Feet<br>2500SF                    | # of Floors                               |              | Bldg. A<br>253 y |             |              |
| County (6)<br>Camden                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | Code (7) USE ONLY)                    |                                         | Current Use (Prio<br>Commercial          | r if being demolis                        | shed)        |                  |             |              |
| Name of Monitoring Firm Hired by Building ACER Associates, LLC                 | Owner (8)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ASC                           | M No.                                 |                                         | of Abatement Cont<br>acle Environme      |                                           |              |                  |             |              |
| Street Address<br>1012 Industrial Drive,                                       | na na mana                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                       |                                         | Address<br>Broad Street                  |                                           |              |                  |             |              |
| City, State, Zip Code<br>West Berlin, NJ 08091                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                       | 100000000000000000000000000000000000000 | tate, Zip Code<br>stadt, NJ 07072        |                                           |              |                  |             |              |
| Project Manager for Monitoring Firm Matt DePalma                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Telepho<br>(856)              | one No.<br>809-1202                   | 1000000                                 | none No.<br>939-6565                     | License 00756                             | No.          |                  |             |              |
| Start Date (10)<br>08-07-17                                                    | Scheduled 0<br>08-30-17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Completion                    | Date (11)                             |                                         | of OSHA Monitor<br>L Analytical, Inc     | ).                                        |              |                  |             |              |
| Occupancy Status During Abatement (Chec                                        | k Only One)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |                                       |                                         | Address                                  | ***                                       |              |                  |             |              |
| Facility Closed/Vacated During Entire F<br>Abatement Performed Outside of Norm |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                       | City, S                                 | Nest 38th Streetate, Zip Code            |                                           |              |                  |             |              |
| Other - Describe:                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                       | New                                     | York, NY 1001                            | 8                                         |              |                  |             |              |
| Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf       | and the same of th | ovation<br>olition            |                                       | ×                                       | Mini-Enclosure Glovebag Proce            |                                           |              |                  |             |              |
|                                                                                | 1. 1. 1.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                                       | E                                       | 1 Non-Exempled                           | (*) and Non-Fria                          | bie Pro      |                  | e<br>ement  |              |
| Location of                                                                    | Norr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | De                                    | scription                               | of                                       |                                           |              |                  | ре          |              |
| Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)              | Mainte                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | al Staff?                     | Asbestos Con<br>(i.e. therma<br>surfa | taining N                               | faterial (ACM)<br>s insulation,<br>T, or | Amount<br>(Specify<br>SF or LF)           | Removal      | Repair           | Encapsulate | Enclosure    |
|                                                                                | Yes N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | o N/A                         |                                       |                                         |                                          |                                           |              |                  | е           |              |
| Bridge Base Rails                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | X                             |                                       | Caulk                                   |                                          | 208LF                                     | х            |                  |             |              |
|                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                       |                                         |                                          |                                           |              |                  |             |              |
|                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                       |                                         |                                          |                                           |              |                  |             |              |
|                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                       |                                         |                                          |                                           |              |                  |             |              |
| Name of Registered Waste Hauler Newark Carting, Inc.                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NJDEP V<br>Hauler ID<br>04509 |                                       | Yards<br>ste                            | 1 000                                    | egistered Landfi<br>entral Sanitai        |              | ndfill           |             |              |
| City, State<br>Newark, NJ 07105                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | Dispo<br>TBD                          | sal Date                                | City, State<br>Pen Argy                  | /l, PA 18072                              |              |                  |             |              |
| Completed by<br>Joseph Patrick                                                 | Title<br>Project I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Manager                       |                                       | Signature                               | M                                        | 1 1 2 2 2                                 | ate<br>7-27- | 17               |             |              |

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

| E    | C   |      |    | $\mathbb{V}$ | E    | M |
|------|-----|------|----|--------------|------|---|
|      | AUG | -    | 1  | 2017         |      |   |
| ASBI | STO | 25 ( | 20 | NTRO         | 71 8 | 2 |

| Date of Notification (1) 07/28/2017                             |                                       |                |                                      |                   | f Building<br>n Univer                  |                            | Operator        | (2)                        |                                                             | and .          | AUG                           | - '    | 2                     | 017          | and the same of th | U         |
|-----------------------------------------------------------------|---------------------------------------|----------------|--------------------------------------|-------------------|-----------------------------------------|----------------------------|-----------------|----------------------------|-------------------------------------------------------------|----------------|-------------------------------|--------|-----------------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| Agencies Notified                                               | Type Notification                     |                | - 1                                  | Street A<br>201 M | ddress<br>ullica Hi                     | ll Roa                     | d               |                            | 100                                                         | AS             | BESTO                         | OS C   |                       |              | L &                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |
| × EPA<br>× DEP<br>× DOL                                         | Amended Amendment                     |                |                                      |                   | ate, Zip Co<br>poro, NJ                 |                            | 8               |                            |                                                             |                | <u> </u>                      | JEN    | <del>NY</del>         | 3            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
| DOH DCA                                                         | Emergency justification) Cancellation | 1              | - 1                                  |                   | f Contact<br>isceglia                   |                            |                 |                            |                                                             | Te             | lephone                       | Numb   | oer                   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
|                                                                 |                                       |                |                                      | FACI              | LITY INFO                               | ORMAT                      | ION             |                            |                                                             |                |                               |        |                       |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
| Name of Facility Where<br>Linden Hall Abaten                    |                                       | ng Place (3    | )                                    |                   |                                         |                            |                 | Тур                        | e of Facility<br>School (K-                                 | 12)            |                               |        |                       |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
| Street Address<br>200 oak Grove Driv                            | ve .                                  |                |                                      |                   |                                         |                            |                 | ×                          | Subchapte<br>Other (i.e.<br>etc.)                           |                |                               |        | build                 | dings,       | home                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | es,       |
| City (5)<br>Glassboro                                           |                                       | W              |                                      |                   |                                         |                            |                 |                            | iare Feet<br>000+                                           | # 0            | f Floors                      |        |                       | ldg. A<br>5+ | ge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |
| County (6) Gloucester County                                    | 9                                     |                |                                      |                   | Code (7)<br>USE ONLY                    |                            |                 |                            | rent Use (Pr<br>nce Hall                                    | ior if be      | ing dem                       | olishe | d)                    |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
| Name of Monitoring Firm<br>PARS Environmen                      |                                       | Owner (8)      |                                      | ASCN<br>0013      |                                         |                            |                 |                            | patement Co                                                 |                | r (9)                         |        | ) <del>- 1</del> -1-1 |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
| Street Address<br>500 Horizon Drive                             | Suite 540                             |                |                                      |                   |                                         |                            | Street<br>63 Le |                            | ess<br>er Stockin                                           | g Pat          | h                             |        |                       |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
| City, State, Zip Code<br>Robbinsville, NJ 08                    |                                       |                |                                      |                   |                                         |                            | City, S         | State,                     | Zip Code<br>Park, NJ 0                                      |                |                               | - 111  |                       | 1030         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
| Project Manager for Mor<br>Rafael Torres                        |                                       | - 1            | Telepho                              | ne No.            |                                         | Teleph                     | none            |                            |                                                             | Licens<br>0130 |                               | 8      |                       | 1000         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
| Start Date (10)<br>08/07/2017                                   |                                       |                |                                      | Date (11)         |                                         | Name                       | of OS           | SHA Monitor<br>struction I |                                                             | 0.00           |                               |        |                       |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
| Occupancy Status Durin                                          | ια Ahatement (Che                     |                |                                      |                   |                                         |                            | Street          |                            | Control Control Control                                     |                |                               |        | -                     |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
|                                                                 | 070                                   | 73             |                                      |                   |                                         |                            |                 |                            | er Stockin                                                  | g Pat          | h                             |        |                       |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
| X Facility Closed/Vac<br>Abatement Perform<br>Other – Describe: | ned Outside of Norr                   | mal Facility   | Hours                                | nent              |                                         |                            | City, S         | state,                     | Zip Code<br>Park, NJ 0                                      |                |                               |        |                       |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
| Scope of Work (Check A                                          | All That Apply)                       |                |                                      |                   |                                         |                            |                 |                            |                                                             |                |                               |        |                       |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -         |
| ≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf                             | THE STATE                             | _              | enova<br>emolit                      |                   |                                         |                            | ×               | N<br>G                     | ull Containm<br>lini-Enclosur<br>Govebag Pro<br>Ion-Exempte | e<br>cedure    |                               |        |                       |              | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |
|                                                                 |                                       | 1 10           | Locati                               |                   |                                         |                            |                 |                            | ion Exempte                                                 | 70.            | 14 110111                     | Tidble | 1 10                  | Abate        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
| Location                                                        | n of                                  |                | lormal                               |                   |                                         | D                          | escription      | of                         |                                                             |                |                               |        |                       | Ту           | oe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |
| Asbestos-Containing TO BE AB In Faci (13)                       | Material (ACM) ATED lity              | Mai            | d Sole<br>intenar<br>odial S<br>(12) | nce/              |                                         | tos Cor<br>therma<br>surfa |                 | Materi<br>s insu<br>T, or  |                                                             | (              | Amount<br>Specify<br>F or LF) |        | Remova                | Repair       | Encapsulate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Enclosure |
|                                                                 |                                       | Yes            | No                                   | N/A               |                                         |                            |                 |                            |                                                             |                |                               |        | _                     |              | ate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ei<br>ei  |
| See Atta                                                        | ched                                  |                |                                      |                   |                                         |                            |                 |                            |                                                             |                |                               |        | Х                     |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
|                                                                 |                                       |                |                                      |                   |                                         |                            |                 |                            | W-                                                          |                |                               |        |                       |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
|                                                                 |                                       |                |                                      |                   |                                         |                            |                 |                            |                                                             |                |                               |        |                       |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
|                                                                 |                                       |                |                                      |                   |                                         |                            |                 |                            |                                                             |                |                               |        |                       |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
| Name of Registered Wa                                           | ste Hauler                            |                | JDEP W                               |                   | 100000000000000000000000000000000000000 | Yards                      |                 | Name of                    | Regist                                                      | ered Lar       | ndfill                        |        |                       |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
| New American Rest                                               | oration                               |                | 1 83355                              | auler ID<br>0399  | NO.                                     | of Wa                      |                 |                            | G.R.O.                                                      |                |                               |        |                       |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
| City, State<br>Paterson, NJ                                     |                                       |                |                                      |                   |                                         | TBD                        | sal Date        |                            | City, Sta<br>Morris                                         |                |                               |        |                       |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
| Completed by<br>Igor Jezdimirovic                               |                                       | Title<br>P. Ma | anage                                | er                |                                         |                            | Signature       |                            |                                                             | _              |                               | Date   |                       | 2017         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |
|                                                                 |                                       |                | -5                                   |                   |                                         |                            | -/              |                            |                                                             |                |                               |        |                       |              | 100.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           |

|                                                                              | 1 200     | Locatio                                              |              |                                                                                                                             |                                 |         | * |             |           |
|------------------------------------------------------------------------------|-----------|------------------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------|---|-------------|-----------|
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Use<br>Ma | Normally<br>d Solely<br>intenant<br>todial S<br>(12) | y by<br>ice/ | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount<br>(Specify<br>SF or LF) | Removal |   | Encapsulate | Enclosure |
|                                                                              | Yes       | No                                                   | N/A          |                                                                                                                             |                                 |         |   |             | -         |
| Basement                                                                     |           | х                                                    |              | Pipe Insulation                                                                                                             | 2700 LF                         | х       |   |             |           |
| Basement                                                                     |           | x                                                    |              | VAT/Mastic                                                                                                                  | 225 SF                          | х       |   |             | _         |
| Basement                                                                     |           | x                                                    |              | Pipe Insulation                                                                                                             | 300 LF                          | х       |   |             |           |
| Exterior Basement                                                            |           | х                                                    |              | Window/sill caulking                                                                                                        | 22 SF                           | x       |   |             |           |
| First Floor                                                                  |           | X                                                    | 1            | Damper Cloth                                                                                                                | 10 SF                           | x       |   |             |           |
| First Floor                                                                  |           | X                                                    |              | VAT/Mastic                                                                                                                  | 11700 SF                        | x       |   |             |           |
| First floor                                                                  |           | X                                                    |              | Pipe Insulation                                                                                                             | 818 LF                          | x       |   |             |           |
| Exterior First Floor                                                         | -         | X                                                    |              | Window/sill caulking                                                                                                        | 117 SF                          | x       |   |             |           |
| First Floor                                                                  | 1         | X                                                    | 1            | Transite Door                                                                                                               | 60 SF                           | x       |   |             |           |
| First Floor                                                                  |           | ×                                                    |              | Radiator backing material                                                                                                   | 35 SF                           | x       |   |             |           |
| Second Floor                                                                 |           | X                                                    |              | Damper Cloth                                                                                                                | 10 LF                           | x       |   |             |           |
| Second Floor/Extirior                                                        |           | ×                                                    |              | Window/sill caulking                                                                                                        | 95 SF                           | x       |   |             |           |
| Second Floor                                                                 |           | ×                                                    |              | VAT/Mastic                                                                                                                  | 9800 SF                         | x       |   |             | -         |
| Second Floor                                                                 |           | ×                                                    | +            | Radiator backing material                                                                                                   | 25 SF                           | x       |   |             | T         |
| Second Floor                                                                 |           | X                                                    |              | Pipe Insulation                                                                                                             | 300 LF                          | х       |   |             | I         |
| Second Floor                                                                 |           | X                                                    |              | Pipe insulation                                                                                                             | 300 LF                          | X       |   |             |           |



| Chilal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           | NOTIF<br>(I                  | FICAT             | ION OF            | of New Jer<br>ASBESTO<br>JAC 8:60 | S ABAT                | TEMEN<br>120)    | NT                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0)-       | ECE                      |         | $\mathbb{V}$ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Date of Notification (1)<br>7/29/2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                           |                              | Nam<br>Do         | ne of Bu<br>menic | ilding Owne<br>k & Gale           | er/Operat<br>Zino     | tor (2)          |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           | AUG -                    | - 1 2   | 2017         | ATT TO PROTECT OF THE PARTY OF | الإ       |
| Agencies Notified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Type Notification                         |                              | Stre              | et Addr           | ess                               |                       |                  |                      | The state of the s |           | SBESTOS                  | 000     | ITEC         | 11 &                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |           |
| EPA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ➤ Initial<br>Amended                      |                              | City              | , State,          | Zip Code                          | W700000               |                  |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| DEP<br>X DOL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Amendment #_                              | 1 1:                         | 1 200             |                   | n, NJ 074                         | 410                   |                  |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| DOH DCA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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VA | s insulati<br>.T, or | on,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SI        | Specify<br>F or LF)      | Removal | Repair       | Encapsulate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Enclosure |
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| Name of Registered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | I Waste Hauler                            |                              |                   | JDEP V            |                                   | Cubic Y               |                  |                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| Timster Trucking                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                           |                              |                   | lauler ID<br>1079 | , INO.                            | TBD                   |                  | e .                  | Waste<br>City, Sta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| City, State<br>West Creek, NJ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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| Amanda Mears                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           | Own                          | er- S             | afeWa             | ıy                                |                       |                  | / (                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

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

|                                                                | 14            |                 | /-                | uiouc       |                     | no oloo alla ol                     | ,                     |                          |          | 4 0    |             |           |
|----------------------------------------------------------------|---------------|-----------------|-------------------|-------------|---------------------|-------------------------------------|-----------------------|--------------------------|----------|--------|-------------|-----------|
| Date of Notification (1)                                       | 1             |                 |                   | Nam         | e of Buildir        | ng Owner/Operator                   | (2)                   | ILL A                    | jG -     | 1 21   | 117         | 11        |
| 7 /                                                            | 24 /          | 17              |                   | R           | bert Woo            | od Johnson Hos                      | pital / Job #         | #1707 <sub>7</sub> 5188( | Check    | #930   | 6           | 1         |
| Agencies Notified                                              | Type Notific  | cation          |                   | 1000000     | et Address          | Wood Johnson                        | Place                 | ASBES                    | STOS O   |        |             | L &       |
| ⊠ DOLWD                                                        | Amende        | ed              |                   | 4           |                     |                                     | Flace                 | 1                        |          |        |             |           |
| ☑ DHSS                                                         | Amenda        |                 |                   | 1.0         | State, Zip          |                                     |                       |                          |          |        |             |           |
| ☐ DCA                                                          |               |                 | ing               |             | more demonstratives | wick, NJ 08901                      |                       | T = 1 - 1 - N            |          |        |             |           |
| (NJAC 5:23-8)                                                  | justificat    |                 |                   |             | e of Contac         |                                     |                       | Telephone No             | ımper    |        |             |           |
|                                                                | ☐ Cancella    | ation           |                   | Kr          | isten Bell          |                                     |                       | 1==                      |          |        |             |           |
|                                                                |               |                 |                   | FA          | CILITY IN           | NFORMATION                          |                       |                          |          |        |             |           |
| Name of Facility Where A                                       |               |                 | ce (3)            |             |                     |                                     | Type of Facility (    |                          |          |        |             |           |
| Robert Wood Johns                                              | son Hospit    | al              |                   |             |                     |                                     | School (K-12          |                          | 12)      |        |             |           |
| Street Address                                                 |               |                 |                   |             |                     |                                     | Other (i.e., pr       |                          |          | uildin | gs,         |           |
| One Robert Wood J                                              | Johnson Pl    | ace             |                   |             |                     |                                     | homes, etc.)          |                          |          |        |             |           |
| City (5)                                                       |               |                 |                   |             |                     |                                     | Square Feet           | # of Floors              | В        | ldg. A | ge          |           |
| New Brunswick                                                  |               |                 |                   |             |                     |                                     |                       |                          |          |        |             |           |
| County (6)                                                     |               |                 |                   | Cou         | nty Code (7         | )(STATE USE ONLY)                   | Current Use (Pri      | or if being dem          | olished) |        |             |           |
| Middlesex                                                      |               |                 |                   |             |                     |                                     | Hospital              |                          |          |        |             |           |
| Name of Monitoring Firm                                        | Hired by Buil | ding Owne       | r (8)             | ASCM        | No.                 | Name of Abatem                      | ent Contractor (9)    |                          |          |        |             |           |
| Omega Environmen                                               | ntal          |                 | 200 000           |             |                     | AbateTech, I                        | nc.                   |                          |          |        |             |           |
| Street Address                                                 |               | -               |                   |             |                     | Street Address                      |                       |                          |          |        |             |           |
| 280 Huylar Street                                              |               |                 |                   |             |                     | 30 Maple Ave                        | e. PO Box 25          |                          |          |        |             |           |
| City, State, Zip Code                                          |               |                 |                   |             |                     | City, State, Zip C                  | ode                   |                          |          |        |             |           |
| South Hackensack,                                              | NJ 07606      |                 |                   |             |                     | Lumberton, I                        | NJ 08048              |                          |          |        |             |           |
| Project Manager for Monit                                      | toring Firm   | 77.             | Tel               | ephone      | No.                 | Telephone No.                       |                       | License No.              |          |        |             |           |
| Geiser Fajardo                                                 |               |                 | 2                 | 01-489      | -8700               | 609-265-2107                        | 7                     | 00529                    |          |        |             |           |
| Start Date (10)                                                |               | Scheduled       | Comple            | etion Da    | ate (11)            | Name of OSHA N                      | fonitor               |                          |          |        |             |           |
| 7 / _27 /                                                      | 17            | _ 7             | / 3               | 1_/         | 17                  | EMSL Analyt                         | ical                  |                          |          |        |             |           |
| Occupancy Status During                                        | Abatement (   | Check only      | one)              |             |                     | Street Address                      |                       |                          |          |        |             |           |
| ☐ Facility Closed/Vacated                                      |               |                 |                   | ment        |                     | 200 Route 13                        | 0 North               |                          |          |        |             |           |
| ☐ Abatement Performed                                          |               |                 |                   |             | scribe              | City, State, Zip Co                 |                       |                          |          |        |             | -         |
| Time of Abatement:                                             | AM            | PM/ <u>5</u> PI | Λ                 | _AM         |                     | Cinnaminsor                         |                       |                          |          |        |             |           |
| Scope of Work (Check all                                       | that apply)   |                 |                   |             |                     | 0                                   | ,                     |                          |          |        |             |           |
|                                                                | and opping    | 70000           |                   |             |                     |                                     | tainment with Nega    | ative Pressure           |          |        |             |           |
| <ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul> |               |                 | enovat<br>emoliti |             |                     | ☐ Mini-End                          | losure<br>g Procedure |                          |          |        |             |           |
| △ ≥100 Si Oi ≥200 II                                           |               |                 | emonu             | <b>J</b> 11 |                     |                                     | mpted (*) and Non     | -Friable Proce           | dure     |        |             |           |
|                                                                |               |                 | s Loca            | tion        | T                   |                                     |                       |                          | Ab       | atem   | ent T       | ype       |
| Location of                                                    | of            |                 | Norma             |             |                     | Description of                      | of                    |                          |          | _      |             | T         |
| Asbestos-Containing M                                          |               |                 | ed Sol            |             | Asbes               | stos Containing Ma                  | iterial (ACM)         | Amount (Specify          | Removal  | Repair | Encapsulate | Enclosure |
| TO BE ABAT<br>IN Facility                                      |               | E 85550         | stodial           |             | (1.e.               | , thermal systems<br>surfacing, VAT |                       | SF or LF)                | oval     | =      | nsd         | Sur       |
| (13)                                                           |               |                 | (12)              |             | 1                   | other miscellane                    |                       | 50                       |          |        | late        | 0         |
|                                                                |               | Yes             | No                | N/A         |                     |                                     |                       |                          |          |        | 1,000       |           |
| 3 <sup>rd</sup> Floor Administrati                             | on Area       |                 |                   |             | Floor Ti            | le & mastic                         |                       | 500 SF                   |          |        |             |           |
|                                                                |               |                 |                   |             |                     |                                     |                       |                          |          | П      | П           | П         |
|                                                                |               |                 | 1                 |             |                     |                                     |                       |                          |          |        |             |           |
|                                                                |               |                 | П                 |             |                     |                                     |                       |                          |          | П      | П           | П         |
| Name of Registered Waste                                       | Hauler        |                 |                   | JDEP 1      | Naste 1             | Cubic Yards of                      | Name of Regist        | ered Landfill            |          |        |             |           |
| AbateTech, Inc.                                                | riadiei       |                 | 0.00              | lauler II   | D No.               | Waste 40                            | G.R.O.W.S.            |                          |          |        |             |           |
| City, State                                                    |               |                 |                   | 1010        |                     | Disposal Date                       | City, State           |                          |          |        |             |           |
| Lumberton, NJ                                                  |               |                 |                   |             |                     | 7/31/17                             | Tullytown, I          | PA                       |          |        |             |           |
| Completed By (Print or Typ                                     | ne)           | Title           |                   |             |                     | Signature                           | 1                     |                          | Date     |        |             | _         |
| Gwendolyn Trumbet                                              |               | Opera           | tions             | Coord       | inator              | Um                                  | M                     |                          | 7/2      | 4      | 17          |           |

| K9307,930                                                                | 8,9                | NO                        |                 | CATIO                     | N OF AS               | SBESTOS ABA<br>AC 8:60 and 5:1                                                                       |                                  | Alig                                  | - 1         | 201     | 7           |           |
|--------------------------------------------------------------------------|--------------------|---------------------------|-----------------|---------------------------|-----------------------|------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------------|-------------|---------|-------------|-----------|
| Date of Notification (1)                                                 | / _1               | 7                         |                 | HE                        | PF VIII 7             | ng Owner/Operator<br>'00 Union LLC<br>07 &9308 9309                                                  | c/o Hampshir                     | nd busing                             | / Jo        | b #1    | 704-        | 5141<br>2 |
| ⊠ EPA ☐ Init                                                             |                    | 1                         |                 | Stree                     | et Address<br>Maple A |                                                                                                      |                                  | LICE                                  |             |         |             |           |
|                                                                          | nended<br>endment: | # <i>A</i>                |                 | City,                     | State, Zip            | Code                                                                                                 |                                  |                                       | J. J. Santa | 2000    |             |           |
|                                                                          | ergency (          | -                         | na              | Mo                        | orristown             | , NJ 07960                                                                                           |                                  |                                       |             |         |             |           |
| (NJAC 5:23-8) jus                                                        | tification)        |                           | 9               | Nam                       | e of Contac           | ct                                                                                                   |                                  | Telephone Num                         | ber         |         |             |           |
| ☐ Car                                                                    | ncellation         |                           |                 | Но                        | on Lee                |                                                                                                      |                                  |                                       | -           |         |             |           |
|                                                                          |                    |                           |                 | FA                        | CILITY I              | NFORMATION                                                                                           |                                  |                                       |             |         |             |           |
| Name of Facility Where Abateme                                           |                    | ng Plac                   | e (3)           |                           |                       |                                                                                                      | Type of Facility                 | (4)                                   |             |         |             |           |
| Former Pharmaceutical B                                                  | uilding            |                           |                 |                           |                       |                                                                                                      | School (K-12                     |                                       | ١           |         |             |           |
| Street Address                                                           |                    |                           |                 |                           |                       |                                                                                                      |                                  | 3 (Other than K-12) rivate and commer |             | uilding | gs,         |           |
| 700 Union Blvd.                                                          |                    |                           |                 |                           |                       |                                                                                                      | homes, etc.)                     |                                       |             |         | 50."        |           |
| City (5)                                                                 |                    |                           |                 |                           |                       |                                                                                                      | Square Feet                      | # of Floors                           | В           | ldg. A  | ge          |           |
| Totowa, NJ 07512                                                         |                    |                           |                 |                           |                       |                                                                                                      |                                  |                                       |             |         |             |           |
| County (6)                                                               |                    |                           |                 | Cou                       | nty Code (7           | 7)(STATE USE ONLY)                                                                                   |                                  | ior if being demolis                  | hed)        |         |             |           |
| Passaic                                                                  |                    |                           |                 |                           |                       |                                                                                                      | Private Buil                     |                                       |             |         |             |           |
| Name of Monitoring Firm Hired by                                         | / Building         | Owner                     | (8)             | ASCM                      | 500000000             | Name of Abateme                                                                                      | . ,                              |                                       |             |         |             |           |
| Detail Associates, Inc.                                                  |                    |                           |                 | 16-0                      | 0085                  | AbateTech, I                                                                                         | nc.                              |                                       |             |         |             |           |
| Street Address                                                           |                    |                           |                 |                           |                       | Street Address                                                                                       | DO D 05                          |                                       |             |         |             |           |
| 300 Grand Avenue                                                         |                    | -                         |                 |                           |                       | 30 Maple Ave                                                                                         |                                  |                                       |             |         |             |           |
| City, State, Zip Code<br>Englewood, NJ 07631                             |                    |                           |                 |                           |                       | City, State, Zip Co                                                                                  |                                  |                                       |             |         |             |           |
| Project Manager for Monitoring Fi                                        | rm                 |                           | Tal             | ephone                    | No                    | Telephone No.                                                                                        | 13 00040                         | License No.                           |             |         |             |           |
| Stephen Jaraczewski                                                      | 1111               |                           |                 | 01-569                    |                       | 609-265-2107                                                                                         |                                  | 00529                                 |             |         |             |           |
| Start Date (10)                                                          | Sched              | duled C                   | 0               | etion Da                  |                       | Name of OSHA M                                                                                       |                                  | 00020                                 |             |         |             |           |
| 6 / 19 / 17                                                              |                    |                           |                 |                           | 17                    | EMSL Analyti                                                                                         |                                  |                                       |             |         |             |           |
| Occupancy Status During Abatem                                           | 교생님이 아니는 아이는 것이다.  |                           |                 |                           |                       | Street Address                                                                                       |                                  |                                       |             |         |             |           |
| ☐ Facility Closed/Vacated During                                         |                    |                           |                 |                           |                       | 200 Route 13                                                                                         |                                  |                                       |             |         |             |           |
| Abatement Performed Outside Time of Abatement:AM                         |                    | The state of the state of | 0.000           |                           |                       | City, State, Zip Co                                                                                  |                                  |                                       |             |         |             |           |
|                                                                          |                    |                           | _               |                           | •                     | Cinnaminson                                                                                          | , NJ 08077                       |                                       |             |         |             |           |
| Scope of Work (Check all that app  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf     | ly)                | ⊠ Re                      | novat<br>moliti |                           |                       | Mini-Encl     Glovebag                                                                               | Procedure                        | ative Pressure                        | e           |         |             |           |
|                                                                          |                    | Is                        | Loca            | tion                      |                       |                                                                                                      |                                  |                                       | Ab          | atem    | ent T       | уре       |
| Location of Asbestos-Containing Material ( TO BE ABATED IN Facility (13) | ACM)               | Use<br>Ma                 | intena          | ely by<br>ance/<br>Staff? |                       | Description of<br>stos Containing Mat<br>, thermal systems i<br>surfacing, VAT,<br>other miscellaned | terial (ACM)<br>nsulation,<br>or | Amount<br>(Specify<br>SF or LF)       | Removal     | Repair  | Encapsulate | Enclosure |
| Throughout                                                               |                    |                           |                 |                           | Elbows                |                                                                                                      |                                  | 1,000 total                           |             |         | П           | П         |
| Atrium Area                                                              |                    |                           |                 |                           | Plaster               |                                                                                                      |                                  | 5,000 SF                              |             |         |             |           |
| 1st Floor                                                                |                    |                           |                 |                           | Single L              | ayer Floor tile 8                                                                                    | Mastic                           | 7,810 SF                              |             |         |             |           |
| 2 <sup>nd</sup> Floor                                                    |                    |                           | П               |                           |                       | Layer Floor tile                                                                                     |                                  | 7,875 SF                              |             |         | П           | П         |
| Name of Registered Waste Hauler<br>Service Transport                     | 7                  |                           | 11 135.00       | IJDEP V<br>lauler ID      | Waste<br>D No.        | Cubic Yards of<br>Waste<br>40                                                                        | Name of Regist                   | tered Landfill                        | 1-          |         |             |           |
| City, State New Castle, DE                                               |                    |                           |                 |                           |                       | Disposal Date<br>8/11/17                                                                             | City, State<br>Tullytown,        | ΡΔ                                    |             |         |             |           |
| Completed By (Print or Type)                                             | Title              | 1                         |                 |                           |                       | Signature                                                                                            | A                                | Dat                                   | te .        |         |             |           |

Gwendolyn Trumbetti

**Operations Coordinator** 

| N.                                                    |             |          |         |                                         |                | State of N                  |         |                                  |                           | MEG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | F                       | 1      | V/ [        | E         |
|-------------------------------------------------------|-------------|----------|---------|-----------------------------------------|----------------|-----------------------------|---------|----------------------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------|-------------|-----------|
| 140307,C                                              | 1308        | ,9       | NO      |                                         |                |                             |         | STOS ABA<br>8:60 and 5:1         |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | L                       | Ų      | <u>V</u> L  |           |
| Date of Notification (1)                              |             |          |         |                                         | Nan            | ne of Buildir               | ng O    | wner/Operator                    | (2)                       | III LI AUG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | - 1                     | 21     | )1/         |           |
| 7 / _                                                 | 27 /        | 1        | 7       |                                         |                |                             | 700     | Union LLC                        | / Job #1704-              | 5141 Check#93                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 07 8                    | § 93   | 08,         | 9309      |
| Agencies Notified                                     | Type Noti   | fication |         | 15-22                                   |                | et Address                  |         |                                  |                           | ACDECTO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 10 C                    | ONI    | TOO.        | 1 0       |
| ⊠ EPA                                                 | ☐ Initial   |          |         |                                         |                | 2 Maple Av                  | ve.     |                                  |                           | ASBESTO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | JS C                    |        |             | La        |
| ☑ DOLWD                                               |             | 2        |         |                                         |                | , State, Zip (              |         | e                                |                           | Land Company of the C | Francisco Communication | 2.11   |             |           |
| ☑ DHSS                                                | Amend       |          |         |                                         | - 1            | orristown                   |         |                                  |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |        |             |           |
| DCA                                                   | ☐ Emerge    |          | ncludir | ng                                      |                | ne of Contac                |         | 3 07300                          |                           | Telephone Num                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | hor                     |        | -           |           |
| (NJAC 5:23-8)                                         | Cancel      |          |         |                                         | 200            | oon Lee                     | J.      |                                  |                           | 1 I Alannana Killin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                         |        |             |           |
|                                                       | _ Caricei   | iation   |         |                                         |                |                             |         | -                                |                           | 4 = ====                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         |        |             |           |
|                                                       |             |          | -       |                                         | F/             | ACILITY IN                  | VFO     | RMATION                          |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |        |             |           |
| Name of Facility Where Al                             |             |          | g Plac  | e (3)                                   |                |                             |         |                                  | Type of Facility          | . # . #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         |        |             |           |
| Former Pharmaceut                                     | ical Build  | ling     |         |                                         |                |                             |         |                                  | School (K-1               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ١.                      |        |             |           |
| Street Address                                        |             |          |         | 4.5                                     |                |                             |         |                                  |                           | 8 (Other than K-12<br>private and commen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         | uildin | as.         |           |
| 700 Union Blvd.                                       |             |          |         |                                         |                |                             |         |                                  | homes, etc.               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |        | 3-1         |           |
| City (5)                                              |             |          | 10-     |                                         |                |                             |         |                                  | Square Feet               | # of Floors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | В                       | ldg. A | ge          |           |
| Totowa, NJ 07512                                      |             |          |         |                                         |                |                             |         |                                  |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |        |             |           |
| County (6)                                            |             |          |         |                                         | Cou            | inty Code (7                | )(ST    | ATE USE ONLY)                    | Current Use (P            | rior if being demolis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | hed)                    |        |             |           |
| Passaic                                               |             |          |         |                                         |                |                             |         |                                  | Private Bui               | lding                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 200000                  |        |             |           |
| Name of Monitoring Firm H                             | lired by Bu | ilding ( | Owner   | (8)                                     | ASCN           | 1 No.                       | Na      | ame of Abateme                   | ent Contractor (9         | )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                         |        |             |           |
| Detail Associates, In                                 |             |          |         | •                                       |                |                             | 100     | AbateTech, I                     |                           | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                         |        |             |           |
| Street Address                                        |             |          | -       |                                         |                |                             |         | reet Address                     |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |        |             |           |
| 300 Grand Avenue                                      |             |          |         |                                         |                |                             |         | 30 Maple Ave                     | PO Box 25                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |        |             |           |
| City, State, Zip Code                                 |             |          | 91      |                                         |                |                             | Mary di | ty, State, Zip Co                |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                       |        | _           |           |
| Englewood, NJ 0763                                    | 1           |          |         |                                         |                |                             | 1       | Lumberton, N                     |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |        |             |           |
| Project Manager for Monito                            |             |          |         | Tal                                     | ephone         | No                          |         |                                  | 43 00040                  | I innana Na                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                         |        |             |           |
| Stephen Jaraczewsk                                    |             |          |         | 1000                                    |                | 9-6708                      | 100000  | lephone No.<br>609-265-2107      |                           | License No.<br>00529                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |        |             |           |
| Start Date (10)                                       |             | Sahad    | ulad C  |                                         | Market Section | ate (11)                    |         | me of OSHA M                     |                           | 00529                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |        |             |           |
| 6 / 19 /                                              |             |          |         |                                         |                | 17                          | 7/2/    | EMSL Analyti                     | ar de                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |        |             |           |
|                                                       |             |          | -       |                                         | <u>-</u> '     |                             |         |                                  | Cai                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |        |             |           |
| Occupancy Status During A                             |             | •        |         |                                         |                |                             |         | eet Address                      |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |        |             |           |
| □ Facility Closed/Vacated     □ Abatement Performed C |             |          |         |                                         |                | a oribo                     |         | 200 Route 13                     | TO THE PROPERTY.          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |        |             |           |
| Time of Abatement:                                    | AM-         | PN       | M/      | PM                                      | -<br>-         | AM                          | 12.3    | y, State, Zip Co                 |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |        |             |           |
|                                                       |             |          |         |                                         |                |                             | (       | Cinnaminson                      | , NJ 08077                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |        |             |           |
| Scope of Work (Check all the                          | nat apply)  |          |         |                                         |                |                             |         | □ Eull Cont                      | oinmont with No.          | rativo Propouro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |        |             |           |
| ≥3 sf or ≥3 lf                                        |             |          | ⊠ Re    | novat                                   | ion            |                             |         | Mini-Encl                        | ainment with Neç<br>osure | jalive Pressure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |        |             |           |
| ≥160 sf or ≥260 lf                                    |             |          | ☐ De    | moliti                                  | on             |                             |         | ⊠ Glovebag                       | Procedure                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |        |             |           |
|                                                       |             |          |         |                                         |                |                             |         |                                  | npted (*) and No          | n-Friable Procedur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _                       |        |             |           |
| 1                                                     |             |          |         | Loca<br>Iorma                           |                |                             |         |                                  |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Ab                      | atem   | ent T       | уре       |
| Location of<br>Asbestos-Containing Ma                 |             | 1)       |         |                                         | ely by         | Achae                       | toe     | Description of<br>Containing Mat |                           | Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Re                      | Re     | ᄧ           | E         |
| TO BE ABATE                                           |             |          |         | intena                                  |                |                             |         | ermal systems in                 |                           | (Specify                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Removal                 | Repair | cap         | Enclosure |
| IN Facility                                           |             |          | Cust    | odial<br>(12)                           | Staff?         |                             |         | surfacing, VAT,                  |                           | SF or LF)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | val                     |        | Encapsulate | sure      |
| (13)                                                  |             |          | Yes     | No                                      | N/A            | 1                           | Oth     | her miscellaned                  | ous)                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |        | ate         |           |
| Hallway                                               |             |          |         |                                         | N/A            | Pipe Ins                    | ula     | tion                             |                           | 900 LF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                         | П      | П           | П         |
| 1st Floor Mechanical Ro                               | om          |          |         |                                         |                | Tank Ins                    |         |                                  |                           | 250 SF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                         |        |             |           |
| Office attached to Atriu                              | m           |          |         |                                         |                | Plaster 0                   | Ceil    | ing                              |                           | 300 SF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                         |        |             |           |
| Cafeteria                                             |             |          | П       | П                                       |                | Triple la                   | ver     | floor tile & n                   | nastic                    | 1,820 SF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         | П      | П           | П         |
| Name of Registered Waste I                            | Hauler      |          |         | TN                                      | JDEP V         |                             |         | oic Yards of                     | Name of Regis             | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1-3                     |        |             | _         |
| Service Transport                                     |             |          |         | 10000                                   | lauler II      | No.                         | Was     | ste                              | G.R.O.W.S                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |        |             |           |
| City, State                                           |             |          |         |                                         | 20990          |                             | 4       |                                  |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |        |             |           |
| New Castle, DE                                        |             |          |         |                                         |                |                             |         | posal Date<br>/31/17             | City, State               | DΛ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |        |             |           |
|                                                       | ,           | T        |         |                                         |                |                             | 11      |                                  | Tullytown,                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |        |             |           |
| Completed By (Print or Type                           | )           | Title    |         | 000000000000000000000000000000000000000 |                | V College of each attention |         | Signature                        | 2.1A                      | Dat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | e                       | 7      | 1-          |           |
| Gwendolyn Trumbetti                                   |             | Op       | erati   | ons (                                   | Coord          | nator                       |         | 1 1 -                            | MW                        | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 117                     | 111    | 11          |           |

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| 4907,93                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 8,9              | 30               | G            |              |                  |                | SBESTOS ABA<br>AC 8:60 and 5:        |                                | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             | 201          | _,          |           |
| Date of Notification (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1 '              |                  | 1            |              | Nan              | ne of Buildi   | ng Owner/Operator                    | (2)                            | J L AUG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | -1          | 201          | 1           | Jen       |
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| Agencies Notified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Type Notifi      | ication          |              |              | Stre             | et Address     |                                      | 1                              | ASBESTUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |              | IUL         | Č.        |
| ⊠ EPA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ☐ Initial        | eror <b>a</b> er |              |              | 2:               | 2 Maple A      | ve.                                  | 1                              | LICE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | IVOI        | NG           | -           | -         |
| ☑ DOLWD<br>☑ DHSS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Amenda<br>Amenda |                  | 1            |              | City             | State, Zip     | Code                                 |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |              |             |           |
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| (NJAC 5:23-8)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | justifica        |                  | Gluuiri      | y            | Nan              | ne of Conta    | ct                                   |                                | Telephone Numb                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | per         |              |             |           |
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| Name of Facility Where A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | batement is      | Taking           | Place        | e (3)        |                  |                |                                      | Type of Facility               | (4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |              |             |           |
| Former Pharmaceut                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |                  | *15 15550    | - 1-7        |                  |                |                                      | ☐ School (K-12                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |              |             |           |
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| Totowa, NJ 07512                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                  |              | 0.01000      |                  |                |                                      |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |              |             |           |
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| Passaic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                  |              |              |                  |                |                                      | Private Buil                   | ding                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |              |             |           |
| Name of Monitoring Firm I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | lired by Bui     | ilding O         | wner         | (8)          | ASCN             | I No.          | Name of Abatem                       | ent Contractor (9)             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |              |             |           |
| Detail Associates, In                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ic.              |                  |              |              |                  |                | AbateTech, I                         | nc.                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |              |             |           |
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| 300 Grand Avenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                  |              |              |                  |                | 30 Maple Ave                         | e. PO Box 25                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |              |             |           |
| City, State, Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                  |              |              |                  |                | City, State, Zip C                   |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |              |             |           |
| Englewood, NJ 0763                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 1                |                  |              |              |                  |                | Lumberton, I                         |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |              |             |           |
| Project Manager for Monito                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                  |              | Tre          | lephone          | No             | Telephone No.                        |                                | License No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |              |             | _         |
| Stephen Jaraczewsk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |                  |              | 1 6          |                  | 9-6708         | 609-265-2107                         | ,                              | 00529                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |              |             |           |
| Start Date (10)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | · ·              | Cohod            | ilad C       | - 69         | March 111 (1977) |                | Name of OSHA N                       |                                | 00323                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |              |             |           |
| 6 /19 / _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | - 1              |                  |              |              |                  | ate (11)<br>17 | EMSL Analyt                          |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |              |             |           |
| Occupancy Status During A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Abatement (      | (Check           | only o       | one)         |                  |                | Street Address                       |                                | The second second                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |              |             |           |
| □ Facility Closed/Vacated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | During Ent       | ire Peri         | od of        | Abat         | ement            |                | 200 Route 13                         | 0 North                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |              |             |           |
| Abatement Performed C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Outside of N     | lormal F         | acility      | у Но         | urs - De         | scribe         | City, State, Zip Co                  | ode                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |              |             |           |
| Time of Abatement:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | AM               | PM               | /            | _PI          | Л                | _AM            | Cinnaminsor                          |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |              |             |           |
| Scope of Work (Check all to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | nat apply)       | ***              |              |              |                  |                |                                      | ,                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |              |             |           |
| <ul> <li>≥3 sf or ≥3 if</li> <li>≥160 sf or ≥260 if</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  | Į<br>į           | ⊠ Re<br>□ De | nova<br>moli |                  |                | Mini-Enc     Gloveba                 | g Procedure                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |              |             |           |
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| (13) —                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |                  | Yes          | No           |                  |                | other miscellane                     | ous)                           | The state of the s |             |              | ite         |           |
| Sehind Auditorium                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |                  |              |              |                  | Floor ti       | le                                   |                                | 532 SF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | $\boxtimes$ |              | D           |           |
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| representative of the second o |                  | ****             |              | П            |                  | -              | The second                           |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | П            | П           | Г         |
| lame of Registered Waste                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Hauler           |                  | _            |              | NJDEP            | Waste          | Cubic Yards of                       | Name of Regist                 | tered Landfill                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |             |              |             | _         |
| Service Transport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | . Judioi         |                  |              |              | Hauler I         | D No.          | Waste 40                             | G.R.O.W.S.                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |              |             |           |
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| New Castle, DE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                  |              |              |                  |                | 7/31/17                              | Tullytown,                     | PA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |             |           |
| Completed By (Print or Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | e)               | Title            |              |              |                  |                | Signature                            | 1                              | Dat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | е.          |              | 4           |           |
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| Agencies Notified  EPA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Type Notific | ation    |        |               |                      | t Address<br>Stierli C | `our                                    |                                 |                              | ASBEST              | OS C        | ON     | TRO         | <br>L &   |
| ⊠ DOLWD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ☐ IIIIIdai   | d        |        |               | 27,000               | Weight State of        |                                         |                                 |                              | LIC                 | DENS        | SINC   | 1           |           |
| ☑ DOEWD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Amendm       |          |        |               |                      | State, Zip (           |                                         |                                 |                              |                     |             |        |             |           |
| DCA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ☐ Emerger    |          | uding  | ĺ.            | 10000000             | Arlingto               |                                         | J 0/856                         |                              |                     |             |        |             |           |
| (NJAC 5:23-8)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | justificati  |          |        |               | 1                    | of Contac              |                                         |                                 |                              | Telephone Numb      | er          |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Cancella   | tion     |        |               |                      | rt Appesi              |                                         |                                 |                              |                     |             |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |          |        | (0)           | FA                   | CILITY IN              | IFOF                                    | RMATION                         | T                            | 4)                  |             |        |             |           |
| Name of Facility Where A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              | Taking F | Place  | (3)           |                      |                        |                                         |                                 | Type of Facility (           | 20.40               |             |        |             |           |
| NJ DOT Route 78 &                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Route 22     |          |        |               |                      |                        |                                         |                                 | School (K-12)                | (Other than K-12)   | į           |        |             |           |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |          |        |               |                      |                        |                                         |                                 | Other (i.e., pr              | ivate and commer    | cial bu     | ilding | IS,         |           |
| 334 Frelinghuysen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Avenue       |          |        |               |                      |                        |                                         |                                 | homes, etc.)                 | # of Floors         | BI          | dg. A  | 70          | _         |
| City (5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |          |        |               |                      |                        |                                         |                                 | Square Feet                  | # OI FIGOIS         | DI          | uy. A  | ge.         |           |
| Newark, NJ 07114                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |          |        |               | 10                   | L 0-1-7                | VOTA                                    | TE LICE ONLY                    | Current Hee /Bris            | as if boing domolis | had)        |        |             | _         |
| County (6)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |          |        |               | Cour                 | ity Code (/            | )(SIA                                   | TE USE ONLY)                    | Current Use (Pric            | or if being demolis | ieu)        |        |             |           |
| Essex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              | " 0      |        | 2) [          | 10011                | N.                     | 1                                       | - f Al t                        |                              |                     |             |        |             |           |
| Name of Monitoring Firm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |              |          | ner (  | 8)            | ASCM                 | No.                    |                                         |                                 | ent Contractor (9)           |                     |             |        |             |           |
| Environmental Con                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | nection, inc | c        |        |               |                      |                        |                                         | bateTech, I                     | nc.                          |                     |             |        |             |           |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ·            |          |        |               |                      |                        |                                         |                                 | e. PO Box 25                 |                     |             |        |             |           |
| 120 North Warren S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | treet        |          |        |               |                      |                        |                                         | , State, Zip Co                 |                              |                     |             |        |             |           |
| City, State, Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |          |        |               |                      |                        |                                         | umberton, i                     |                              |                     |             |        |             |           |
| Trenton, NJ 08608 Project Manager for Monit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | toring Firm  |          |        | Tolo          | phone                | No                     |                                         | ephone No.                      | 45 00040                     | License No.         |             |        |             | _         |
| Steve Mania                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | toring Firm  |          |        |               | 9-392                |                        | 200                                     | 09-265-2107                     |                              | 00529               |             |        |             |           |
| Start Date (10)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Ts           | Schedule | ed Co  |               |                      | 1                      |                                         | ne of OSHA M                    |                              |                     |             |        |             | _         |
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| Occupancy Status During                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Abatement (0 | Check o  | nly o  | ne)           |                      | /                      | Stre                                    | eet Address                     |                              |                     |             |        |             |           |
| ☐ Facility Closed/Vacate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |          |        |               |                      |                        | 2                                       | 00 Route 13                     | 0 North                      |                     |             |        |             |           |
| Abatement Performed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |          |        |               |                      |                        | City                                    | , State, Zip Co                 | ode                          |                     | . 901       |        |             |           |
| Time of Abatement:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | AM           | PM/_     |        | _PIVI-        |                      | AIVI                   | C                                       | innaminsor                      | ı, NJ 08077                  |                     |             |        |             |           |
| Scope of Work (Check all                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | that apply)  |          |        |               |                      |                        |                                         | П г. п О                        | Latinara de Ciddo Nigo       | etive Drocoure      |             |        |             |           |
| ☐ >3 sf or >3 lf                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              | ×        | 7 Rer  | novati        | on                   |                        |                                         | ☐ Mini-Enc                      | tainment with Neg-<br>losure | alive Fressure      |             |        |             |           |
| ≥160 sf or ≥260 lf                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |          |        | nolitio       |                      |                        |                                         | Gloveba                         | g Procedure                  | E' II D             |             |        |             |           |
| DE PERSONAL PRINCIPAL PRIN |              |          |        |               |                      |                        |                                         | Non-Exe                         | mpted (*) and Nor            | n-Friable Procedur  |             |        |             |           |
| 400 C 200 C 24 C C C C C C C C C C C C C C C C C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _            |          |        | Locat<br>orma |                      |                        |                                         | D                               |                              |                     | Ab          | 1      | ent Ty      |           |
| Location of Asbestos-Containing N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              | 0        |        |               | ely by               | Ashe                   | stos (                                  | Description of<br>Containing Ma |                              | Amount              | Rer         | Repair | Encapsulate | Enclosure |
| TO BE ABA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |          |        | ntena         |                      |                        | ., the                                  | mal systems                     | insulation,                  | (Specify            | Removal     | air    | aps         | losi      |
| IN Facility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | У            |          | Cust   | (12)          | Staff?               |                        |                                         | urfacing, VAT<br>ner miscellane |                              | SF or LF)           | <u>a</u>    |        | ula         | l'e       |
| (13)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              | 7        | res    | No            | N/A                  | 1                      | Oti                                     | iei miscenarie                  | ous)                         |                     |             |        | 9           |           |
| Exterior                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              | Г        | 7      |               |                      | Contam                 | inat                                    | ed Debris                       |                              | 320,000 SF          | $\boxtimes$ |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |          | -      |               |                      |                        |                                         |                                 |                              | 2102                |             | П      | П           | П         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |          |        |               | -                    |                        |                                         |                                 |                              |                     |             |        | П           |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |          |        |               |                      |                        |                                         |                                 |                              |                     |             |        |             |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |          |        |               |                      |                        |                                         |                                 |                              |                     |             |        | Ш           |           |
| Name of Registered Wast                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | e Hauler     |          |        | 0.000         | IJDEP \<br>lauler II |                        | Cub<br>  Was                            | oic Yards of                    | Name of Regist               |                     |             |        |             |           |
| Cemco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |          |        | 1             | Jacob II             |                        | 41                                      | 0                               | G.R.O.W.S.                   | Landilli            |             |        |             |           |
| City, State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |          |        |               |                      |                        | 1                                       | oosal Date                      | City, State                  | D.A.                |             |        |             |           |
| Hainesport, NJ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |          |        |               |                      |                        | 1                                       | 8/31/17                         | Tullytown,                   |                     |             |        |             |           |
| Completed By (Print or Ty                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              | Title    |        |               |                      |                        |                                         | Signature                       | 11                           |                     | ite         | . 1 .  | -           |           |
| Gwendolyn Trumbe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | tti          | Ope      | eratio | ons (         | Coord                | inator                 |                                         | M                               | MA                           |                     | 12-         |        | 1           | 5.7       |

ASB-41 MAY 11

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

|                                                                                               |                     |                                    |                            |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                | _                                       |                            |            |              | Р              | rint F    |
|-----------------------------------------------------------------------------------------------|---------------------|------------------------------------|----------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------------------------------------------------------|-----------------------------------------|----------------------------|------------|--------------|----------------|-----------|
| 104 2378 000384                                                                               | 18 N                | (Pu                                | II Suant                   | of New Jer<br>OF ASBESTO<br>to NJAC 8:60 | S ABATE<br>and 12:120                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0)                        | r                                                              | Research to the second second second    |                            | G          | E            |                | V [       |
| Date of Notification (1)<br>07/28/2017                                                        |                     |                                    |                            | Building Owne<br>Plianfield Bo           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (2)                       |                                                                | -                                       |                            | AUG        | -            | 1 20           | )1/       |
| Agencies Notified Type Notification  EPA Initial                                              |                     |                                    | Street Ad<br>125 ja        | ddress<br>ckson ave                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                | C) Annual and                           | AS                         | BEST       |              | CON            |           |
| X EPA X Initial Amended Amendment                                                             | #                   | - 1                                |                            | te, Zip Code<br>Plainfield N             | J                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                                                                |                                         |                            | Li         | UEIN         | SHAR           |           |
| DOH justification)  DCA Cancellation                                                          | including           | 1                                  |                            | Contact<br>Viggins                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                | Tel                                     | enhone l                   | Numhe      | r            |                |           |
| _ BOA Carrocilation                                                                           |                     |                                    |                            | LITY INFORMA                             | TION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           |                                                                |                                         |                            |            |              |                |           |
| Name of Facility Where Abatement is Taking<br>HIgh School<br>Street Address                   | g Place (3)         |                                    |                            |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Тур                       | e of Facility (<br>School (K-1<br>Subchapter                   | 2)                                      | er than k                  | (-12)      |              |                |           |
| 200 Lake Street                                                                               |                     |                                    |                            |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | Other (i.e. p                                                  | rivate                                  | & comme                    | ercial bu  | uilding      | s, hon         | ies,      |
| City (5)<br>South Plainfield                                                                  |                     |                                    |                            |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Squ<br>N/A                | are Feet<br>\                                                  | # o                                     | f Floors<br>A              |            | Bldg.<br>N/A | Age            |           |
| County (6)<br>Middlesex                                                                       |                     |                                    | County C                   | Code (7) USE ONLY)                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | rent Use (Prid<br>hool                                         | or if bei                               | ng demo                    | olished)   |              |                |           |
| Name of Monitoring Firm Hired by Building ( Omega Enviromental Services                       | Owner (8)           |                                    | ASCM<br>0012               |                                          | 783000000000000000000000000000000000000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           | atement Cor                                                    |                                         | STORIU                     |            |              |                |           |
| Street Address<br>208 Huyler Street                                                           |                     |                                    |                            |                                          | Street<br>89 fr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | ess<br>in Street                                               |                                         |                            |            |              |                |           |
| City, State, Zip Code                                                                         |                     |                                    |                            |                                          | City, S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | state,                    | Zip Code                                                       |                                         |                            |            |              |                |           |
| South Hackensack Project Manager for Monitoring Firm                                          |                     |                                    | Telephor                   | ne No                                    | Pate<br>Teleph                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Ago as been               | ,NJ 07524                                                      |                                         | License                    | e No.      |              |                |           |
| Geiser Fajardo                                                                                |                     |                                    | 201-72                     | 24-8135                                  | 973-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 333-                      | 5144                                                           |                                         | 01274                      |            |              |                |           |
| Start Date (10)<br>08/06/2017                                                                 | Schedule<br>08/15/2 |                                    | ipletion L                 | Jate (11)                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | SHA Monitor<br>ATEMENT                                         | LLC                                     |                            |            |              |                |           |
| Occupancy Status During Abatement (Chec                                                       |                     |                                    |                            |                                          | Street<br>89 F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           | ess<br>Iin Street                                              |                                         |                            |            |              |                |           |
| Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: |                     |                                    |                            |                                          | 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           | Zip Code<br>1,NJ,07524                                         |                                         | -                          |            |              |                |           |
| Scope of Work (Check All That Apply)                                                          |                     |                                    | -                          |                                          | rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1301                      | 1,140,0702-                                                    |                                         |                            |            |              |                |           |
| ≥3 sf or ≥3 lf<br>× ≥160 sf or ≥260 lf                                                        | 202                 | enovat<br>emoliti                  |                            |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | M<br>G                    | ull Containme<br>lini-Enclosure<br>lovebag Prod<br>on-Exempted | e<br>edure                              |                            |            |              | ıre            |           |
|                                                                                               |                     | Location                           |                            |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | GII ZXGIIIpto                                                  | , ( ) a                                 | 3 11011 1                  |            | Aba          | itemer<br>Type | nt        |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)                  | Used<br>Mair        | Solel<br>ntenar<br>odial S<br>(12) | y by<br>nce/               | Asbestos C<br>(i.e. thern                | Description ontaining National system of the contraction of the contra | Materi<br>s insu<br>T, or | lation,                                                        | (8                                      | mount<br>Specify<br>or LF) | Zeriova    | Repair       | Encapsulate    | Enclosure |
|                                                                                               | Yes                 | No                                 | N/A                        |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                | 4.0                                     | 2225                       |            |              | te             | (D        |
| ROOM 102                                                                                      |                     | X                                  |                            | VA                                       | T & MAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STIC                      |                                                                | 19                                      | 00SF                       | X          |              |                | 1         |
|                                                                                               |                     |                                    |                            |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                |                                         |                            |            |              |                |           |
| lame of Registered Waste Hauler RI STATE TRANSFER/JIM Byrne                                   |                     | Н                                  | JDEP W<br>auler ID<br>9551 |                                          | oic Yards<br>Vaste                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           | Name of MINER                                                  | 000000000000000000000000000000000000000 |                            |            | S            |                |           |
| Sity, State 199 RANDALL AVE BRONX NY                                                          |                     | 13                                 | 0001                       | 100                                      | posal Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 10                        | City, Stat                                                     |                                         | 'A RD \                    | WAYN       | VESE         | URG            | O -       |
| Completed by //ICTOR ESPIRITU                                                                 | Title               | JECT                               | MANE                       |                                          | Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1                         | C 11/                                                          | (Ya)                                    | /                          | Date 07/28 |              |                |           |

|                                         | Jh 35                                                                  | 99                           | 1         |                                                    | CATION             | ate of New Jerse<br>OF ASBESTOS<br>to NJAC 8:60 ar | ABATE                                                      |                                 |                                                   |             | EC                           |                             | $\mathbb{V}$ | E               |           |
|-----------------------------------------|------------------------------------------------------------------------|------------------------------|-----------|----------------------------------------------------|--------------------|----------------------------------------------------|------------------------------------------------------------|---------------------------------|---------------------------------------------------|-------------|------------------------------|-----------------------------|--------------|-----------------|-----------|
|                                         | e of Notification (1)                                                  | Type Notification            |           |                                                    | NJ De<br>Street A  |                                                    | uman                                                       | Service                         | es                                                |             | AUG                          | ; -1                        | 201          | 7               |           |
|                                         | EPA                                                                    | Initial                      |           |                                                    | 23002/01/0-0 01/10 | arren St PO E                                      | 30x 700                                                    | 0                               |                                                   | /           | SBEST                        |                             |              | <del>10</del> L | &         |
| 1                                       | DEP                                                                    | Amended Amendment #          |           | 100                                                |                    | n, NJ 08625-                                       | 0700                                                       |                                 |                                                   |             | LI                           | CENS                        | NG           |                 |           |
|                                         | DOH                                                                    | Emergency (ii justification) | ncluding  |                                                    |                    | Contact                                            |                                                            |                                 |                                                   | Tele        | ephone N                     | umber                       |              |                 |           |
|                                         | DCA                                                                    | Cancellation                 | 4         |                                                    | S15-7/15/15/15     | /ardencki                                          | 101                                                        |                                 |                                                   | 1           |                              |                             |              |                 |           |
| Nan                                     | ne of Facility Where                                                   | Abatement is Taking          | Place (3  | 3)                                                 | FACI               | LITY INFORMAT                                      | ION                                                        | Туре                            | of Facility (                                     | (4)         |                              |                             |              |                 |           |
| Gr                                      | eystone State He                                                       | ospital                      |           |                                                    |                    | 2000-2000-00-00-00-00-00-00-00-00-00-00-           |                                                            |                                 | School (K-1                                       |             |                              |                             |              |                 |           |
| 5                                       | et Address<br>Koch Rd Trailer                                          | - #21 9 22                   |           |                                                    |                    |                                                    |                                                            |                                 | Subchapter<br>Other (i.e. p                       |             |                              |                             | lings,       | home            | es,       |
| City                                    |                                                                        | S #21 & 23                   |           |                                                    |                    |                                                    |                                                            | e                               | tc.)<br>e Feet                                    |             | Floors                       | 200-190 (CP) (CP) (CP) (CP) | ldg. A       |                 |           |
| 1000000                                 | orris Plains                                                           |                              |           |                                                    |                    |                                                    |                                                            | 2452                            |                                                   | 1           | 1 10013                      | 1000                        | 0++          | gc              |           |
|                                         | unty (6)<br>orris                                                      |                              | *         |                                                    |                    | Code (7)  JSE ONLY)                                |                                                            | Currer                          | nt Use (Pri                                       | or if bei   | ng demolis                   | shed)                       |              |                 |           |
|                                         | ne of Monitoring Firm<br>ott McDonald                                  | Hired by Building O          | wner (8)  |                                                    | ASCM               | 1 No.                                              | -                                                          |                                 | ement Cor<br>Environn                             |             |                              | s, Inc.                     |              |                 |           |
| 000000000000000000000000000000000000000 | eet Address<br>1 Wood Ave. So                                          | uth                          |           |                                                    |                    |                                                    |                                                            | t Addres<br>Kinnel              | s<br>on Rd.                                       |             |                              |                             |              |                 |           |
| 100000                                  | , State, Zip Code                                                      |                              |           |                                                    |                    |                                                    |                                                            | State, Zi                       |                                                   | _           |                              |                             |              |                 |           |
|                                         | elin, NJ<br>ject Manager for Mor                                       | nitorina Firm                |           |                                                    | Telephor           | ne No                                              |                                                            | hone No                         | NJ 0740                                           | 5           | License                      | No                          |              |                 |           |
|                                         | vin Herrihty                                                           | itoring i iiii               |           |                                                    |                    | 12-2480                                            |                                                            | -218-0                          |                                                   |             | 01                           | 27                          | 8            |                 |           |
|                                         | t Date (10)                                                            |                              |           |                                                    | pletion [          | Date (11)                                          | 0.00,441,000                                               |                                 | A Monitor                                         |             | 0                            |                             |              |                 |           |
|                                         | 11/17<br>Supancy Status Durin                                          |                              | 8/14/1    |                                                    |                    |                                                    |                                                            | nuzzi t<br>Addres               | Environn                                          | nental      | Service                      | s, Inc.                     |              |                 |           |
| П                                       |                                                                        | ated During Entire P         |           |                                                    | ent                |                                                    | 0001                                                       |                                 | on Rd.                                            |             |                              |                             |              |                 |           |
| E                                       |                                                                        | ned Outside of Norma         |           |                                                    | - T                |                                                    |                                                            | State, Zij<br>nelon, l          | o Code<br>NJ 0740                                 | 5           |                              |                             |              |                 |           |
| Sco                                     | pe of Work (Check A                                                    | II That Apply)               | M         |                                                    |                    |                                                    |                                                            |                                 |                                                   | 5           |                              |                             |              |                 |           |
| ×                                       | ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf                                   |                              |           | Renovat<br>Demoliti                                |                    |                                                    |                                                            | Min<br>Glo                      | Containm<br>i-Enclosure<br>vebag Pro<br>i-Exempte | e<br>cedure | -                            |                             |              | е               |           |
|                                         |                                                                        |                              | Is        | Location                                           | on                 |                                                    |                                                            |                                 |                                                   |             |                              |                             |              | ement<br>pe     | t         |
|                                         | Locatior<br>Asbestos-Containing<br><u>TO BE AB</u><br>In Facil<br>(13) | Material (ACM)<br>ATED       | Use<br>Ma | Normall<br>ed Solel<br>intenar<br>todial S<br>(12) | y by<br>ice/       | Asbestos Cor<br>(i.e. therma<br>surfa              | escription<br>ntaining Mal system<br>acing, VA<br>miscella | Material<br>is insula<br>AT, or | (ACM)<br>tion,                                    | (S          | mount<br>Specify<br>F or LF) | Removal                     | Repair       | Encapsulate     | Enclosure |
|                                         |                                                                        |                              | Yes       | No                                                 | N/A                |                                                    |                                                            |                                 |                                                   |             |                              |                             |              |                 |           |
|                                         | Roof Flashing                                                          |                              |           |                                                    | Х                  |                                                    | of Flash                                                   |                                 |                                                   |             | 30 SF                        | X                           |              |                 |           |
|                                         | Roof Flashing                                                          |                              |           |                                                    | Х                  |                                                    | of Flash                                                   |                                 |                                                   |             | 0 SF                         | X                           |              | _               | -         |
|                                         | Roof awning av                                                         |                              |           |                                                    | X                  |                                                    | of Flash                                                   |                                 |                                                   | _           | 0 SF                         | X                           |              |                 |           |
| Non                                     | Roof Flashing a                                                        |                              |           | I NI                                               | JDEP W             |                                                    | of Flash                                                   | hing                            | Name of                                           |             | 2 SF<br>ered Landf           | X                           |              |                 |           |
|                                         | ne of Registered Was<br>nuzzi Group, Ind                               |                              |           | 70.00                                              | auler ID           | 0000                                               |                                                            |                                 | GROW                                              | - 5         |                              | me.                         |              |                 |           |
| City                                    | , State                                                                |                              |           |                                                    | 1 1 1              |                                                    | osal Date                                                  | Э                               | City, Stat                                        |             | DΛ                           |                             |              |                 |           |
|                                         | nelon,NJ                                                               |                              | Title     | 1715-2025                                          |                    |                                                    | Signatur                                                   | é                               | Fairles                                           | S ITIIIS    |                              | Date                        |              |                 |           |
|                                         | n Mucha                                                                |                              |           | roject                                             | Mana               |                                                    | V                                                          | to                              | 1/1                                               | chu         |                              | 7/28/17                     | 7            |                 |           |

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

| Dar  | h 185<br>e of Notification (1)                                                                                   |                   | (P                                                | CATION<br>ursuant              | ate of Nev<br>I OF ASB<br>to NJAC | 8:60 and                      | ABATE<br>112:12 | 0)                                    | т                                                             |             | E (                        | 3 E              | 1           | 201           | 7 Pri       | nt F      |
|------|------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------|--------------------------------|-----------------------------------|-------------------------------|-----------------|---------------------------------------|---------------------------------------------------------------|-------------|----------------------------|------------------|-------------|---------------|-------------|-----------|
|      | 27/17                                                                                                            |                   |                                                   |                                | / Cooke                           |                               | porator         | (-)                                   |                                                               | 1           |                            |                  |             |               |             | -         |
| Age  | encies Notified Type Notification  EPA Initial                                                                   |                   |                                                   | Street A                       | ddress                            |                               |                 |                                       |                                                               | A           | SBES<br>L                  | TOS              |             |               | OL (        | &         |
| ×    | DEP Amended Amendment                                                                                            |                   |                                                   |                                | orne, N                           |                               | 6               |                                       |                                                               |             |                            |                  | G-Character |               |             |           |
| H    | DOH justification) DCA Cancellation                                                                              | 7.                |                                                   |                                | f Contact<br>/ Cooke              |                               |                 |                                       |                                                               | Tele        | ephone                     | Numb             | er          |               |             |           |
|      |                                                                                                                  |                   |                                                   | FACI                           | LITY INFO                         | ORMATI                        | ON              |                                       |                                                               | ٧           |                            |                  |             |               |             |           |
|      | me of Facility Where Abatement is Takir<br>esidential Home                                                       | g Place (3        | 3)                                                |                                |                                   |                               |                 | Тур                                   | se of Facility School (K-                                     |             |                            |                  |             |               |             |           |
| Stre | eet Address                                                                                                      | 0)                |                                                   |                                |                                   |                               |                 | ×                                     | Subchapte<br>Other (i.e. etc.)                                | r 8 (Othe   | er than I                  | K-12)<br>nercial | build       | ings,         | home        | es,       |
|      | (5)<br>awthorne                                                                                                  |                   |                                                   |                                |                                   |                               |                 | Squ<br>190                            | uare Feet                                                     | # of        | Floors                     |                  | 100.00      | dg. A<br>5+/- | ge          |           |
|      | unty (6)<br>ergen                                                                                                | ***               |                                                   |                                | Code (7)<br>USE ONLY              | )                             | _               |                                       | rrent Use (Pr<br>esidential H                                 |             | ng dem                     | olished          | 1)          |               |             |           |
|      | ne of Monitoring Firm Hired by Building oject Manager                                                            | Owner (8)         |                                                   | ASCN                           | /I No.                            |                               |                 |                                       | batement Co<br>es Abatem                                      |             | (9)                        |                  |             |               |             |           |
| Stre | eet Address                                                                                                      |                   |                                                   |                                |                                   |                               | Street<br>280   |                                       | ress<br>Midland Av                                            | е           |                            |                  |             |               |             |           |
| City | , State, Zip Code                                                                                                |                   |                                                   |                                |                                   |                               |                 |                                       | Zip Code<br>Brook, NJ (                                       | 07663       |                            |                  |             |               |             | 2 20101   |
| Pro  | ject Manager for Monitoring Firm                                                                                 | lie.              |                                                   | Telepho                        | ne No.                            |                               | Telepi<br>201-  |                                       | No.<br>-3184                                                  |             | Licens<br>0130             |                  |             |               |             |           |
|      | rt Date (10)<br>9/17                                                                                             | Schedul<br>8/14/1 |                                                   | npletion l                     | Date (11)                         |                               | Name            | of O                                  | SHA Monitor                                                   |             |                            |                  |             |               |             |           |
| Occ  | cupancy Status During Abatement (Chec                                                                            | ck Only Or        | ne)                                               |                                |                                   |                               | Street          | Addr                                  | ress                                                          |             |                            |                  |             |               |             |           |
| ×    | Facility Closed/Vacated During Entire<br>Abatement Performed Outside of Norr<br>Other – Describe: 8 A.M to 4 P.M |                   |                                                   |                                |                                   |                               | City, S         | State,                                | Zip Code                                                      |             |                            |                  |             |               |             |           |
| Sco  | pe of Work (Check All That Apply)                                                                                |                   |                                                   |                                |                                   |                               |                 |                                       |                                                               |             |                            |                  |             | -             |             |           |
| ×    | ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf                                                                             | -                 | Renova<br>Demolit                                 |                                |                                   |                               | 2               | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Full Containm<br>Mini-Enclosur<br>Glovebag Pro<br>Non-Exempte | e<br>cedure |                            |                  |             |               | •           |           |
|      |                                                                                                                  |                   | Locati                                            |                                |                                   |                               |                 |                                       | NOTI-EXEMPLE                                                  | u ( ) ain   | a NOTE                     | Habie            |             | Abate         | ement<br>pe |           |
|      | Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)                                    | Use<br>Ma         | Normal<br>ed Sole<br>aintenai<br>todial S<br>(12) | ely by<br>nce/                 |                                   | tos Cont<br>thermal<br>surfac |                 | Mater<br>s insu<br>AT, or             |                                                               | (S          | mount<br>Specify<br>or LF) |                  | Remova      | Repair        | Encapsulate | Enclosure |
|      |                                                                                                                  | Yes               | No                                                | N/A                            |                                   |                               |                 |                                       |                                                               |             |                            |                  |             |               | ite         | Ф         |
|      | Attic                                                                                                            |                   | Х                                                 |                                |                                   |                               | rmicul          |                                       |                                                               |             | 25 SF                      |                  | 2           |               |             |           |
|      | Basement                                                                                                         | +                 | Х                                                 |                                |                                   | Pip                           | oe Wra          | ap                                    |                                                               | 6           | 5 SF                       | >                | ς           |               |             |           |
| N.   | on of Decisions J.W.                                                                                             |                   |                                                   |                                |                                   | 10                            |                 |                                       |                                                               |             |                            | IC"              |             |               |             |           |
|      | ne of Registered Waste Hauler<br>Stages Abatement                                                                |                   | Н                                                 | IJDEP W<br>lauler ID<br>036592 | No.                               | of Was                        |                 |                                       | Name of<br>Grand                                              | ā           |                            |                  | an          | dfill         |             |           |
|      | , State<br>idle Brook, NJ                                                                                        |                   |                                                   |                                |                                   | Dispos                        | al Date         | 1                                     | City, Sta<br>Pen Ar                                           |             | A 1807                     | 72               |             |               |             |           |
|      | npleted by<br>nard Cristofol                                                                                     | Title<br>Pres     | ident                                             |                                |                                   | S                             | ignatur         | e //                                  | 1/                                                            | 1           |                            | Date 7/27        |             |               |             |           |

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

|                                 |                  |             |                                         | *1        | (D :1-1'-    | 0101-                           | - (0)                      | IM FI                 | 2 [       | - 1      | W           | F         |
|---------------------------------|------------------|-------------|-----------------------------------------|-----------|--------------|---------------------------------|----------------------------|-----------------------|-----------|----------|-------------|-----------|
| Date of Notification (1)        | /28/17           |             |                                         | Name      | ot Buildin   | g Owner/Operato<br>D            | r (2)<br>vivine Mercy I    |                       |           | <u> </u> | U           | 브         |
| Agencies Notified               | Type Notifica    | tion        | -                                       | Street    | Address      |                                 | Tvine Wiercy I             |                       |           | _        |             | =         |
| Agencies Notified               | Initial          | itiOII      |                                         | Olicei    | Address      | 2                               | 213 Pershing               | Ave.     A            | UG -      | - 1      | 201         | 7         |
|                                 | Amended          |             | ŀ                                       | City S    | State, Zip C |                                 |                            | 1 1                   |           |          |             | =         |
| <b>⊠</b> DOL                    | Amendme          |             | -                                       | Oity, C   | rtato, Elp C |                                 | Carteret, NJ 0             | 7008                  |           |          |             |           |
| <b>⊠</b> DOH                    | ☐ Emergeno       |             | ³                                       | Name      | of Contac    |                                 |                            | Telephone Num         | bero-     | NON      | NTR         |           |
| □ DCA                           | ☐ Ćancellati     |             |                                         | itanio    |              | . Ed Shallow                    |                            | L                     |           |          |             |           |
|                                 |                  |             |                                         | FAC       |              | ORMATION                        |                            |                       |           |          |             | _         |
| Name of Facility Where          | Abstament is T   | aking Place | (3)                                     | FAC       | JILII T INF  | ORIVIATION                      | Type of Facility           | (4)                   |           | _        |             | _         |
| Name of Facility Where          | Abatement is 1   | Church      |                                         |           |              |                                 | School (K-1)               |                       |           |          |             |           |
| Street Address                  |                  | Church      |                                         |           |              |                                 |                            | 8 (Other than K-1     | 2)        |          |             |           |
| Street Address                  | 213 [            | Pershing    | Δνα                                     |           |              |                                 |                            | rivate & commerc      | ial build | dings,   |             |           |
| City (5)                        | 2131             | Cisining    | AVC                                     | •         |              |                                 | homes, etc.<br>Square Feet | # of Floors           | TBI       | dg. A    | ae          |           |
| City (5)                        | Corto            | ret, NJ (   | 7009                                    | 2         |              |                                 | 7500                       | 2                     |           | 70       | _           |           |
| Carrata (6)                     | Carte            | iel, NJ (   | 7000                                    |           | abi Codo (   | 7) (STATE                       |                            | rior if being demoli  | shed)     | 70       | 1/-         | _         |
| County (6)                      | iddlesex         |             |                                         |           | ONLY)        | (STATE                          | Current Ose (F)            | ior il beilig derrion | Sileu)    |          |             |           |
| Name of Monitoring Firm         |                  | ing Owner   | _                                       | ASCM      |              | Name of Abater                  | ment Contractor (9         | )                     |           |          |             | =         |
| (8)                             | MECS             | ing Owner   |                                         | AGOIVI    | 140.         |                                 | vens Environi              |                       | es In     | ıc.      |             |           |
| Street Address                  | MECS             |             |                                         |           |              | Street Address                  |                            | nental belvie         | 03, 11    |          |             | _         |
| Street Address                  | PO Box           | 2/1         |                                         |           |              | Street Address                  |                            | 30x 322               |           |          |             |           |
| Oit Otata Zia Cada              | TO BOX           | 341         |                                         |           |              | City, State, Zip (              |                            | JOA 322               |           |          | -           | =         |
| City, State, Zip Code           | rosswicks, l     | VI 0851     | 5                                       |           |              | City, State, Zip (              |                            | n, NJ 08501           |           |          |             |           |
| Project Manager for Mo          |                  | 13 0051.    | -                                       | phone     | No           | Telephone No.                   | 7 Intented II              | License Ne.           |           |          |             | _         |
|                                 | eisgarber        |             | 100000000000000000000000000000000000000 |           | 8-4070       | A PARAMETER AND STOLEN STREET   | 59-9688                    |                       | 00493     | 3        |             |           |
| Alternative and the second      |                  | cheduled C  | _                                       |           |              | Name of OSHA                    |                            |                       | 00 10.    |          |             | _         |
| Start Date (10)                 | 5                |             | www.ii                                  |           | te (11)      | Name of OSHA                    |                            | ECS                   |           |          |             |           |
| 8/8/17 Occupancy Status Duri    | ing Abetement /  |             | 3/14/                                   | 1 /       |              | Street Address                  | 141                        | BCS                   |           |          |             | _         |
| ☐ Facility Closed/Vaca          |                  |             |                                         | mont      |              | Street Address                  | PO F                       | 30x 341               |           |          |             |           |
| Abatement Performe              |                  |             |                                         |           |              | City, State, Zip (              |                            | 7071 2 11             |           |          |             | _         |
| Other - Describe:               |                  |             | y i loui                                |           |              | City, State, Zip                |                            | s, NJ 08515           |           |          |             |           |
| Scope of Work (Check            |                  | ***         |                                         |           |              |                                 | CIOSSWICK                  | 3, 143 00313          |           |          |             | _         |
|                                 | all triat apply) |             |                                         |           |              | ☐ Full Co                       | ntainment with Ne          | gative Pressure       |           |          |             |           |
| ≥3 sf or ≥3 lf                  |                  |             | enovati                                 |           |              |                                 | nclosure<br>pag Procedure  |                       |           |          |             |           |
| ≥160 sf or ≥260 lf              |                  |             | emolitio                                | on        |              | Non-Ex                          | cempted (*) and No         | on-Friable Procedu    | ıre       |          |             |           |
|                                 |                  |             | Locatio                                 |           |              |                                 |                            |                       |           | bate     |             |           |
|                                 |                  |             | ormally<br>Solel                        |           |              | Description of                  |                            |                       |           | Тур      | e           |           |
| Location<br>Asbestos-Containing |                  |             | ntenan                                  |           | Asbes        | tos Containing Ma               |                            | Amount                |           |          | Ш           |           |
| TO BE ABA                       | ATED             |             | ustodia                                 | al        |              | thermal systems                 | insulation,                | (Specify              | Re        | R        | Encapsulate | Enclosure |
| IN Facili<br>(13)               | ty               | ,           | Staff?<br>(12)                          |           |              | surfacing, VAT other miscellane | , or<br>eous)              | SF or LF)             | Remova    | Repair   | nsd         | Sok       |
| (15)                            |                  |             | T                                       | Τ         | -            | outer interest                  | ,                          |                       | 2         | _        | late        | Гe        |
|                                 |                  | Yes         | No                                      | N/A       |              |                                 |                            |                       |           |          |             |           |
| Basem                           | ent              | ×           |                                         |           | Th           | ermal Pipe Ir                   | sulation                   | 130 lf                | ×         |          |             |           |
|                                 |                  |             |                                         |           |              |                                 |                            |                       |           |          |             |           |
|                                 |                  | _           |                                         |           |              |                                 |                            |                       | +         |          |             |           |
|                                 |                  | =           |                                         | -         |              |                                 |                            |                       | +         |          |             |           |
| Name of Desistant IV            | noto Hautor      |             | IN                                      | JDEP \    | Naste        | Cubic Yards                     | Name of Reg                | stered Landfill       |           |          |             | _         |
| Name of Registered W            |                  |             | l h                                     | lauler II |              | of Waste                        | I value of Neg             |                       | 10"11     |          |             |           |
| Stevens Environ                 | mental Serv      | ices, Inc   | <u>.   .</u>                            |           | 292          | 2 cu                            |                            | Fairless Lan          | atıll     |          |             | _         |
| City- State                     | 50               | U1 65255    |                                         |           |              | Disposal Date                   | City, State                | )                     |           |          |             |           |
|                                 | Allentow         | n, NJ       |                                         |           |              | 8/14/17                         |                            | Morrisville           | , PA      |          |             |           |
| Completed By                    |                  | Title       |                                         |           |              | Signature                       | /                          | Date                  | 7/2       | 0/17     |             |           |
| Mahlon E. St                    | evens            | P           | rojec                                   | t Mar     | nager        | _ ////                          | 7                          |                       | 1120      | 8/17     |             | _         |

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: 17-200 Name of Building Owner/Operator (2) Date of Notification (1) 0 7 / 2 6 / 1 7 1 MR. DORIAN VICENTE Agencies Notified Type Notification Street Address LICENSING EPA ✓ Initial Amended DEP City, State, Zip Code Amendment #: DOL FAIR LAWN, NJ 07410 Emergency (including DOH Name of Contact Telephone Number justification) DCA MR. DORIAN VICENTE Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) RESIDENCE Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) FAIR LAWN BERGEN RESIDENCE Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Telephone Number License Number Project Manager for Monitoring Firm Phone Number 973-345-8020 01169 Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. 08-07-2017 Street Address 08-08-2017 Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure Mini-enclosure > 3 sf or > 3 lf □ Renovation Glovebag procedure >160 sf or >260 lf Demolition Non-Exempted (\*) and Non-friable procedure Is location normally used solely Ε Location of E e by maintenance/custodial n Amount asbestos-containing Description of asbestos-containing n m staff(12) p C (Specify SF or material (acm) to be material (ACM) 0 C а LF) abated in facility (13) Yes No N/A p 30 LF PIPE INSULATION X BASEMENT-BOILER ROOM FAMILY ROOM PIPE INSULATION 40 LF  $\boxtimes$ NJDEP Hauler ID# Registered Waste Hauler Cubic Yards of Waste Name of Registered Landfill

BOGDAN JOLDZIC PRESIDENT

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

Title

13506

1.5 CY

Signature

08/08/2017

Disposal Date

TULLYTOWN, RESOURCE RECOVERY

Date

07-26-2017

City, State

TULLYTOWN, PA

D & S RESTORATION, INC.

PATERSON, NJ 07503

Completed by (Print or Type)

City, State

| Ch73                                 | 183                     |             | NOTI<br>(          | FICATIO                                | tate of New Jers<br>N OF ASBESTO<br>t to NJAC 8:60 a | SABATE                  | EMENT                          |                                         | G              |          |             | Print<br>V |
|--------------------------------------|-------------------------|-------------|--------------------|----------------------------------------|------------------------------------------------------|-------------------------|--------------------------------|-----------------------------------------|----------------|----------|-------------|------------|
| Date of Notification (1)             |                         |             |                    | Name                                   | of Building Owner                                    | r/Operato               | r (2)                          |                                         | AU(            | ) =      | 1 2         | 017        |
| 07/28/2017                           |                         |             |                    |                                        | haun Bean                                            |                         |                                | land hard                               |                |          |             |            |
| Agencies Notified                    | Type Notificatio        | n           |                    | Street /                               | Address                                              |                         |                                |                                         |                |          | 2011        |            |
| X EPA                                | × Initial               |             |                    |                                        |                                                      |                         |                                | ASI                                     |                | OS (     |             |            |
| DEP                                  | Amended                 |             |                    | City, St                               | ate, Zip Code                                        |                         |                                | - Vac-management                        | L              | UEN      | OHAL        | J          |
| × DOL                                | Amendme                 |             |                    |                                        | Caldwell, NJ                                         |                         |                                |                                         |                |          |             |            |
| × DOH                                | Emergency justification | y (includin | 9                  |                                        | of Contact                                           |                         |                                | Telephone N                             | ımhai          |          | -           |            |
| DCA                                  | Cancellation            |             |                    | 11120000000000000000000000000000000000 | n Bean                                               |                         |                                | relephone iv                            | uniber         |          |             |            |
|                                      | 1                       | 70          |                    |                                        | ILITY INFORMA                                        | TION                    |                                |                                         |                |          |             |            |
| Name of Facility Where               | Abatement is Tak        | ing Place   | (3)                |                                        | in the ordina                                        | 11014                   | Type of Facility               | (4)                                     |                | -        |             |            |
| Residence                            |                         |             |                    |                                        |                                                      |                         | School (K-                     | 10077                                   |                |          |             |            |
| Street Address City (5)              |                         |             |                    |                                        |                                                      |                         | Subchapte Other (i.e. etc.)    | er 8 (Other than K-<br>private & commer | 12)<br>cial bu | ıildings | s, hon      | nes,       |
| West Caldwell, N.                    | I.                      |             |                    |                                        |                                                      |                         | Square Feet                    | # of Floors                             |                | Bldg.    | Age         |            |
| 7.                                   | )                       | -           |                    |                                        |                                                      |                         | 1800                           | 1                                       |                | 50+      |             |            |
| County (6)                           |                         |             |                    |                                        | Code (7)<br>USE ONLY)                                |                         |                                | ior if being demoli                     | shed)          |          |             |            |
| Essex County                         |                         |             |                    | (STATE                                 |                                                      |                         | Residence                      |                                         |                |          |             |            |
| Name of Monitoring Fir               |                         |             | 3)                 | ASC                                    |                                                      |                         | of Abatement Co                |                                         |                |          |             |            |
| IRIS Environmenta                    | al Laboratories,        | Inc         |                    | 2004                                   | 45                                                   | DIA                     | General Cons                   | truction, Inc                           |                |          |             |            |
| Street Address                       | g:                      |             |                    |                                        |                                                      |                         | Address                        | 0.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5 |                |          |             |            |
| 2333 Route 22 We                     | est                     |             |                    |                                        |                                                      | 1360                    | Clifton Ave, I                 | PMB Suite 218                           |                |          |             |            |
| City, State, Zip Code                |                         |             |                    |                                        |                                                      | City, S                 | State, Zip Code                |                                         |                |          |             |            |
| Union, NJ 07083                      |                         |             |                    |                                        |                                                      | Clifto                  | on, NJ 07012                   |                                         |                |          |             |            |
| Project Manager for Mo               | nitoring Firm           |             |                    | Telepho                                |                                                      | Teleph                  | none No.                       | License                                 | No.            |          |             |            |
|                                      |                         |             |                    | 90820                                  | 60073                                                | 973-                    | 389-0089                       | 00693                                   |                |          |             |            |
| Start Date (10)                      |                         | Schedu      | led Co             | mpletion                               | Date (11)                                            | Name                    | of OSHA Monitor                |                                         |                |          |             |            |
| 08/11/2017                           |                         | 08/17/      | 2017               |                                        |                                                      | DIA                     | General Cons                   | truction, Inc                           |                |          |             |            |
| Occupancy Status Durin               | ng Abatement (Che       | ck Only O   | ne)                |                                        |                                                      | Street                  | Address                        |                                         |                |          |             |            |
| × Facility Closed/Vac                | cated During Entire     | Period of   | Abater             | ment                                   |                                                      | 1360                    | Clifton Ave, F                 | PMB Suite 218                           |                |          |             |            |
| Abatement Perform                    | ned Outside of Non      | mal Facilit | y Hour             | S                                      |                                                      | _                       | tate, Zip Code                 |                                         |                |          |             |            |
| Other - Describe:                    |                         |             |                    |                                        |                                                      | Clifto                  | on, NJ 07012                   |                                         |                |          |             |            |
| Scope of Work (Check /               | All That Apply)         |             |                    |                                        |                                                      |                         |                                |                                         | 10.75          |          |             | -          |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf |                         | (DAYS) WILL | Renova<br>Demoli   |                                        |                                                      | ×                       | Mini-Enclosure<br>Glovebag Pro |                                         |                |          | 'e          |            |
|                                      |                         | Is          | Locat              | ion                                    |                                                      |                         |                                |                                         |                |          | emen        | ıt         |
| Locatio                              | n of                    |             | Norma              |                                        | De                                                   | escription              | of                             |                                         |                | Ty       | /pe         |            |
| Asbestos-Containing                  |                         | 52/1-0/5    | ed Sole<br>sintena |                                        | Asbestos Cor                                         | ntaining M              | laterial (ACM)                 | Amount                                  |                |          | Ш           | 1          |
| <u>TO BE AB</u><br>In Faci           |                         | 1           | todial s           |                                        | (i.e. therma                                         | il systems<br>acing, VA | insulation,                    | (Specify                                | Rer            | R        | Encapsulate | Enclosure  |
| (13)                                 |                         |             | (12)               |                                        | other                                                | miscellan               | eous)                          | SF or LF)                               | Removal        | Repair   | psu         | losi       |
|                                      |                         | Yes         | No                 | N/A                                    |                                                      |                         |                                |                                         | <u>a</u>       | 1        | late        | a.r        |
| Attio                                |                         |             | .,,                |                                        | DIa                                                  | ia lee                  | [-41                           | 005.05                                  |                |          |             |            |
| 71110                                |                         |             |                    | X                                      | RIOMU                                                | -in Insu                | iation                         | 625 SF                                  | X              | 1        |             |            |

| CK174                                                              |                                       | ı                                       |                                     | ICATION              | ate of Ne<br>I OF ASB<br>to NJAC | ESTOS                       | ABATE                                                      |                               |                                                    | 0                | EC                                                   | E              |                       | 7 6         |           |
|--------------------------------------------------------------------|---------------------------------------|-----------------------------------------|-------------------------------------|----------------------|----------------------------------|-----------------------------|------------------------------------------------------------|-------------------------------|----------------------------------------------------|------------------|------------------------------------------------------|----------------|-----------------------|-------------|-----------|
| Date of Notification (1)                                           |                                       |                                         |                                     | Name of Leon         | f Building<br>Holding            | Owner/Corp                  | Operator                                                   | r (2)                         |                                                    |                  | AU(                                                  | 3 - 1          | 201                   | 7           |           |
| Agencies Notified Typ                                              | e Notification                        |                                         |                                     | Street A<br>7 Beth   | ddress<br>nany St                |                             |                                                            |                               |                                                    | A                | SBEST                                                | OS CO          | ONTE                  | ROL.        | 2         |
| DEP                                                                | Amended<br>Amendmen                   |                                         | _ [                                 |                      | ate, Zip Co<br>Brunswi           |                             |                                                            |                               |                                                    |                  | LI                                                   | CENS           | NG                    |             |           |
| DOH DCA                                                            | Emergency justification) Cancellation |                                         |                                     |                      | f Contact<br>rt Knoll            |                             |                                                            |                               |                                                    | Tel              | ephone N                                             | lumber<br>-    |                       |             |           |
| N                                                                  |                                       |                                         |                                     | FACI                 | LITY INF                         | ORMAT                       | ION                                                        |                               |                                                    |                  |                                                      |                |                       |             |           |
| Name of Facility Where Abate N/A                                   | ement is Takir                        | ng Place (3                             | 5)                                  |                      |                                  |                             |                                                            |                               | of Facility<br>School (K-                          | 12)              |                                                      |                |                       |             |           |
| Street Address 7 Bethany Street                                    |                                       |                                         |                                     |                      |                                  |                             |                                                            | 7                             | Subchapte<br>Other (i.e. ¡<br>etc.)                | orivate a        | & comme                                              |                | ldings                | , hom       | es,       |
| City (5)<br>New Brunswick                                          |                                       |                                         |                                     |                      |                                  |                             |                                                            | 15,0                          |                                                    | 2                | f Floors                                             |                | 3ldg. <i>1</i><br>100 | Age         |           |
| County (6)<br>Middlesex                                            |                                       |                                         |                                     | County (             | Code (7)<br>USE ONLY             | )                           |                                                            |                               | nt Use (Pri<br>ccupied                             | or if bei        | ng demol                                             | ished)         |                       |             |           |
| Name of Monitoring Firm Hired                                      | d by Building                         | Owner (8)                               |                                     | ASCN                 | l No.                            |                             | Name<br>Che                                                | of Aba                        | tement Co<br>rk Indust                             | ntractor<br>rial | (9)                                                  |                |                       |             | -         |
| Street Address                                                     |                                       |                                         |                                     |                      |                                  |                             | 7772                                                       | Addres<br>Herita              | s<br>ige Lane                                      |                  |                                                      |                |                       |             |           |
| City, State, Zip Code                                              |                                       | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                     |                      |                                  |                             |                                                            |                               | p Code<br>NJ 0741                                  | 9                |                                                      |                |                       |             |           |
| Project Manager for Monitoring                                     | g Firm                                |                                         |                                     | Telephor             | ne No.                           |                             |                                                            | none No<br>-570-2             |                                                    |                  | License<br>01334                                     |                |                       |             |           |
| Start Date (10)<br>8/06/2017                                       |                                       | Schedule<br>8/16/2                      |                                     | mpletion [           | Date (11)                        |                             |                                                            |                               | IA Monitor<br>k Industi                            | rial             | , <del>3                                      </del> |                |                       |             |           |
| Occupancy Status During Aba  Facility Closed/Vacated D             | 107                                   | 150                                     | 7.0                                 |                      |                                  |                             |                                                            | Addres<br>Herita              | s<br>ige Lane                                      |                  |                                                      |                |                       |             |           |
| Abatement Performed Outline - Describe:                            |                                       |                                         |                                     |                      |                                  |                             |                                                            |                               | p Code<br>NJ 074                                   | 9                |                                                      |                |                       |             |           |
| Scope of Work (Check All Tha                                       | t Apply)                              |                                         |                                     |                      |                                  |                             |                                                            |                               |                                                    |                  |                                                      |                |                       |             |           |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf                               |                                       |                                         | enova                               |                      |                                  |                             | <b>Y</b>                                                   | Min<br>Glo                    | Containm<br>i-Enclosure<br>vebag Pro-<br>n-Exempte | e<br>cedure      | 3                                                    |                |                       | A           |           |
| 8 8 2                                                              |                                       | 939                                     | Locat                               |                      |                                  |                             |                                                            |                               | ZXXIII                                             | , , ,            |                                                      |                | Abate                 | ement<br>pe |           |
| Location of Asbestos-Containing Mate TO BE ABATED In Facility (13) |                                       | Use<br>Ma                               | d Sole<br>intena<br>odial 3<br>(12) | ly by<br>nce/        |                                  | tos Con<br>thermal<br>surfa | scription<br>taining M<br>systems<br>cing, VA<br>miscellar | Material<br>s insula<br>T, or |                                                    | (S               | mount<br>Specify<br>or LF)                           | Remova         | Repair                | Encapsulate | Enclosure |
|                                                                    |                                       | Yes                                     | No                                  | N/A                  |                                  |                             |                                                            |                               |                                                    |                  |                                                      |                |                       | te          | Œ         |
| Basement                                                           |                                       |                                         | X                                   |                      |                                  | Pipe                        | Insula                                                     | ition                         |                                                    |                  | 125                                                  | X              |                       |             |           |
|                                                                    |                                       |                                         |                                     |                      |                                  |                             |                                                            |                               |                                                    |                  |                                                      |                |                       |             |           |
|                                                                    |                                       |                                         |                                     |                      |                                  |                             |                                                            |                               |                                                    |                  |                                                      |                |                       |             |           |
| Name of Registered Waste Ha<br>Atlantic Carting                    | uler                                  |                                         | 100                                 | IJDEP W<br>lauler ID |                                  | of Wa                       | Yards<br>ste                                               |                               | Name of<br>Waster                                  |                  | red Landi<br>/lanagei                                |                |                       |             |           |
| City, State<br>Wayne, NJ                                           |                                       |                                         |                                     |                      |                                  | Dispos                      | sal Date                                                   |                               | City, Stat<br>Tulleyto                             |                  | PA                                                   |                |                       |             |           |
| Completed by<br>Corey Stankovic                                    |                                       | Title<br>CEO                            |                                     |                      |                                  | S                           | Signature                                                  | 1/                            | , de                                               | nne              |                                                      | Date<br>7/28/2 | 017                   |             |           |

| Chade                                        | 07              | N       | OTI                                          |                                         | TION         |             | BEST       | TOS ABAT<br>60 and 5:16         |                            | DE C                                  | El         | $\mathbb{W}$ |             |           |
|----------------------------------------------|-----------------|---------|----------------------------------------------|-----------------------------------------|--------------|-------------|------------|---------------------------------|----------------------------|---------------------------------------|------------|--------------|-------------|-----------|
| Date of Notification (1)  07 /               | 31 /            | 17      |                                              |                                         | Name<br>Veri |             | g Own      | er/Operator (2                  | 2)                         | AUG                                   | ; - 1      | 201          | 7           | B         |
| Agencies Notified                            | Type Notifica   | ition   |                                              |                                         | Street       | Address     |            |                                 |                            | ASBEST                                | 00.00      | MITE         | 201         | 8.        |
| ⊠ EPA                                        | ☐ Initial       |         |                                              |                                         | 1 Ve         | erizon Wa   | ay         |                                 |                            |                                       | CENSI      |              | 101         | 4         |
| ☑ DOLWD ☑ DHSS                               | Amended Amendme |         |                                              |                                         | City, S      | tate, Zip C | ode        |                                 |                            |                                       | -          |              |             |           |
| □ DCA                                        | ☐ Emergend      |         | ıdina                                        |                                         | Bas          | king Rid    | ge, N      | <b>1</b> J                      |                            |                                       |            |              |             |           |
| (NJAC 5:23-8)                                | justification   | on)     |                                              |                                         | Name         | of Contact  | t          |                                 |                            | Telephone Nur                         | nber       |              |             |           |
|                                              | ☐ Cancellati    | ion     |                                              |                                         | Alex         | Baylor      |            |                                 |                            | f                                     |            |              |             |           |
|                                              |                 |         |                                              |                                         | FAC          | ILITY IN    | FOR        | MATION                          |                            |                                       |            |              |             |           |
| Name of Facility Where A                     | Abatement is T  | aking P | Place                                        | (3)                                     |              |             |            |                                 | Type of Facility           | (4)                                   |            |              |             |           |
| Verizon                                      |                 |         |                                              |                                         |              |             |            |                                 | School (K-1                |                                       | <u>.</u> . |              |             |           |
| Street Address                               |                 |         |                                              | *************************************** |              |             |            |                                 |                            | 8 (Other than K-1<br>private and comm |            | ildina       | 2           |           |
| 10 Phillips Drive                            |                 |         |                                              |                                         |              |             |            |                                 | homes, etc.                |                                       | Ciciai bu  | nuning       | ٥,          |           |
| City (5)                                     |                 | // X    |                                              |                                         |              |             |            |                                 | Square Feet                | # of Floors                           | Blo        | dg. Ag       | e           |           |
| Old Bridge, NJ 088                           | 57              |         |                                              |                                         |              |             |            |                                 | 10,000                     | 3                                     |            | 50           |             |           |
| County (6)                                   |                 |         |                                              | 3155-1VA                                | Coun         | tv Code (7) | VSTAT      | TE USE ONLY)                    | -                          | rior if being demo                    | lished)    |              |             |           |
| Middldesex                                   |                 |         |                                              |                                         |              | , ( ,       | //         |                                 |                            | <b>3</b>                              |            |              |             |           |
| Name of Monitoring Firm                      | Hired by Build  | lina Ow | mer (8                                       | 3) [                                    | ASCM I       | No          | Nan        | ne of Abateme                   | ent Contractor (9          | )                                     |            |              |             |           |
| USA Environmenta                             |                 | -       | 39                                           | ,                                       |              |             |            | VN Restorat                     | 18                         | <b>'</b>                              |            |              |             |           |
| Street Address                               | . mariagaem     | one in  | <u>.                                    </u> |                                         | W-3 009.     |             | 1000       | et Address                      |                            |                                       |            |              |             |           |
| 8436 Enterprise Av                           | onuo            |         |                                              |                                         |              |             |            | 7 Foster Ro                     | ad                         |                                       |            |              |             |           |
|                                              | ende            |         |                                              |                                         |              |             |            | , State, Zip Co                 |                            |                                       |            |              |             |           |
| City, State, Zip Code<br>Philadelphia, PA 19 | 1153            |         |                                              |                                         |              |             |            | , State, Zip Co<br>taten Island |                            |                                       |            |              |             |           |
| Project Manager for Mon                      |                 |         |                                              | Teler                                   | ohone I      | No          |            | phone No.                       | 141 10000                  | License No.                           |            |              |             |           |
| Mark Jenkins                                 | itoring r iiiii |         |                                              | o nasaanie                              | 5-365        |             | 10777-1178 | 18-605-6256                     |                            | 00774                                 |            |              |             |           |
| Start Date (10)                              | S               | chedul  | ed Co                                        |                                         |              |             |            | ne of OSHA M                    |                            |                                       |            |              |             |           |
| 08 /14 /                                     | 200000          |         |                                              |                                         | _ / _        |             | Te         | estor Tech                      |                            |                                       |            |              |             |           |
| Occupancy Status During                      | g Abatement (0  | Check o | only o                                       | ne)                                     |              |             | Stre       | et Address                      |                            |                                       |            |              |             |           |
| ☐ Facility Closed/Vacate                     | ed During Entir | e Perio | d of A                                       | baten                                   | nent         |             | 10         | 59 Jackso                       | n Avenue                   |                                       |            |              |             |           |
| Abatement Performed                          |                 |         |                                              |                                         |              | cribe       | City       | , State, Zip Co                 | ode                        |                                       |            |              |             |           |
| Time of Abatement: _                         | AM              | PM/     | 5:00F                                        | ³M- <u>1:</u>                           | <u>30</u> AM |             | LI         | IC NY 11101                     |                            |                                       |            |              |             |           |
| Scope of Work (Check al                      | ll that apply)  |         |                                              |                                         |              |             |            | D Full Conf                     | rainmant with No           | active Pressure                       |            |              |             |           |
| ≥3 sf or ≥3 lf                               |                 | D       | Rer                                          | novatio                                 | on           |             |            | ☐ Mini-Enc                      | tainment with Ne<br>losure | gative Pressure                       |            |              |             |           |
|                                              |                 |         |                                              | nolitio                                 |              |             |            |                                 | g Procedure                | F: S                                  |            |              |             |           |
|                                              |                 |         | le                                           | Locati                                  | ion          | ī           |            | ☐ Non-Exe                       | mpted (*) and Ne           | on-Friable Proced                     |            |              | T           |           |
| Location                                     | of              |         |                                              | ormal                                   |              |             |            | Description of                  | of.                        |                                       |            | atem         |             |           |
| Asbestos-Containing                          |                 | 1)      | Used                                         | d Sole                                  | ly by        | Asbe        | stos (     | Containing Ma                   |                            | Amount                                | Removal    | Repair       | Enc         | Enclosure |
| TO BE ABA                                    | ATED            |         |                                              | ntenai<br>odial S                       |              | (i.e        |            | rmal systems                    |                            | (Specify                              | Nov        | air          | aps         | losi      |
| IN Facili                                    | ity             |         | Oust                                         | (12)                                    | Jan:         |             |            | urfacing, VAT<br>ner miscellane |                            | SF or LF)                             | <u>a</u>   |              | Encapsulate | ire       |
| (13)                                         |                 |         | Yes                                          | No                                      | N/A          |             | Oti        | ici illisocilario               | ous)                       |                                       |            |              | te          |           |
| Ground Floor A/C, B                          | oiler Room      | 1       | X                                            |                                         |              | Pipe Ins    | sulat      | ion and Fitt                    | ings                       | 20 LF                                 |            |              |             |           |
|                                              |                 | ı       |                                              |                                         |              |             |            |                                 |                            |                                       | $\neg$     |              |             |           |
|                                              |                 | 1       | =                                            |                                         |              |             |            |                                 |                            |                                       |            | П            | П           |           |
|                                              |                 | 1       |                                              |                                         | П            |             |            |                                 |                            |                                       | ᆜ          |              |             |           |
| Name of Registered Was                       | te Hauler       | - 11    |                                              | _                                       | JDEP V       | Naeto       | Cub        | ic Yards of                     | Name of Reg                | stered Landfill                       |            |              | Ц           |           |
| Newark Carting                               | ste riaulei     |         |                                              | 10000                                   | auler II     |             | Was        | ste                             | G.R.O.W.                   |                                       |            |              |             |           |
|                                              |                 |         |                                              |                                         | NJ-56        | 6           | 30<br>Dier | oosal Date                      | City, State                | 00 <b>1</b>                           |            |              |             |           |
| City, State<br>Hackettstown, NJ              |                 |         |                                              |                                         |              |             | 1          | 8/25/17                         | Morrisvill                 | e.PA                                  |            |              |             |           |
|                                              | ino)            | T:41 -  | i i i populari.                              |                                         |              |             |            |                                 |                            |                                       | Date       |              | <del></del> |           |
| Completed By (Print or T<br>Ralph Barnhardt  | ype)            | Title   | oioot                                        | Man                                     | 200-         |             |            | Signature                       | 11/                        | _                                     | *          | , 1.         | 2211        | 2         |
| Kaiph Barnnardt                              |                 | Pri     | ojeci                                        | ıvıdil                                  | ayer         |             |            | 11/2                            | L                          |                                       | 07/8       | 1   1        | 101.        | 3         |

ASB-41 MAY 11

| Ch Ildodo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | NO           |                   | CATIO<br>Pursua                         | N OF AS                | New Jersey<br>SBESTOS ABA<br>AC 8:60 and 5: | 16)                       |                    | C E            |        | $\mathbb{V}$ |           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------|-----------------------------------------|------------------------|---------------------------------------------|---------------------------|--------------------|----------------|--------|--------------|-----------|
| Date of Notification (1)  07 / 31 /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 17           |                   | 255                                     | e of Buildir<br>erizon | ng Owner/Operator                           | (2)                       |                    | AUG -          | 1 2    | 2017         | 1         |
| Agencies Notified Type Notifie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | cation       |                   | Stree                                   | et Address             |                                             |                           | 1000               |                | 0.01   |              |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                   | 1 200000                                | Verizon W              | Vav                                         |                           | ASBE               | ESTOS<br>LICEI |        |              | Lă        |
| ☐ DOLWD ☐ Amende                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                   |                                         | State, Zip             |                                             |                           | 1                  | 210/21         | AOHA   | <u> </u>     |           |
| □ DHSS Amendr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                   | 1                                       |                        | dge, NJ 07920                               |                           |                    |                |        |              |           |
| DCA Emerge (NJAC 5:23-8)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              | ing               |                                         | e of Contac            |                                             |                           | Tolonhone          | Museless       |        | -            |           |
| Cancella                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                   | 100000000000000000000000000000000000000 | ex Baylor              | 7.7                                         |                           | Telephone          | Number         |        |              |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                   | _                                       |                        |                                             |                           | _                  |                |        |              |           |
| Name of Facility Where Abatement is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Taking Pla   | ce (3)            | FA                                      | CILITY                 | NFORMATION                                  | Type of Facility          | , (4)              |                |        |              |           |
| Verizon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | · uning i la | 00 (0)            |                                         |                        |                                             | School (K-1               |                    |                |        |              |           |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                   |                                         |                        |                                             | Subchapter                | 8 (Other than      | K-12)          |        |              |           |
| 53 East Mount Pleasant Aven                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 10           |                   |                                         |                        |                                             | Other (i.e., p            | private and con    | nmercial       | buildi | ngs,         |           |
| City (5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ue           |                   |                                         |                        |                                             | homes, etc.               |                    |                |        | 000000       |           |
| DESCRIPTION OF THE PROPERTY OF |              |                   |                                         |                        |                                             | Square Feet               | # of Floors        |                | Bldg.  | Age          |           |
| Livingston, NJ County (6)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |              |                   |                                         |                        |                                             | 10,000                    | 2                  |                |        |              |           |
| Essex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                   | Cou                                     | nty Code (7            | 7)(STATE USE ONLY)                          | Current Use (P            | rior if being der  | molished       | )      |              |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                   |                                         |                        |                                             |                           |                    |                |        |              |           |
| Name of Monitoring Firm Hired by Bui                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | lding Owne   | r (8)             | ASCM                                    | l No.                  |                                             | ent Contractor (9         | )                  |                |        | 77-1-17-12   |           |
| USA Enviornmental                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                   |                                         |                        | JVN Restora                                 | tion Inc                  |                    |                |        |              |           |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |                   |                                         |                        | Street Address                              |                           |                    |                | 7.55   | W W.         |           |
| 8436 Enterprise Avenue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                   |                                         |                        | 47 Foster Ro                                | oad                       |                    |                |        |              |           |
| City, State, Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |                   |                                         |                        | City, State, Zip C                          | ode                       |                    |                |        |              |           |
| Philadelphia, PA 19153                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                   |                                         |                        | Staten Island                               | d NY 10309                |                    |                |        |              |           |
| Project Manager for Monitoring Firm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              | Te                | lephone                                 | No.                    | Telephone No.                               |                           | License No         | 0              |        |              |           |
| Mark Jenkins                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                   | 215-365                                 | 5-5870                 | 718-605-6256                                | 3                         | 00774              |                |        |              |           |
| Start Date (10)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Scheduled    | Comp              | letion Da                               | ate (11)               | Name of OSHA N                              | Monitor                   | 00114              |                |        |              | -         |
| 02 /16 /17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              | 100               | 31 /                                    |                        | Testor Tech                                 | nomicor                   |                    |                |        |              |           |
| Occupancy Status During Abatement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                   |                                         |                        |                                             |                           |                    |                |        |              |           |
| ☐ Facility Closed/Vacated During Ent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                   | omont                                   |                        | Street Address                              | and Althorates and even v |                    |                |        |              |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ormal Facil  | lity Ho           | urs - Des                               | scribe                 | 10 59 Jackso                                |                           |                    |                |        |              |           |
| Time of Abatement: _AMPN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1/5:00PM-    | 1:30A             | M                                       | SCIDE                  | City, State, Zip C                          |                           |                    |                |        |              |           |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                   |                                         |                        | LIC NY 1110                                 | 1                         |                    |                |        |              |           |
| Scope of Work (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                   |                                         |                        | ⊠ Full Con                                  | tainment with Ne          | antive Procesur    |                |        |              |           |
| ☐ ≥3 sf or ≥3 lf<br>☑ ≥160 sf or ≥260 lf                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1000         | Renova<br>Demolit | 1777                                    |                        |                                             |                           |                    |                |        |              |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | Is Loc            |                                         |                        |                                             |                           |                    | Д              | baten  | nent T       | vpe       |
| Location of<br>Asbestos-Containing Material (ACN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4) [16       | Norm<br>sed So    | ally<br>lely by                         |                        | Description                                 |                           | 8                  |                | 1      | T            | T         |
| TO BE ABATED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                   | ance/                                   |                        | stos Containing Ma<br>., thermal systems    |                           | Amount<br>(Specify | 1 77           | Repair | nca          | Enclosure |
| IN Facility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Cu           |                   | Staff?                                  | (                      | surfacing, VAT                              | , or                      | SF or LF           | ) ova          | =      | psu          | usc       |
| (13)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes          | (12<br>No         | 1                                       | 1                      | other miscellane                            | eous)                     | 2002 0000000000    |                |        | Encapsulate  | -G        |
| See Attached                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | X            |                   |                                         |                        |                                             |                           |                    |                |        | -            | -         |
| - Coo / Kitaonica                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              | 12                |                                         |                        |                                             |                           |                    | _              |        |              | Ш         |
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| Name of Registered Waste Hauler                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | 14                | NIDES:                                  | Mast                   | 0.5:- 2                                     | 1.1                       |                    |                |        |              |           |
| Newark Carting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              | 1.0               | NJDEP I<br>Hauler II                    |                        | Cubic Yards of<br>Waste                     | Name of Regis             |                    |                |        |              |           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                   | NJ-56                                   | 7-412-37-37            | 40                                          | G.R.O.W.S                 | s., Inc.           |                |        |              |           |
| City, State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |              |                   |                                         |                        | Disposal Date                               | City, State               |                    |                |        |              |           |
| Hackettstown, NJ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |              |                   |                                         |                        | 08/11/2017                                  | Morrisville               | ,PA                |                |        |              |           |
| Completed By (Print or Type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Title        |                   | COLUMN TO THE REAL PROPERTY.            |                        | Signature /                                 | 11/1/                     | ^                  | Date           |        |              |           |
| Ralph Barnhardt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Projec       | ct Ma             | nager                                   |                        | hold !                                      | 1/                        | $\sim$             | 07/            | 2,1    | 900          | 1         |
| SB-41<br>IAY 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7.           |                   |                                         | for ashest             | os licensure exemn                          | ated activities           |                    | - 1 ( -        | - /    | -01          |           |

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

| Location of Aspestos -Containing Materials (ACM)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CONTRACTOR OF STREET ST | The state of the last of the state of the st |
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| TO BE ABATED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           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| Basement Boiler Room                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| Baromont Boiler Boom                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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