#### State of New Jersey (K 2323 NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 3:60 and 12:120)

|                            | (Pu   | rsua        | nt to      | N.J.A       | .C. 3:60 and 1    | 2:120)                         |                 |                   |           |
|----------------------------|---|-------------|------------|-------------|-------------------|--------------------------------|-----------------|-------------------|-----------|
| Date of Notification       | (1)   | Na          | ame o      | of Building | Ovmer / Operator  | (2)                            |                 | *                 |           |
|                            | 7-29-2015                                       | M           | r. Vill    | age Sup     | permarkets Inc    | 71                             | 15 file a       | 54.               |           |
| Agencies Notified          | Type Notification                               | St          | reet /     | Address     |                   |                                | M5 / UC - 3     | AN /: 58          |           |
| ⊠ EPA                      | 7,6   | 73          | 33 M       | ountain     | Avenue            | A +                            |                 | 252.5375          |           |
| □ DEP                      |   | Ci          | itv. St    | ate & Zip   | Code              |                                | *               | 14 Jan            |           |
| ⊠ DOL                      | Amended   |             | -          | gfield, N   |                   |                                | 6-110           | 1015              |           |
| ☑ DOH                      |   |             |            | of Contac   |                   |                                |                 | Telephone Number  | er        |
| DCA DCA                    | Cancellation                                    | 100         |            | evese       | -                 |                                | î               | _                 |           |
|                            |   |             |            | CILITY IN   | IFORMATION        |                                |                 |                   |           |
|                            | here Abatement is Taking Pl                     | ace (3)     |            |             | Type of Facilit   |                                |                 |                   | 1         |
| Shoprite                   |   |             |            |             |                   | er 8 (Other tha                | n K-12)         |                   |           |
| Street Address             |   |             |            |             | Other (i.e        | private & com                  | mercial buildir | ngs, homes, etc.) |           |
| 1153 Valley Road           |   |             |            |             | Square Feet       | # of Floo                      |                 | Bldg. Age         |           |
|                            | 10 : (0)  | 10-         |            | /7\         | 80.0000           |                                | 1               | 50                |           |
| City (5)                   | County (6)                                      | Cou         | inty C     | ode (7)     |                   | Prior if being de              | molished)       |                   |           |
| Stirling, NJ               | Morris  |             |            |             | Supermarket       | Filor ii being de              | anonsned)       | (i)<br>(ii)       |           |
| Name of Monitoring         | Firm Hired by Building Own                      | ner (8)     |            | ASCM N      | lo. Name of Abat  | ement Contrac                  | tor (9)         |                   |           |
| Health and Safety          |   |             |            | 117         | Resource Ma       | nagement Grou                  | ip, LLC         |                   |           |
| Street Address             |   |             |            |             | Street Addres     | S                              |                 |                   |           |
| P.O. Box 365               |   |             |            |             | 2115 Hamilto      | n Ave, Suite 20                | 2               |                   |           |
| City, State & Zip C        | ode   |             |            |             | City, State & 2   | Zip Code                       |                 |                   |           |
| Berlin, NJ 08009           |   |             |            |             | Trenton, NJ 0     | 8619                           |                 |                   |           |
| Project Manager fo         | or Monitoring Firm                              | Telepl      | hone       | Number      | Telephone Nu      | umber                          | License         |                   |           |
| Mr. Jim Proctor            |   | 856-4       |            |             | 609-977-6159      | 9                              |                 | 01185             |           |
| Scheduled Start D          |   |             |            | e (11)      | Name of OSH       | IA Monitor<br>nental Laborato  | ries Inc        |                   |           |
| 7/29/20                    |   | 8/11/2      |            |             | Street Address    |                                | iles, illo.     |                   |           |
| Occupancy Status           | During Abatement (Check o                       | nly one     | e)<br>FAbr | tomont      | 2333 Route 2      |                                |                 |                   |           |
|                            | sed/Vacated During Entire F                     |             | ot Ada     | atement     | City, State &     |                                |                 |                   |           |
|                            | t Performed During 3rd Shift                    |             |            |             | Union, NJ 07      |                                |                 |                   |           |
|                            | 10:00pm to 7:00am                               |             |            |             | Officit, No or    | 000                            |                 |                   |           |
|                            | cupied During Abatement<br>neck all that apply) |             |            |             |                   |                                |                 |                   |           |
| Scope of Work (Ci          | leck all triat apply)                           |             |            |             |                   | ☐ Full Cor                     | tainment with   | Negative Pressure | e         |
|                            | If  | $\boxtimes$ | Par        | ovation     |                   | ☐ Mini-End                     |                 | 3                 |           |
|                            |   |             |            | nolition    |                   |                                | ag Procedures   | 3                 |           |
| ≥160 sf ≥2                 | 100 11  | Ш           | Dei        | HOHLIOH     |                   | Non-Exe                        | empted and No   | on-Friable Proced | ure       |
|                            | anation of                                      | Icl         | Locat      | ion         | Description       |                                | Amount          | Abatement '       |           |
|                            | Location of                                     |             |            | Used        | Asbestos-Cor      |                                | (Specify        |                   | 71-       |
|                            | stos-Containing<br>aterial (ACM)                |             | olely      |             | Material (A       |                                | SF or LF)       |                   | 1 1       |
|                            | BE ABATED                                       |             |            | ice or      | (i.e., thermal s  |                                | 0, 0, 1,        | Repair            | nc        |
| 10                         | in Facility                                     |             |            | Staff?      | insulation, surfa |                                |                 | m   gp   gg       | Iso       |
|                            | (13)  | 0000        | (12)       |             | or other miscel   |                                |                 | Repair            | Enclsoure |
|                            | (-5)  | Yes         | No         | N/A         |                   |                                |                 | =                 |           |
| Various areas              |   |             |            | П           | Floor tile D      | ebris                          | 1,000 SF        |                   |           |
| various areas              |   | 17          | H          | H           | 1 1001 (110 )     |                                |                 |                   |           |
|                            |   | 17          | Ħ          | H           |                   |                                |                 |                   |           |
|                            |   | 17          | H          | H           |                   |                                |                 |                   | ПП        |
|                            |   | 18          | H          | H           |                   |                                |                 |                   | ПП        |
|                            |   | H           | H          | H           |                   |                                |                 |                   |           |
| Name of Register           | ad Waste Hauler                                 | 1 —         | N.         | IDEP Wa     | ste Cubic Yards   | Name of Reg                    | istered Landfil |                   |           |
|                            |   |             | На         | auler ID N  | lo. of Waste      |                                |                 |                   |           |
| Resource Manage            | ement Group, LLC                                |             | 00         | 35218       | TBD               | Grows Landfi                   |                 |                   |           |
| City, State<br>Trenton, NJ |   |             |            |             | Disposal Date     | City, State<br>Morrisville, P. | A               |                   |           |
|                            | int or Time\                                    |             | 17:        | tle         | Signature         | 1 1                            |                 | Date              |           |
| Completed By (Pr           |   |             | 1 03508    | resident    | olynature 1       | 1/                             |                 | 07/29/2015        |           |
| Mr. Brian J. Hane          | у   |             | 1          | COIGOIT     | 1 7 /4            | Ch /V                          | 1161            |                   |           |
|                            |   |             |            |             | 1-11              | (n (Y)                         | IM.             |                   |           |
|                            |   |             |            |             | İ                 |                                | V               |                   |           |

CK 2047

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

| Agencies Notified Type Notification   Street Address   S  |
|--|
| Initial DEP   Amended      |
| DOL   Cancellation   Name of Contact   Telephone Number   Tolephone    |
| DOH  |
| Street Address   Square, Feet   # of Floors   Bldg. Age  |
| Type of Facility (4)   School (K-12)   Subchapter 8 (Other than K-12)   Other (i.e. private & commercial buildings, homes, etc.)   Subchapter 8 (Other than K-12)   Other (i.e. private & commercial buildings, homes, etc.)   Square Feet   |
| Street Address  City (5)  County (6)  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  City, State, Zip Code  Brick, New Jersey 08723  Coupy and Start Date (10)  Scheduled Completion Date (11)  Scheduled Completion Date (11)  Scheduled Completion Date (11)  Street Address  Full Containment with Negative Pressure Mini-Enclosure City, State, Zip Code  Street Address  Full Containment with Negative Pressure Mini-Enclosure City, State, Zip Code  Full Containment with Negative Pressure Mini-Enclosure City, State, Zip Code  Full Containment with Negative Pressure Mini-Enclosure City, State, Zip Code  Full Containment with Negative Pressure Mini-Enclosure City, State, Zip Code  Full Containment with Negative Pressure Mini-Enclosure City, State, Zip Code  Full Containment with Negative Pressure Mini-Enclosure City, State, Zip Code  Full Containment with Negative Pressure Mini-Enclosure City, State, Zip Code  Full Containment with Negative Pressure Mini-Enclosure City, State, Zip Code  Abatement Abatement Contractor (9)  Brick Industries Inc.  Subchapter (9)  Blds. Age  Current Use (Prior if being demolished)  Current Use (Prior if being demolished)  Staret Address  Full Containment with Negative Pressure Mini-Enclosure  Glove Abatement Contractor (9)  Brick Industries Inc.  Subchapter (9)  Street Address  Full Containment with Negative Pressure Mini-Enclosure  Glove Abatement  Abatement  Abatement  Abatement  Abatement   |
| City (5)  County (6)  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  City, State, Zip Code   |
| County (6)  County (6)  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  City, State, Zip Code  City, State, Zip Code  Street Address  Project Manager for Monitoring Firm  Telephone No.  Street Address  Project Manager for Monitoring Firm  Telephone No.  City, State, Zip Code  Street Address  City, State, Zip Code  Brick, New Jersey 08723  Project Manager for Monitoring Firm  Telephone No.  City, State, Zip Code  Street Address  City, State, Zip Code  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other – Describe:  Scope of Work (Check All That Apply)  Street Address  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  |
| County (6)  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  Street Address  P.O. Box 915  City, State, Zip Code  Street Address  P.O. Box 915  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  State Date (10)  Scheduled Completion Date (11)  Name of OSHA Monitor  City, State, Zip Code  City, Sta  |
| Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  Street Address  P.O. Box 915  City, State, Zip Code  City, State, Zip Code  Brick, New Jersey 08723  Project Manager for Monitoring Firm  Telephone No.  Telephone No.  (732)899-7499  O1196  Start Date (10)  Scheduled Completion Date (11)  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  City, State, Zip Code  Street Address  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Abatement Performed Outside Procedure  Abatement Performed Outside Procedure  |
| Brick Industries Inc.  Street Address  P.O. Box 915  City, State, Zip Code  City, State, Zip Code  Brick, New Jersey 08723  Project Manager for Monitoring Firm  Telephone No.  Telephone No.  (732)899-7499  Start Date (10)  Scheduled Completion Date (11)  Name of OSHA Monitor  Street Address  Facility Closed/Vacated During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other − Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Renovation Demolition  Pull Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  |
| P.O. Box 915  City, State, Zip Code  Brick, New Jersey 08723  Project Manager for Monitoring Firm  Telephone No.  Telephone No.  (732)899-7499  Start Date (10)  Scheduled Completion Date (11)  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If ≥160 sf or ≥260 If  Renovation Demolition  P.O. Box 915  City, State, Zip Code  Street Address  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure   |
| City, State, Zip Code  City, State, Zip Code  Brick, New Jersey 08723  Telephone No.  Telephone No.  Telephone No.  (732)899-7499  Start Date (10)  Scheduled Completion Date (11)  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other – Describe:  Scope of Work (Check All That Apply)  ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf  Renovation Demolition  City, State, Zip Code  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Abatement  |
| Project Manager for Monitoring Firm  Telephone No.  Telephone No.  (732)899-7499  Start Date (10)  Scheduled Completion Date (11)  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other – Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Renovation Demolition  Brick, New Jersey 08723  Telephone No.  (732)899-7499  Other – Osh Monitor  Street Address  City, State, Zip Code  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  |
| Start Date (10)  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other – Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Renovation Demolition    City, State, Zip Code   Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure   Abatement   Abatement   Abatement   |
| Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Renovation Demolition  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure   |
| Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Renovation Demolition  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure   |
| Abatement Performed Outside of Normal Facility Hours Other – Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Renovation Demolition  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure   |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Renovation Demolition  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure   |
| ≥3 sf or ≥3 lf   |
| Abatement  |
|  |
| Is Location Normally Description of  |
| Lised Solely by Landau and Landau |
| Maintenance/ Custodial Staff? (12)  Maintenance/ Custodial Staff? (12)  Maintenance/ Custodial Staff? (12)  Maintenance/ Custodial Staff? (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  (Specify SF or LF)  Repulse  Repu |
|  |
| Yes No N/A   |
| & Assestos pipe insulation 200 Lt 8  |
|  |
|  |
| Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill  |
| Brick Industries Inc.    Nober Waste   Guide Fards   Hauler ID No. 21602   GROWS Inc.  |
| City, State Disposal Date City, State  |
| Brick, New Jersey  |
| Completed by Eric Plackis President Signature Date   |

(K 1114

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

| Date of Notification (1)   |                    |                 | Name of              | Building C            | Owner/Or            | perator ( | 2)                            |   |        |        |   |           |
|--|--------------------|-----------------|----------------------|-----------------------|---------------------|-----------|-------------------------------|---|--------|--------|---|-----------|
| Agencies Notified Type Notification  |                    | +               | Street Ad            |                       |                     |           |                               | 1-13 ES                                   | -      |        |   |           |
| ☐ EPA ☐ Initial  |                    |                 |                      |                       |                     |           |                               | 16  |        |        | - 7                                     | ,         |
| DEP Amended Amendment #  | !                  | _ (             | City, Sta            | te, Zip Cod           | de<br>2 <i>1/11</i> | 16        | , NJ, O                       | 7109                                      |        |        |   |           |
| DOH Emergency (in justification)   | ncluding           | _  -            | Name of              | Contact               |                     |           | 40                            | Telephone Nun                             | nber . | in     | 1                                       |           |
| DCA Cancellation   |                    |                 |                      | AR                    |                     |           |                               | 1 - 1                                     |        |        |   |           |
| Name of Facility Where Abatement is Taking   | Place (3)          |                 | FACI                 | LITY INFO             | RMATIC              | ) NC      | Type of Facility (            | 4)  |        |        |   |           |
| GONEZ ESTAT  |                    |                 |                      |                       |                     |           | School (K-1                   |   |        |        |   |           |
| Street Address   | / 1                | . ,             | 0                    |                       |                     |           |                               | 8 (Other than K-12<br>private & commercia |        | linas  | home                                    | 29        |
| 150 DELAVAN  | H                  | VE              | =                    |                       |                     |           | etc.)                         |   |        | 20000  |   |           |
| City (5) BELLE VILLE   | , NJ               | 7, d            | 171                  | 09                    | 29                  |           | Square Feet                   | # of Floors                               | /      | ldg. A | 30                                      |           |
| County (6) €SSEX   | (2)                |                 | County C<br>(STATE L | Code (7)<br>JSE ONLY) |                     | _         |                               | or if being demolish                      | ed)    |        |   |           |
| Name of Monitoring Firm Hired by Building C  | wner (8)           |                 | ASCIV                | 1 No.                 |                     | Name o    | of Abatement Con              | ntractor (9)<br>PROW IN                   | 000    | 5793   | 2/6                                     | 5C        |
| Street Address   |                    |                 | 1                    |                       |                     | Street A  | Address<br>NILL S             |   |        |        |   |           |
| City, State, Zip Code  |                    |                 |                      |                       |                     | Other Ct  | ete Zie Cede                  | NJ.0750                                   | /      |        |   |           |
| Project Manager for Monitoring Firm  |                    | Τ.              | Telephor             | ne No.                |                     | Talanh    | and blo                       | 2 License N                               |        |        |   |           |
| Start Date (10)  | Scheduled          | Corr            | nletion [            | Date (11)             |                     | U75       | of OSHA Monitor               | 2 /25-                                    |        |        |   |           |
| 08/12/15   | 081                | 3               | 0//                  | 5                     |                     | GOI       | PAN 167                       | EV  |        |        |   |           |
| Occupancy Status During Abatement (Check   | Only One           | )               |                      |                       |                     |           | Address<br>MILL               | 11  |        |        |   |           |
| Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe: |                    |                 |                      |                       | _                   | City. St  | ate. Zip Code                 | 1, NT, O                                  | 7.0    | n/     | 3 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( |           |
| Scope of Work (Check All That Apply)   |                    |                 |                      |                       |                     | 10        | /                             | ,,,,,,                                    | , 0 0  |        |   |           |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf   | THE REAL PROPERTY. | nova<br>moliti  |                      |                       |                     | ~         | Mini-Enclosur<br>Glovebag Pro | cedure                                    |        |        |   |           |
|  | T                  |                 |                      |                       |                     |           | Non-Exempte                   | d (*) and Non-Friab                       |        |        | e<br>ement                              |           |
| I and the of   | 1 77.55            | ocation or mall |                      |                       | Doo                 | cription  | of                            |   |        |        | ре                                      |           |
| Location of Asbestos-Containing Material (ACM)   | Used               | Sole            | #10-01#p             |                       | os Conta            | aining M  | aterial (ACM)                 | Amount                                    | -      |        | Ш                                       | Е         |
| TO BE ABATED In Facility   | Custo              |                 |                      | (i.e.                 | surfac              | ing, VAT  |                               | (Specify<br>SF or LF)                     | Remova | Repair | Encapsulate                             | Enclosure |
| (13)   | -                  |                 | T                    |                       | other m             | iscellan  | eous)                         |   | val    | air.   | ulate                                   | sure      |
| 77:0   | Yes                | No              | N/A                  |                       |                     |           | . !- 0                        | 100                                       | -      |        |   |           |
| ATIC   | -                  |                 | -                    | V                     | /EKM                | 14 CUZ    | 上汀モ                           | 400 SF                                    | V      |        |   |           |
|  |                    |                 |                      |                       |                     |           |                               |   | -      |        |   |           |
| 20   | -                  |                 |                      |                       |                     |           |                               |   | -      |        |   |           |
| Name of Registered Waste Hauler  |                    | N               | JDEP W               | laste                 | Cubic `             | Yards     | Name of                       | Registered Landfill                       |        |        |   |           |
| ATLANTIC CARTIA  | 1G.                |                 | auler ID             |                       | of Was              |           | 1                             | O.W.S.                                    |        |        |   |           |
| City, State WAYNE, NJ  |                    | +\              |                      |                       | Dispos              | al Date   | City, Star                    | LY70WAS.                                  | PA     | 8      |   |           |
|  | Title              | 1               | 11                   |                       | Si                  | ignature  |                               | Da  |        | 12-    | 1,                                      | _         |
| GORAW IGEV   | 1                  | 16              | 1                    |                       |                     |           | 1711                          | 0   | 7/0    | 15/    | 15                                      |           |

#### State of New Jersey - Notification of Asbestos Abatement

|                                 |   |  | (Pursi      | uant to N.J.A.C.   | . 8:60-7 and 12    | 2:120-7)  |                     |             |                                   |         |        |
|---------------------------------|---|--|-------------|--------------------|--------------------|---|---------------------|-------------|-----------------------------------|---------|--------|
| Date of Notification (1)        |   |  |             |                    | Name of Buildin    | ng Owner/Opera  | ator (2)            |             |                                   |         |        |
| July 28,2015                    |   |  |             |                    |                    | McCormick   |                     |             | 9815 6110                         |         |        |
|                                 |   | 1 11 115 11  | =           |                    |                    |   |                     |             | raid FAC 3                        | 615     | 7 .    |
| Agencies Notified               |   | Notification Initi   |             | fication           | Street Address     |   |                     |             | 2815 AUG -3                       | 211     | 1:48   |
| X EPA                           |   |  |             |                    | 12 Page Str        |   |                     |             |                                   |         |        |
| 0.000 T                         |   | ☐ Amende   | ed Certi    | fication           | City, State, Zip   | 010/0-1100  |                     |             |                                   | 1.0     | E. e.  |
| DCA                             |   | ☐ Emerg  | ency (i     | includina          | Madison, N         | IJ  |                     |             | 6: 1.100                          |         | TUL    |
| x DOL                           |   | justific   |             |                    | Name of Conta      |   |                     | Talar       | phone Number                      | 1 1 1 1 |        |
| X DEP                           |   | □ Cance  |             |                    | Stephanie M        |   |                     | 1 6161      | morie (variber                    |         |        |
| x DOH                           |   | Lance  | nea         |                    | •                  | COOTHICK  |                     |             |                                   |         |        |
|                                 |   |  |             | FACILITY INF       |                    |   |                     |             |                                   |         |        |
| Name of Facility Where Abate    | ment is Ta                              | iking Place (3)  |             |                    | Type of Facility   |   |                     |             |                                   |         |        |
| Residence                       |   |  |             |                    | School (K-12       | 2)  |                     |             |                                   |         |        |
| Ctroat Address                  |   | -1-T-1   |             |                    | Subchapter 8       | (other than K-12  | 2)                  |             |                                   |         |        |
| Street Address                  |   |  |             |                    |                    | e. private & comr   |                     | uildings    | homes etc.)                       |         |        |
| 12 Page Street                  |   |  |             |                    |                    |   |                     |             |                                   | VOORO   |        |
| City (5)                        | County (6                               | 21   | Count       | . Cada (7)         | Sq. Feet. U        | IIKIIOWII #   | 01 -1001            | <u>S.</u> 2 | Bldg. Age: 60                     | years   |        |
|                                 | 100000000000000000000000000000000000000 |  |             | Code (7)           |                    | 20 122 121 121  | 12.74 12.           |             |                                   |         |        |
| Madison                         | Morris                                  |  | State       | Use Only)          | Current Use (p     | rior if being dem   | nolished)           | :           |                                   |         |        |
|                                 |   |  |             |                    |                    |   |                     |             |                                   |         |        |
| Name of Monitoring Firm Hire    | d by Bldg.                              | Owner (8)  | ASCM        | No.                | Name of Contract   | ctor (9)  | V                   |             |                                   |         | -      |
| EnviroVision Const              | Itante                                  | ino  | 0007        |                    |                    |   |                     |             |                                   |         |        |
| Enviro vision Consi             | шиашиз                                  | mc.  | 000.        |                    | GREENWOO           | D ABATEM  | FNT C               | ONSL        | ILTANTS, INC                      |         |        |
| Street Address                  |   |  |             |                    | Street Address     | 707112111   |                     | 0.100       | , , , , , , , , , , , , , , , , , | -       |        |
| 20-21 Wagaraw Road              | Plda +                                  | + 2 A A  |             |                    | Otroct / tudi coo  |   |                     |             |                                   |         |        |
| 20-21 Wagaraw Road              | , Dlug #                                | 1 34A  |             |                    | 511 MAIN S         | TDEET   |                     |             |                                   |         |        |
| City, State, Zip Code           |   |  |             |                    |                    |   |                     |             |                                   |         |        |
|                                 |   |  |             |                    | City State, ZipC   |   |                     |             |                                   |         |        |
| Fairlawn, NJ 07410              |   |  |             |                    | Butler, NJ 0       | 7405  |                     |             |                                   |         |        |
| Project Manager for Monitoring  | g Firm                                  | Telephone N  | lumber      |                    | Telephone Num      | <u>ber</u>  |                     | Licen       | se Number                         |         |        |
| Fred Larson                     |   | 973-636  | 9145        |                    |                    |   |                     |             |                                   |         |        |
|                                 |   |  |             |                    | 973-492-047        | 7   |                     | 0084        | 10                                |         |        |
| Scheduled Start Date (10)       | MANUAL TOTAL                            | Scheduled C  | Completic   | on Date (11)       | Name of OSHA       | Monitor   |                     |             |                                   |         |        |
| August 19,2015                  |   | August 2   | 0. 201      | 5                  |                    |   |                     |             |                                   |         |        |
|                                 |   |  |             |                    | EMSL inc.          |   |                     |             |                                   |         |        |
| Occupancy Status During Al      | patement                                | (Check only o  | ne)         |                    | Street Address     |   |                     |             |                                   |         |        |
| Facility Closed/Vacate          |   | THE RESERVE THE PARTY OF THE PA | 100000      | ment               |                    |   |                     |             |                                   |         |        |
| Abatement Performed             |   |  |             |                    | 1056 Stelto        | n Road  |                     |             |                                   |         |        |
| Describe                        | Cutsiac                                 | or Norman ac   | inty i loui | 3 -                | City, State, Zip ( |   | rallino—v —         |             |                                   | 100     | _      |
| ☑ Other – Describe: \           | Vacant                                  | Day Shiff  |             |                    | Old Color Elp (    | 3000  |                     |             |                                   |         |        |
| Other - Describe.               | vacant-                                 | Day Sillit   |             |                    | Piscataway         | N I 08854   |                     |             |                                   |         |        |
|                                 |   |  |             |                    | 1 ISCataway        | , 145 00054   |                     |             |                                   |         |        |
|                                 |   |  |             |                    |                    |   |                     |             |                                   |         |        |
| Source of Work (Check all tha   | t apply)                                |  |             |                    |                    | 0140000   |                     | 50          | WEST \$70% DU 1528                |         |        |
|                                 |   |  |             |                    |                    |   |                     |             | vith Negative Pre                 | ssure   |        |
| ≥ 3 sf or ≥ 3 lf                |   |  |             | Renovation         |                    | Mi  | ini-Enclo           | sure        |                                   |         |        |
| □≥ 160 sf or ≥ 2                | 60                                      |  |             | Demolition         |                    | x GI  | lovebag             | Proced      | ture                              |         |        |
|                                 |   |  |             |                    |                    |   |                     |             | and Non-Friable                   | Proced  | ure    |
| Location of Asbestos-Containi   | na Is L                                 | ocation Normal   | lv Used     | Description of Ast | estos Containing   |   | Amoun               |             | Abatement Type                    |         |        |
| Material (ACM) in Facility (13) |   | ely by Maint./Cu   |             |                    | al systems insulat |   | (Specif             |             |                                   |         |        |
|                                 | Staf                                    | ff? (12)   |             | VAT, or other mis- |                    |   | or LF)              |             | Remove Repair B                   | Encap E | nclose |
|                                 | YE                                      | S NO   | NA          |                    |                    |   | No. Control Control |             |                                   |         |        |
| Basement                        |   |  | X           | TSI                |                    |   | 15 LF               |             | X                                 |         |        |
|                                 |   |  |             |                    |                    |   |                     |             | _                                 |         |        |
| Name of Reg. Waste Hauler       |   | I NIDED Was  | to Haulai   | I #                | 0h:- V             | 10/   |                     | Mana        | of Decistered Lea                 | 150     |        |
| See Hauler Below # 1 & 2        | ,                                       | NJDEP Was  |             | 110#               | Cubic Yards of     | CONTRACTOR |                     | 1.0         | of Registered Lar                 | IGIIII  |        |
| See naulei below # 1 & 2        | 4                                       | See Below  |             |                    |                    | 2   |                     |             | dowfill Landfill                  |         |        |
|                                 |   |  |             |                    |                    |   | 3                   | G.R.        | O.W.S                             |         |        |
|                                 |   |  |             |                    |                    |   |                     | Mine        | rva Ent. Ohio                     |         |        |
| Hauler #1) Greenwood            | Abateme                                 | ent Consulta   | ants. In    | c Butler, NJ 0     | 7405               | Disposal Date   | 2                   |             | City, State                       |         |        |
| NJ DEP # 12                     |   |  |             |                    |                    | August 20   | . 2015              |             | Route 2, Box 68                   |         |        |
| Hauler #2) Newark Carti         | T-15                                    |  | 04500       | NI DED # 10551     |                    |   | ,                   |             | Bridgeport, WVA                   | 304-84  | 2-     |
| Indici #2) Newark Carti         | ug, IIIC. –                             | Itewalk, MJ  | 04307,      | No DEL # 19331     |                    |   |                     |             | 2784                              |         |        |
|                                 |   |  |             |                    |                    |   |                     |             |                                   |         |        |
|                                 |   |  |             |                    |                    |   |                     |             |                                   |         |        |
| Completed by (Print or Type)    |   | <u>Title</u>   |             |                    | Signature          |   |                     | <u>Date</u> |                                   |         |        |
| Marin Graure                    |   | SENIOR P   | ROJE        | CT                 | Maria.             | Panara  |                     | Jul         | ly 28,2015                        |         | 8      |
|                                 |   | MANAGER  | 2           |                    | Marin              | yraure  |                     |             |                                   |         |        |

|  | N                           |                                    | CATION              | ate of New Jerse<br>I OF ASBESTOS<br>to NJAC 8:60 and | ABATE          |                             | Ch   | rel      | C 12                         | 115     | 26                   | ì           |           |
|--|-----------------------------|------------------------------------|---------------------|---|----------------|-----------------------------|--|----------|------------------------------|---------|----------------------|-------------|-----------|
| Date of Notification (1) 7/29/15   |                             |                                    | Name o<br>Gail In   | f Building Owner/0<br>igalls                          |                |                             | -3 AM  | 7:5      | 2                            |         | 0                    |             |           |
| Agencies Notified Type Notification    X   EPA     X   Initial                                       |                             |                                    | Street A<br>41 Afte | ddress<br>erglow Way                                  |                |                             |  |          | į.                           |         |                      |             |           |
| DEP Amended  X DOL Amendment   |                             |                                    |                     | ate, Zip Code<br>a, NJ 07044                          |                | 1 1 1                       | No.  |          | Lip.                         |         |                      |             |           |
| □ Emergency justification)     □ DCA     □ Cancellation  | -                           |                                    | Name of             | f Contact   |                |                             |  | Te       | lephone Nur                  | mber    | 1 100000             |             |           |
|  |                             |                                    |                     | LITY INFORMATI  | ON             |                             |  |          |                              |         | -                    |             |           |
| Name of Facility Where Abatement is Takin  | g Place (3)                 |                                    | 17101               | LITT IN ORMATI  | 011            | Туре                        | e of Facility (  | 4)       |                              |         |                      |             |           |
| house<br>Street Address<br>41 Afterglow Way  |                             |                                    |                     |   |                | ×                           | School (K-1<br>Subchapter<br>Other (i.e. p<br>etc.)          | 8 (Oth   |                              |         | dings                | hom         | es,       |
| City (5)<br>Verona   |                             |                                    |                     |   |                | Squi<br>270                 | are Feet<br>0  | # 0      | f Floors                     | 100     | 3ldg. <i>A</i><br>55 | ge          |           |
| County (6)<br>Essex  |                             |                                    |                     | Code (7) USE ONLY)                                    |                | Curr                        | ent Use (Prid  | or if be | ing demolish                 | ned)    |                      |             |           |
| Name of Monitoring Firm Hired by Building  | Owner (8)                   |                                    | ASCN                | I No.   |                |                             | atement Con<br>ironmenta                                     |          |                              | <br>S   |                      |             |           |
| Street Address   |                             |                                    |                     |   | Street<br>PO E |                             | ess<br>-83, 4 E G  | ate D    | rive                         |         |                      |             |           |
| City, State, Zip Code  |                             |                                    |                     |   |                |                             | Zip Code<br>d, NJ 074  | 18       |                              |         |                      |             |           |
| Project Manager for Monitoring Firm  |                             |                                    | Telepho             | ne No.  | Teleph<br>973- |                             |  |          | License N<br>703             | 0.      |                      |             |           |
| Start Date (10)<br>8/12/15   | Scheduled<br>8/26/15        | d Com                              | pletion I           | Date (11)   | Name           | of OS                       | HA Monitor   |          |                              |         |                      |             |           |
| Occupancy Status During Abatement (Chec  | k Only One                  | <del>)</del>                       |                     |   | Street         | Addre                       | ess  |          |                              |         |                      |             |           |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: basement | Period of A<br>nal Facility | batem<br>Hours                     | ent                 |   | City, S        | State, 2                    | Zip Code   |          |                              | DC.     |                      |             |           |
| Scope of Work (Check All That Apply)   |                             |                                    |                     |   |                |                             |  |          |                              |         |                      |             |           |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf   | Particular Control          | enova<br>emoliti                   |                     |   | ×              | Mi<br>Gi                    | ull Containme<br>ini-Enclosure<br>ovebag Proc<br>on-Exempted | edure    | ĕ                            |         |                      | e           |           |
| Location of  | 0.527                       | ocation                            | 7333 UI             | Do  | scription      |                             |  |          |                              |         | Abate                |             | t         |
| Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)                                    | Mair<br>Custo               | Solel<br>ntenar<br>odial S<br>(12) | ice/<br>staff?      | Asbestos Cont<br>(i.e. thermal<br>surface             | aining N       | Materia<br>s insul<br>T, or | ation,   | (8       | mount<br>Specify<br>F or LF) | Removal | Repair               | Encapsulate | Enclosure |
| hoos   | Yes                         | No                                 | N/A                 | 1907 <b>*</b> 300 mag                                 |                | ,,                          |  |          |                              |         |                      | · ·         |           |
| basement   |                             |                                    | X                   | pipe  | insula         | tion                        |  | 2        | 50 LF                        | х       |                      |             |           |
|  |                             |                                    |                     |   |                |                             |  |          |                              |         |                      |             |           |

NJDEP Waste Hauler ID No. 15939 Name of Registered Waste Hauler Cubic Yards of Waste Name of Registered Landfill Freehold Cartage Western Berks Landfill 10 City, State Disposal Date City, State Freehold, NJ Birdsboro, PA

TBD Completed by Title Signature A. Scott Higgins President

Date

7/29/15

#### 2015-140

#### State of NJ Notification of Asbestos Abatement

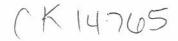
\*\*\* EMERGENCY \*\*\*

B & G proj. #:

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

Check # 7328

2015 AUG -3 AH 7: 53 Date of Notification (1) Name of Building Owner/Operator (2) 0 17 1/12 18 1/11 15 1 Harvest Restaurant Group Agencies Notified Type Notification Street Address ☐ EPA 2230 Rt. 10 West X Initial DEP City, State, Zip Code Amendment DOL Morris Plains.NJ 07950 X DOH Name of Contact Telephone Number Cancellation DCA Mark Zakrzewski **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 115 Elm Street # of Floors Bldg. Age Square Feet County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) Westfield Union commercial Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Project Manager for Monitoring Firm Phone Number Telephone Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched, Completion Date (11) B & G Restoration, Inc. 07/28/2015 07/29/2015 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Start: 11:00 a.m. LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition ☐ Full Containment w/negative pressure Glovebag procedure X Renovation ☐ Mini-enclosure Non-friable procedure  $\square > 3 \text{ sf or } > 3 \text{ If}$ ≥160 sf or ≥260 lf Is location normally used solely Location of E e e by maintenance/custodial Amount asbestos-containing Description of asbestos-containing n m p staff(12) C (Specify SF or material to be material (ACM) C 0 a LF) abated in facility (13) Yes No N/A X roofing & parapet wall flashing 800 saft & 100sa roof Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# Tullytown Resource & Recovery Center B & G Restoration, Inc. Disposal Date City, State Tullytown, PA Lincoln Park, NJ 07/29/2015 Signature Completed by (Print or Type) Gordana Luna Gordana Luna 07/28/2015 Secretary/Treasurer



#### STATE OF NEW JERSEY

## NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 AND 12:120)

| Date of Notification (1)                            | 0/4 5                     |  |                                  | Name of Buildin  | ig Owner/O         | perator (2)   | CE        | a fill   | - 2            | F 1 2                             |        |
|---|---------------------------|--|----------------------------------|------------------|--------------------|---------------|-----------|----------|----------------|-----------------------------------|--------|
| 07/2  | 8/15                      |  |                                  | Verona Publ      | ic School          | s District    |           | 1100     | 3-3            | AH 7                              | :51    |
| Agencies Notified                                   | Notification              | Гуре   |                                  | Street Address   |                    |               | á,        | şa i     | 1              |                                   |        |
| X EPA   | Initial                   |  |                                  | 151 Fairview     | / Av               |               |           | 7 1      | 11 00          | 200                               | 191_   |
| DEP .   | Amende                    | d #  |                                  | City, State, Zip | Code               |               |           |          | " h= 1 %       | 1973                              |        |
| ▼ DOL   | Emerger                   | ncy (includir  | ng                               | Verona, NJ       | 07044              |               |           |          |                |                                   |        |
| □ DOH   | justificat                | and the same of th |                                  | Name of Conta    | ct                 | Т             | Tel. Nu   | mber     |                |                                   |        |
| ☐ DCA   | Cancella                  | ation  |                                  | Mr. Paul Mo      | Devitt             |               |           |          | -              |                                   |        |
| Name of Facility Where Abatement is T               | aking Place (3            | ) .  | FACILITY INF                     | Type of Facility | (4)                |               |           |          | -              |                                   |        |
| Verona High School                                  | anny rideo (e             | <u>/</u>   |                                  |                  |                    |               |           |          |                |                                   |        |
| Street Address                                      |                           |  |                                  | X School (K      | -12)               |               |           |          |                |                                   |        |
| 151 Fairview Av                                     | 4                         |  |                                  | Subchapte        | er 8 (Other t      | han K-12)     |           |          |                |                                   |        |
| City (5)   County (6)                               |                           | County Co  | ode (7)                          |                  |                    | commercial b  | uildings, |          |                |                                   |        |
|   |                           | (State Use   |                                  | homes, e         | tc.)               |               |           |          |                |                                   |        |
| Verona Essex  Name of Monitoring Firm Hired by Bldg | Owner (8)                 | ASCM No  | <u> </u>                         | Name of Contra   | octor (9)          |               |           |          |                | -                                 |        |
| Westchester Environmental                           | . Owner (o)               | 00127  | -                                | MTM Metro        |                    | on            |           |          |                |                                   |        |
| Street Address                                      |                           |  |                                  | Street Address   |                    |               |           |          |                |                                   |        |
| 307 N Walnut Street                                 |                           |  |                                  | 135-137 Mc       |                    |               |           |          |                |                                   |        |
| City, State, Zip Code                               |                           |  |                                  | City State, Zipo | Code               |               |           |          |                |                                   |        |
| West Chester, PA 19380                              |                           |  |                                  | Paterson, N      | J 07501            |               |           |          |                |                                   |        |
| Project Manager for Monitoring Firm                 | Telephone I               | Number   |                                  | Telephone Nur    | nber               |               | License   | e Numb   | er             |                                   |        |
| Matt Abraham  | 610-996-3                 | 515  |                                  | 973-742-50       | 30                 |               | 00809     | 9        |                |                                   |        |
| Scheduled Start Date (10)                           | Scheduled                 | Completion   | Date (11)                        | Name of OSHA     |                    | • 1964-6      |           |          |                |                                   |        |
| 7/28/2015   | 7/29/2015                 | 5  |                                  | MTM Metro        | Corporat           | ion           |           |          |                |                                   |        |
| Occupancy Status During Abatement (                 | Check only on             | e)   |                                  | Street Address   | •                  |               |           |          |                |                                   |        |
|   | 1.                        |  |                                  | 135-137 Mo       | Bride Av           | enue          |           | - 100    |                |                                   |        |
| Facility Closed/Vacated During E                    | ntire Period of           | Abatement  |                                  | City, State, Zip | Code               |               |           |          |                |                                   |        |
| Abatement Performed Outside of                      | Normal Facilit            | y Hours  |                                  | Deterson N       | 107501             |               |           |          |                |                                   |        |
| Other-Describe:                                     |                           |  |                                  | Paterson, N      | 3 07501            |               |           |          |                |                                   |        |
| Source of Work (Check all that apply)               |                           |  |                                  | 2000 to 10 00 to | W. 10.1.1.1 Bas 14 |               |           |          |                |                                   |        |
| > 3 sf or > 3 lf                                    | Renovation                | 1  | Full                             | Containment wit  | h Negative         | Pressure      | Mil       | ni-Enclo | sure           |                                   |        |
| > 160 sf or > 260 lf                                | Demolition                |  | × Non                            | -Exempted(*) &   | Non-Friable        | Procedure     | ∑ Glo     | ovebag f | Procedu        | re                                |        |
|   | cation Normally           |  | Description of                   |                  | Amount (8          | Specify SF or | LF)       | Abate    | ment Ty        | oe e                              |        |
|   | y by Maint./Cu:<br>? (12) | stodiai  | thermal system<br>surfacing, VAT |                  |                    |               |           |          | Na Laboratoria | Continues to one of the continues |        |
| YES   |                           | N/A  | miscell.)                        |                  |                    |               |           | Rem.     | Rep.           | Encap                             | Endose |
| Hallway by Main Entrance                            | ×                         |  | TSI-pipe and fittings            |                  | 4 LF<br>26 LF      |               |           | X        |                | ×                                 | -      |
| Hallway By Main Entrance(Wrap&Cut)                  | ^                         |  | TSI-pipe and fittings            |                  | 20 Lr              | C Online      |           |          |                |                                   |        |
| Name of Dan Mosta Haulas                            | I NIDED WA                | eta Haular I   | 0#                               | Cubic Yards o    | [\Maste            |               | Name      | of Reg.  | andfill        |                                   |        |
| Name of Reg. Waste Hauler                           | 26552                     | ste Hauler I   | <u>U#</u>                        | 5                | vvasie .           |               | Tullytov  |          | Landini        |                                   |        |
| MTM Metro Corporation                               |                           |  |                                  | 3                |                    | Disp. Date    | ,         |          | City, Sta      | Α.                                |        |
| City, State Paterson, NJ 07501                      |                           |  |                                  |                  |                    | 7/17/2015     |           | 1.37     | ullytown       | 100000                            |        |
|   | Title                     |  |                                  | Cianatura        |                    |               | Data      |          | ,              | 1000                              |        |
| Completed by (Print or Type)                        | Title                     |  |                                  | Signature        | . 2                | _             | Date      |          |                |                                   |        |
| Elizabeth Maslarkov                                 | Business Ad               | ministrator  |                                  | Elizabeth        | Masla              | rkov          | 7/28/20   | )15      |                |                                   |        |

ASB-41

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

Jul 28 2015 07:59AM NJ Asbestos Control 609.633.0664

87/27/2015 11:51AM 2013297440

BEST REMOVAL INC

page 1

CIC # 5720 PAGE 82/84

## State of New Jersey HOTIFICATION OF ASSESTOS ASATEMENT (Pursuant to NJAC 8:50 and 12:126)

|   |                          |          |                      |          |  |   | 1001                            | 45 33                 |                |           | 0.000   | 24.00000 |
|---|--------------------------|----------|----------------------|----------|--|---|---------------------------------|-----------------------|----------------|-----------|---------|----------|
| Dinte of Hollhander (1)                           |                          |          | 1                    |          | - 40   | ng Owner/Operator   |                                 | = -1.6                | _              |           |         | 0.000    |
| Agency Notified                                   | Type Nethbullon          |          |                      |          | V D1°  |   | acre u                          |                       | _              | 1 -       | _       | -        |
|   |                          |          | 1                    |          |  | COPELAL   | 10 -10                          | LINVIVE               | )              | 1         | 1       | 1        |
| DEFA  | 40 trible<br>Q Amended   |          | -                    | 16       | S. Help. Els   |   | J B AG                          | A. 1.                 | 11.0           | -         | _       |          |
| STOL  | Arcandenant &            |          | -                    | 4        |  | DHURS   | E MAIN                          | .07071                |                | (T)(15-0) |         |          |
| HOLTH   | C'Emergency (arche       |          |                      | Name     | of Conta   | d Care  | -                               | Telephone Norm        | bor            | -         | _       |          |
| E DGA   | Concellation             |          |                      | MS       | SG   | NGERE   | CLA                             |                       | and the second | 4.5       | 2       |          |
|   |                          |          |                      | PAG      | LITY IN  | CRIMATION   |                                 |                       |                | 2         | -       | -        |
| Name of Facility Where I                          | Abeliantent is Telang P  | Acra (3  | )                    |          |  | 112   | Type of Facility                | (6                    |                |           |         | _        |
| MS.   | GINGERE                  | L        | ~                    |          |  | il de   | D School (K-1)                  | M.                    |                |           |         |          |
| Street Audress                                    |                          |          |                      |          |  | 34  | D Subolentation                 | 6 (C)(bet then K-12)  |                |           |         |          |
| 163 C   | so reman                 | D        | AU                   | 6        | 8  |   | homes de                        | rivata & aprimentis   | buichqu.       |           |         |          |
| CIN (II)  |                          |          |                      |          |  | 1111  | Square Feet                     | of Places             | Blog. Ap       | 3 ,       | -       |          |
| 1. FLNO   | HURST                    | ř        |                      |          |  | 110   | 2500                            | 2                     | Bildg. Au      | 14        | 9       |          |
| County (8)  | - '                      |          | 1                    | One      | ۽ ڪوڻ ۾  | ) are use   | Ourregt Line (P                 | tion if being demails | (neg)          | _         | _       | -        |
| Bende   |                          | 150      |                      | OWLA     | 3  | 1   | 120                             | 3100N 0               | 3              |           |         |          |
| Harms of Mentioring Pirts<br>(8)                  | Hired by Building Ove    | 100      | AEG                  | No.      |  | New of Abstan   | nent Contractor (               | 99)                   |                | -         | _       | 70       |
| Short Address                                     |                          |          |                      |          | *  | Best Re   | moval In                        | ė                     | _              |           |         |          |
| SEEST MARROS                                      |                          |          |                      |          |  | Street Address  | 79 James 17 A                   |                       |                |           |         |          |
| City, State, Zie Code                             |                          |          |                      |          |  | Chy. State, Zip C   | River St                        |                       |                | _         | _       |          |
|   |                          |          | 20                   |          |  | Control of |                                 | .J. 07601             |                |           | ,       |          |
| Project Money for Man                             | lating Pinn              | 13       | elepho               | ma No.   |  | Telephone No.   | 0000                            | Lineana No.           |                | -         | _       | -        |
|   |                          |          | 2                    |          |  | 201-329-  | 7444 .                          | 00388                 |                |           |         |          |
| Stand Darie (ND)                                  | Scheduled C              | emple    | don Ca               | tto (11) | The state of the s | Harrie of OSHA  | Monthy                          |                       |                | _         |         | -        |
| 7/29/13   |                          |          | 106                  | 15       |  | Onega En  | vironmen                        | tal                   |                |           |         | 1        |
| Occupantly Status During                          |                          | -0.00    |                      |          |  | Street Address  |                                 |                       |                |           | - 0     |          |
| C Facility Closed/Vacana                          | d During Entire Period   | of Abe   | da mon               |          |  | 280 Euy   |                                 |                       |                | _         |         |          |
| 2 Absternent Performed<br>Str Other - Describe: 7 | M TO SCE                 | Sept. He | PERS                 |          | 4  | Ohy, State, Zip C   |                                 | N.J. 0760             | 6 .            |           |         |          |
| Soons of Work (Check of                           | But apply)               |          |                      |          |  |   |                                 |                       |                |           | _       | $\dashv$ |
| Massacat  |                          |          |                      | Sec.     | dvarilon.  |   | Zistalnyment vetth<br>Emplement | Negative Préseure     |                |           |         | - 1      |
| D = 100 d or = 200 #                              |                          |          |                      | O Den    | nolition   | Al Glave  | abus Procedure                  | l Nóre-Printes Proces |                |           |         | 1        |
|   |                          | -        |                      | _        | r <del>'</del>   | CI Non-   | SHAMBING (C) PAR                | Nón-Printes Proce     | dure           |           |         | -        |
|   |                          | 1        | Locati<br>Normal     | by       | 3.5  |   | 1                               |                       |                | De        |         |          |
| Lacatio Containing TO RE All                      | n of<br>  Minnetol (ACO) | Une      | ed Belo<br>Militario | עם עם    | Amba   | Description o<br>time Cottaining Ma   | 18 Amelia) (ACTOR)              | Amount                |                |           | _       |          |
| TO BE AN  | ATED                     | 1        | <b>Lefted</b>        | al la    | 40   | - Thousand evolution  | Insulation.                     | (Specify              | 콯              | -         | Erronge | 5        |
| (15)  |                          |          | (12)                 | ٠        |  | enthicing, VAT.   | of.                             | SF or LF1             | Wednes         | Rappak    |         | 1        |
| V   | • 6                      | Yes      | Mo                   | 6.00     | 1  |   |                                 |                       | E              |           | 8       | 3        |
| BASSUENT  |                          | 10       | nap                  | NIA      |  | 1041  | 4 - 4 - 1                       |                       |                | 1         | 4       | 4        |
| BASE HEN  |                          | -        | -                    | -        | T WAST   | HAL SPERME  | - W-Ca1 1                       | 154                   | - F            | -         | +       | -        |
|   |                          |          | -                    |          | PERM   | nel suffice   | ING INST                        | 4558                  | - 7            | +         | 4       | -        |
|   |                          |          |                      |          |  |   |                                 |                       |                | +         | +       | $\dashv$ |
| Name of Registered What                           | in Restor                | MJ       | DEFV                 | Atopho H | zuler -  | Cubic Yards of  | Name of Ranks                   | hand Landell          |                |           |         | -        |
| Best Removal                                      | Inc                      | 100      | No                   | 7109     |  | 5-05- A-  |                                 | and Count             | r Lan          | a e       | 4.1     | 7        |
| City, State                                       | -410                     |          | , T                  | / I U S  | ,  |   | A                               | end Countr            | ) nam          | u.e.      | 6 4     | 4        |
|   | ack ,N.J'.               |          |                      |          |  | 7/30/15   | City, State                     | burgh , PA            | 172/           | 0         |         |          |
| Completed by                                      | 1110                     | 0,00     | 4 T                  |          |  | 7/3U/3  | uam.                            | NAT PH. ' LO          | - 1144         |           | _       | -        |
| J. Maiorano                                       | Estima                   | tor      |                      |          |  |   | مصمدن                           | ا جہ                  | 7/2            | 1)        | 15      | 1        |
| ARR-41  | " Do not                 |          | a Pure               | fat sal  | ha mines No  |   | And the second second           |                       |                | 1         | -       | _        |

NK 3387

ASB-41

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

SELEND FOR

2015 AUS -2 Name of Building Owner/Operator (2) Date of Notification (1) Street Address Type Notification Agency Notified initial i Chy, State, Zip Code II EPA 7090 Amended UNEST P DEP /Amendment# Telephone Number BOOL Emergency (including Name of Contact justification) **GOOH** Cancellation DOCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abetement is Taking Place (3) C School (K-12) D Subchapter 8 (Other than K-12) S Other (i.e. private & commercial buildings, Street Address homes, etc.) MUNSEE WAY 237 Bldg. Age # of Floors Square Feet 2,500 65 9 City (5) NO. Current Use (Prior if being demolished) WESTFIEL County Code (7) (STATE USE HOUSE County (6) ONEYT Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. INC NOUFITE Street Address Street Address ٠. City, State, Zip Code DO: 08857 BRIDGE City, State, Zip Code 00806 Project Manager for Manifoling Firm-Telephone No. 23 Name of OSHA Monitor Scheduled Completion Date (11) 1200 NOVALEC Start Date (10) 08 30 Street Address Occupancy States During Abatement (Check only one) A Facility Closed/Variated During Entire Period of Abetement

Abstanced Performed Outside of Normal Facility Hours Chy, State, Zip Code BRIDGE OID D Other - Describe: G Full Containment with Negative Pressure Scope of Work (Check all that apply) Q Mini-Enclosure C Renovation O Glovebag Procedure Q Non-Exempted (\*) and Non-Frielde Procedure. D Demolition 0235023F Abalement M 2 160 stor 2 260 M Type is Location Normally Description of Encapaulati Ashestus Containing Material (ACM) ANDREI Liceni Solely by Removal (Specify Location of (i.e., themel systems insulation, Ashesho-Containing Material (ACM) Maintenance! SFORLF Cretofal suifacing, VAT, or TO BE ABATED Stoff? oties miscelleneous) IN Facility (12) (13)NIA No Yes F1000 KOOM Name of Registered Landfill Cubic Yards of NUDEP Waste Hauter (0.5 Weste Name of Registered Waste Hauter ID No. J.OK1 City, State Disposal Date 08/31 City, State Date Signature SIE Jille, Completed by \* Do not use this form for asbestos licensure exempted activities PANIO

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

| Date of Notification (1)                          |                            |                     |                        |            | Name o             | f Building          | Owner/Ope                 | rator (2)                          | 2 1 1 1 1 1 1  |           |        |          |        |
|---|----------------------------|---------------------|------------------------|------------|--------------------|---------------------|---------------------------|------------------------------------|--|-----------|--------|----------|--------|
| 27 E  | y 29, 2015                 |                     |                        |            | l taine 0          | . Dandlig           |                           |                                    | the same   | . 2       | 7      | 36:      | 7      |
| Agencies Notified Typ  [ X ] EPA [                | 10 m                       | Notific             | ation<br>tification    |            | Street A           |                     |                           | name odan                          | ctors, Inc.  |           |        |          |        |
| [x] DOL [x  | Amen                       | dment #<br>gency (i |                        |            | City, Sta          | ate, Zip Co         | de<br>Jackso              | on, NJ 08527-                      | CEHOING  | 15.       |        |          |        |
| [ X ] DOH<br>[ ] DCA                              |                            | cation)             |                        |            | Name o             | f Contact<br>Bob    | 35                        | Г                                  | elephone Number  |           | -      |          |        |
|   |                            |                     |                        | FAC        | CILITY I           | INFORM              | IATION                    |                                    |  |           |        |          |        |
| Name of Facility Where Abatem<br>Residen          | _                          | Place (3            | )                      |            |                    |                     |                           | Type of Facility (4)               | School (k-12)  |           |        |          |        |
| Street Address 46 Gilb                            | ert Road                   |                     |                        |            |                    |                     |                           | [ x ]                              | Subchapter 8 (oth<br>Other (i.e., privat<br>homes, etc.) |           |        | ial buik | dings, |
| City  |                            | Count               | y (6)                  |            | County C<br>(STATE | Code (7)<br>USE ONL | Y)                        | Square feet<br>1500 sf             | # of Floors  | Bldg      | , Age  | 50       |        |
| Springfield                                       |                            | Unic                | n                      |            |                    |                     | 5                         | Current Use (Prior if Resider      |  |           |        | 70       |        |
| Name of Monitoring Firm Hired<br>N/A              | by Building C              | )wner (8            | 3)                     |            | ASCM N             | No.                 | Name of                   | Abatement Contractor               | (9)  | T         |        |          |        |
| Street Address                                    |                            |                     |                        |            |                    |                     | Street Ac                 | ldress                             | an Contracting,  | inc.      |        |          |        |
| City, State, Zip Code                             |                            |                     |                        |            |                    |                     | City, Sta                 | te, Zip Code                       | oute 9, Unit 61  | 2000-1000 |        |          |        |
| Project Manager for Monitoring                    | Firm                       |                     | Telephone              | Number     |                    |                     |                           | e Number                           | License N  |           | 755-1  | 271      |        |
| Scheduled Start Date (10)                         |                            |                     | Scheduled              |            | ion Date (1        | 1)                  | 732-34<br>Name of         | OSHA Monitor                       | 00624  |           |        |          |        |
| 7/30/15 Occupancy Status During Abates            | ment (Check o              | only one            | 7/31/1                 | 5          |                    |                     | Street Ac                 |                                    | L. Analytical  |           |        |          |        |
|   | losed/Vacated              |                     |                        |            |                    |                     |                           | 1056 St                            | telton Road  |           |        |          |        |
| Other – D   | nt Performed C<br>Describe | Juiside             | or Normal F            | acility He | ours               |                     | City, Star                | te, Zip Code<br>Piscata            | way, New Jerse   | y 088     | 54     |          |        |
| Scope of Work (Check all that ap                  | pply)                      |                     |                        |            |                    |                     | [ ]                       |                                    | with Negative Pres                                       | sure      |        |          |        |
| [ ] >3 sf or ≥                                    | 3 lf                       |                     | [ ]                    | Renova     | ntion              |                     | [ ]                       | Mini-Enclosure<br>Glovebag Procedu | ıre  |           |        |          |        |
| [ X ] ≥160 sf or                                  | r ≥260 lf                  |                     | [x]                    | Demol      | ition              |                     | [ x ]                     | Non-Exempted (*                    | ) and Non-Friable I                                      | Procedu   | re     |          |        |
|   |                            |                     | •                      |            |                    |                     |                           |                                    |  | Abat      | ement  | Гуре     |        |
| Location of                                       |                            | 7                   | Is Location Normally u |            |                    |                     | Description<br>bestos-Cor |                                    | Amount   | R         | R      | E        | E      |
| Asbestos-Containing Materi                        | ial (ACM)                  | 1                   | Solely by              |            |                    |                     | Material (A               |                                    | (Specify SF  | E         | E<br>P | N<br>C   | N<br>C |
| TO BE ABATED                                      |                            | Main                | tenance/Cu             | ıstodial   |                    | (i.e                | , thermal                 | systems                            | or LF)   | M         | A      | A        | L      |
| in facility                                       |                            |                     | Staff                  |            |                    | inst                | ulation, su               |                                    |  | O<br>V    | I      | P        | 0      |
| (13)  |                            |                     | (12)                   |            |                    | oth                 | VAT, c<br>er miscella     |                                    |  | A         | R      | S        | S<br>U |
|   |                            | YES                 | NO                     | N/A        |                    | Our                 | or miscom                 | micous)                            |  | L         |        | L<br>E   | R<br>E |
| Exterior  |                            |                     | X                      |            | Asbes              | stos sidir          | ıg                        |                                    | 1500 sf  | X         |        |          |        |
|   |                            |                     |                        |            |                    |                     |                           |                                    |  |           |        |          |        |
|   |                            |                     | -                      |            |                    |                     |                           |                                    |  |           |        |          |        |
| Name of Registered Waste Haule                    | ) T                        |                     | NJDEP Wast             | to Moules  | ID No.             | Cubia Va            | -16111                    | - Di- CR is                        | 17 1611  |           |        |          |        |
| Guardian Contrac                                  |                            |                     |                        | 0223       | ואס.               | Cubic Ya            | rds of Wast<br>3          | Name of Register T.R.R.F.          | red Landfill   |           |        |          |        |
| City, State Toms River, New                       |                            |                     |                        |            | sal Date           |                     | City, Sta                 |                                    | 1  |           |        |          |        |
| Completed by (Print or Type)<br>Nicholas Fernicol | la                         | Title<br>Proje      | ect Manag              |            | Signatu            | ure                 | chr                       | P'I                                | V  | Date 7/29 | /201   | 5        |        |

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

Check# 10046

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

| Date of Notification (1)   |             |                  | Name      | of Building  | Owner/Operator   | (2)               |  |         |        |             |           |
|--|-------------|------------------|-----------|--------------|--|-------------------|--|---------|--------|-------------|-----------|
| 7 / 31 /   | 15          |                  | City      | of Camo      | den  |                   | & P + =                                  | . p i   |        |             |           |
| Agencies Notified Type Notifica  | tion        |                  | Street    | Address      |  |                   | 2819                                     | Abb     | +1     | Syli        | 1         |
|  |             |                  | PO        | Box 9512     | 20   |                   |  |         |        |             |           |
| □ DOLWD □ Amended  |             |                  | City, S   | tate, Zip C  | ode  |                   | 7 7                                      |         |        |             |           |
| □ DOH Amendme  |             |                  | Can       | nden, NJ     | 08101  |                   |  |         |        | \$ 1.       | + ;       |
| DCA Emergence (NJAC 5:23-8)   Emergence  |             |                  | Name      | of Contact   |  |                   | Telephone Num                            | ber     |        |             |           |
| ☐ Cancellati   |             |                  | Joh       | n Bond       |  |                   | 2  |         |        |             |           |
|  |             |                  | FAC       | CILITY IN    | FORMATION  |                   |  |         |        |             |           |
| Name of Facility Where Abatement is T  | aking Place | (3)              |           |              |  | Type of Facility  | (4)                                      |         |        |             |           |
| TIOGA STREET RESIDENCES  |             |                  |           |              |  | School (K-1       |  | v       |        |             |           |
| Street Address   |             |                  |           |              |  |                   | 8 (Other than K-12<br>private and commer |         | ildina | S.          |           |
| 1742, 1744, 1807, 1809, 1810, 1  | 813, 1815,  | 1817             | , 1823    | , 1825, 18   | 327 TIOGA ST   | homes, etc.       | )  |         |        |             |           |
| City (5)   |             |                  |           |              |  | Square Feet       | # of Floors                              |         | dg. Ag | je          |           |
| Camden   |             |                  |           |              |  | varies            | varies                                   |         | 50+    |             |           |
| County (6)   |             |                  | Cour      | ty Code (7)  | )(STATE USE ONLY)  | 34                | rior if being demolis                    |         |        |             |           |
| CAMDEN   |             |                  |           |              |  | HOUSING           | DEEMED UNSAF                             | E       |        |             |           |
| Name of Monitoring Firm Hired by Build   | ing Owner   | (8)              | ASCM      | No.          | The state of the s | ent Contractor (9 | X.                                       |         |        |             |           |
| Health and Safety Services   |             |                  | 117       |              | Controlled E   | Invironmental     | Systems                                  |         |        |             |           |
| Street Address   |             |                  |           |              | Street Address   |                   |  |         |        |             |           |
| PO Box 365   |             |                  |           |              | 1121 N. Beth   | nlehem Pike - S   | Suite 60                                 |         |        |             |           |
| City, State, Zip Code  |             |                  |           |              | City, State, Zip C   | ode               |  |         |        |             |           |
| Berlin, NJ 08009   |             |                  |           |              | Spring Hous  | se, PA 19477      |  |         |        |             |           |
| Project Manager for Monitoring Firm  |             | Tele             | phone     | No.          | Telephone No.  |                   | License No.                              |         |        |             |           |
| Jim Proctor  |             | С                | 609-8     | 39-2432      | 215 542 700  | 0                 | 00847                                    |         |        |             |           |
| The state of the s | cheduled C  |                  |           |              | Name of OSHA   | Monitor           |  |         |        |             |           |
| 8 / 10 / 15  | 9/          | 30               | _ / -     | 15           | CES  |                   |  |         |        |             |           |
| Occupancy Status During Abatement (0   | Check only  | one)             |           |              | Street Address   |                   |  |         |        |             |           |
| ☐ Facility Closed/Vacated During Entir   |             |                  |           |              | 1121 N Beth  | lehem Pike -S     | uite 60                                  |         |        |             |           |
| Abatement Performed Outside of No<br>Time of Abatement: 7:00AM-5:00F   |             |                  |           | cribe        | City, State, Zip C   | ode               |  |         |        |             |           |
|  | IVI/F       | //               |           |              | Spring Hous  | se, PA 19477      |  |         |        |             |           |
| Scope of Work (Check all that apply)   |             |                  |           |              |  | ntainment with Ne | gative Pressure                          |         |        |             |           |
| ☐ >3 sf or >3 If   | □R€         | novati           | on        |              | ☐ Mini-En  |                   | egative Fressure                         |         |        |             |           |
| ≥160 sf or ≥260 lf   | ⊠ De        | molitic          | n         |              |  | ag Procedure      | E  | 220     |        |             |           |
|  |             |                  |           | T            | ⊠ Non-Ex   | empted (*) and N  | on-Friable Procedu                       | 1       |        |             |           |
| Location of  | 100000      | Locat<br>Norma   |           |              | Description  | of                |  | -       | atem   |             | 1         |
| Asbestos-Containing Material (ACM  | ) Use       | ed Sole          | ely by    | Asbe         | stos Containing M  |                   | Amount                                   | Removal | Repair | Enc         | Enclosure |
| TO BE ABATED   | 0.000       | intena<br>todial |           | (i.e         | ., thermal systems   |                   | (Specify                                 | Nova    | air    | aps         | losu      |
| IN Facility (13)   | 000         | (12)             | otun.     |              | surfacing, VA other miscellan  |                   | SF or LF)                                | =       |        | Encapsulate | re        |
| ()   | Yes         | No               | N/A       |              |  |                   |  |         |        | CD          |           |
| SEE ATTACHED   |             |                  |           | SEE AT       | TACHED   |                   |  |         |        |             |           |
|  |             |                  |           |              |  |                   |  |         |        |             |           |
|  | П           |                  |           |              |  |                   |  |         |        |             |           |
|  |             | П                | T         |              |  |                   |  | П       | П      | П           | П         |
| Name of Registered Waste Hauler  |             |                  | JDEP V    | //<br>//aste | Cubic Yards of   | Name of Red       | <br>istered Landfill                     |         |        |             |           |
| Waste Management of NJ   |             | 1000             | lauler II | O No.        | Waste Pro-   | GROWS             |  |         |        |             |           |
| City, State  |             |                  | 17273     | 5            | 200/residen<br>Disposal Date   | City, State       |  | -       |        |             |           |
| Fairless Hills, PA   |             |                  |           |              | 9/30/15  | Tullytowr         | n PA                                     |         |        |             |           |
| Completed By (Print or Type)   | Title       |                  |           |              | Signature  | 2/                | D  | ate /   |        |             |           |
| Patricia Visco   | Office      | Mana             | ger       |              | Patu   | us-Visc           |  | 7/3     | 31/    | 5           |           |

ASB-41 JAN 13

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

CK 4/236

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

|  | 100                          | (Pt           | ursuant            | to NJAC               | 8:60 and                      | 12:120            | 0)                      | •   | 1 1         |                              |             |                       |             |            |
|--|------------------------------|---------------|--------------------|-----------------------|-------------------------------|-------------------|-------------------------|---|-------------|------------------------------|-------------|-----------------------|-------------|------------|
| Date of Notification (1) 7/28/15   |                              |               | Name of<br>Prince  | Building ton Univ     | Owner/C<br>rersity,           | perator<br>Truste | (2)<br>ees              | of Princeto   |             | versity                      |             |                       |             |            |
| Agencies Notified Type Notification  EPA Initial                             |                              | 32 10         | 01100171           | ddress<br>:Millan E   |                               |                   |                         | 2   | AUG         | -J AM                        | 9:          | 57                    |             | -00-20-117 |
| DEP Amended Amendment #  |                              |               |                    | te, Zip Co<br>ton, NJ |                               |                   |                         |   | 8.11        | CENTIA                       | ITR         | ΰL                    |             |            |
| Emergency (i justification)  DCA  Cancellation                               | ncluding                     |               | Name of<br>Bob O   | Contact<br>rtego      |                               |                   | -                       |   | Tal         | enhone Nur                   | nher        |                       | Y           |            |
| N  |                              |               | FACI               | LITY INFO             | DRMATI                        | ON                |                         |   |             |                              |             |                       |             |            |
| Name of Facility Where Abatement is Taking Butler Apartments                 | Place (3)                    |               |                    |                       |                               |                   | Тур                     | oe of Facility of School (K-1                                 | 0.5         |                              |             |                       |             |            |
| Street Address<br>Butler Avenue and Marshall Street                          |                              |               |                    |                       |                               |                   | ×                       | Subchapte   | 8 (Oth      | er than K-12<br>& commerci   |             | dings,                | home        | es,        |
| City (5)<br>Princeton  |                              |               |                    |                       |                               |                   | 0.00                    | uare Feet<br>e Attached                                       | 10000000    | f Floors                     |             | 8ldg. <i>A</i><br>i0+ | \ge         |            |
| County (6)<br>Mercer   |                              |               |                    | Code (7)<br>JSE ONLY  |                               |                   |                         | rrent Use (Pri<br>esidential                                  | or if bei   | ng demolish                  | ned)        |                       |             |            |
| Name of Monitoring Firm Hired by Building C<br>Pennoni Associates            | wner (8)                     |               | ASCN               | No.                   |                               |                   |                         | batement Colices, LLC   | ntractor    | (9)                          |             |                       |             |            |
| Street Address<br>515 Grove Street, Suite 1B                                 |                              |               | -                  |                       |                               | Street<br>407     |                         | ress<br>st Lincoln H  | Highwa      | ay, Suite :                  | 500         |                       |             |            |
| City, State, Zip Code<br>Haddon Heights, NJ 08035                            |                              |               |                    |                       |                               | City, S           | State,                  | Zip Code<br>A 19341   |             |                              |             |                       |             |            |
| Project Manager for Monitoring Firm<br>Alan Lloyd                            |                              |               | Telephoi<br>856-65 | ne No.<br>6-2875      |                               | Teleph<br>484-    |                         | No.<br>-8884  |             | License N<br>01161           | 0.          |                       |             |            |
|  | Scheduled<br>9/30/15         | I Con         | npletion I         | Date (11)             |                               | Name<br>EMS       |                         | SHA Monitor   | 5+5         |                              |             |                       |             |            |
| Occupancy Status During Abatement (Check                                     | Only One                     | )             |                    |                       |                               | Street            | Add                     | ress  | -           |                              |             |                       |             |            |
| Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm  | eriod of Ab<br>al Facility I | atem<br>Hours | ent                |                       |                               | man vec           |                         | ite 130 Nor<br>Zip Code                                       | th          |                              |             |                       |             |            |
| Other - Describe:  |                              |               |                    |                       | _                             | Cinn              | ami                     | nson, NJ  |             |                              |             |                       |             |            |
| Scope of Work (Check All That Apply)   ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf    |                              | nova          |                    |                       |                               | ××××              |                         | Full Containm<br>Mini-Enclosur<br>Glovebag Pro<br>Non-Exempte | e<br>cedure | -                            |             |                       | e           |            |
|  | 10000                        | ocati         | 7                  |                       |                               |                   |                         |   |             |                              |             |                       | ement       | i          |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Used<br>Main<br>Custo        | tenar         | ly by<br>nce/      |                       | tos Cont<br>thermal<br>surfac |                   | Mater<br>s ins<br>T, or |   | (5          | mount<br>Specify<br>F or LF) | Removal     | Repair                | Encapsulate | Enclosure  |
| 0 11 11 11 11 11 11 11 11 11 11 11 11 11                                     | Yes                          | No            | N/A                |                       |                               |                   |                         |   |             |                              |             |                       | rp .        |            |
| See attached information sheet   |                              |               |                    |                       |                               |                   |                         |   |             |                              |             |                       |             |            |
|  |                              |               |                    |                       |                               |                   |                         |   |             |                              | _           |                       |             |            |
|  |                              |               |                    |                       |                               |                   |                         |   |             |                              | -           |                       |             |            |
| Name of Registered Waste Hauler  |                              | IN            | JDEP-W             | aste                  | Cubic                         | Yards             |                         | Name of   | Registe     | red Landfill                 |             |                       |             |            |
| Waste Management of New Jersey   |                              | 2019          | auler ID           |                       | of Was                        |                   |                         | GROW  |             |                              |             |                       |             |            |
| City, State<br>Trenton, NJ   |                              |               |                    |                       | Dispos<br>TBD                 | al Date           | Ĭ.                      | City, Stat<br>Morrisv   |             | Ą                            | 455         |                       |             |            |
| Completed by<br>Jack Bally   | Title<br>Sr. Pro             | ject          | Manag              | ger                   | S                             | ighature<br>400   | h                       | Ball  | /           | Da 7/2                       | te<br>28/15 | 5                     |             |            |

Do not use this form for asbestos licensure exempted activities.

# 2015 AUG -3 AM 9:58

#### **Butler Apartments**

#### Phase I

| Building ID           | No. of<br>Units |
|-----------------------|-----------------|
| 214 Halsey Court      | 4               |
| 216 Halsey Court      | 3               |
| 218 Halsey Court      | 3               |
| 220 Halsey Court      | 3               |
| 222 Halsey Court      | 3               |
| 224 Halsey Court      | 3               |
| 226 Halsey Court      | 3               |
| 228 Halsey Court      | 3               |
| 414 Devereaux Avenue  | 4               |
| 416 Devereaux Avenue  | 2               |
| 418 Devereaux Avenue  | 3               |
| 415 Devereaux Avenue  | 2               |
| 417 Devereaux Avenue  | 3               |
| 417 Butler Avenue     | 2               |
| 419 Butler Avenue     | 2               |
| 421 Butler Avenue     | 3               |
| 418 Butler Avenue     | 2               |
| 420 Butler Avenue     | 2               |
| 422 Butler Avenue     | 2               |
| 217 Halsey Court      | 4               |
| 219 Halsey Court      | 4               |
| 221 Halsey Court      | 4               |
| 223 Halsey Court      | 4               |
| 218 Eisenhower Street | 3               |
| 220 Eisenhower Street | 3               |
| 222 Eisenhower Street | 3               |
| 224 Eisenhower Street | 3               |

Butler Apartments 2 Unit Building -~1,100 square feet

ecoservices, LLC

| Ø1                   |  | p Enclosure          |                                 |                |                    |                       |                      |  |  |  |
|----------------------|--|----------------------|---------------------------------|----------------|--------------------|-----------------------|----------------------|--|--|--|
| Abatement Type       |  | Encap                |                                 |                |                    |                       |                      |  |  |  |
| Abaten               |  | Repair               |                                 |                |                    |                       |                      |  |  |  |
|                      |  | Removal              | ×                               | ×              | ×                  | ×                     | ×                    |  |  |  |
|                      | Amount<br>(Specify SF or LF)   |                      | 1,100 SF                        | 400 SF         | 2 Each             | 900 SF                | 12 LF                |  |  |  |
|                      | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or | other miscellaneous) | Tile, Mastic, leveler, linoleum | Transite Skirt | Sink under coating | Transite panel debris | Flue pipe insulation |  |  |  |
| Is location normally | used solely by<br>Maintenance/<br>Custodial Staff?   | Yes No N/A           | N/A                             | N/A            | N/A                | N/A                   | N/A                  |  |  |  |
| Location of          | Asbestos Containing Material (ACM)<br>To Be Abated<br>In Facility                                      |                      | 1st Floor                       | Exterior       | 1st Floor          | Attic / Crawlspace    | Attic                |  |  |  |

2015 AUG -3 AK 9:58

Butler Apartments 3 Unit Building -~2,000 square feet

| Is location normally               | ally   |  |                    |         | Abatem | Abatement Type |           |
|------------------------------------|--------|--|--------------------|---------|--------|----------------|-----------|
| used solely by Maintenance/ Descri | Descri | Description of Asbestos Containing Material (ACM)    | Amount             |         |        | ę              |           |
|                                    | (i.e.  | (i.e. thermal systems insulation, surfacing, VAT, or | (Specify SF or LF) |         |        |                |           |
| Yes No N/A                         |        | other miscellaneous)                                 |                    | Removal | Repair | Encap          | Enclosure |
| N/A Tile,                          | Tile,  | Tile, Mastic, leveler, linoleum                      | 1,980 SF           | ×       |        |                |           |
| N/A Tran                           | Tran   | Transite Skirt                                       | 475 SF             | ×       |        |                |           |
| N/A Sink                           | Sink   | Sink under coating                                   | 3 Each             | ×       |        |                |           |
| N/A Trans                          | Trans  | Transite panel debris                                | 1,600 SF           | ×       |        |                |           |
| N/A Flue                           | Flue   | Flue pipe insulation                                 | 23 LF              | ×       |        |                |           |
|                                    |        |  |                    |         |        |                |           |
|                                    |        |  |                    |         |        |                |           |
|                                    |        |  |                    |         |        |                |           |
|                                    |        |  |                    |         |        |                |           |
|                                    |        |  |                    |         |        |                |           |
|                                    |        |  |                    |         |        |                |           |

2015 AUG -3 AH 9:58 ELICEKTING

ecoservices, LLC

| feet      |
|-----------|
| square    |
| ~2,600    |
| ilding -' |
| Unit Bu   |
| 4         |

**Butler Apartments** 

| Location of .                      | Is location normally |  |                    |         | Abatement Type | ent Type |           |
|------------------------------------|----------------------|--|--------------------|---------|----------------|----------|-----------|
| Asbestos Containing Material (ACM) | used solely by       |  |                    |         |                |          |           |
| To Be Abated                       | Maintenance/         | Description of Asbestos Containing Material (ACM)    | Amount             | 10      |                |          |           |
| In Facility                        | Custodial Staff?     | (i.e. thermal systems insulation, surfacing, VAT, or | (Specify SF or LF) |         |                |          |           |
|                                    | Yes No N/A           | other miscellaneous)                                 |                    | Removal | Repair         | Encap    | Enclosure |
| 1st Floor                          | N/A                  | Tile, Mastic, leveler, linoleum                      | 2,580 SF           | ×       |                |          |           |
| Exterior                           | N/A                  | Transite Skirt                                       | 643 SF             | ×       |                |          |           |
| 1st Floor                          | N/A                  | Sink under coating                                   | 4 Each             | ×       |                |          |           |
| Attic / Crawlspace                 | N/A                  | Transite panel debris                                | 2,115 SF           | ×       |                |          |           |
| Attic                              | N/A                  | Flue pipe insulation                                 | 8 LF               | ×       |                |          |           |
|                                    |                      |  |                    |         |                |          |           |
|                                    |                      |  |                    |         |                |          |           |
|                                    |                      |  |                    |         |                |          |           |
|                                    |                      |  |                    |         |                |          |           |
|                                    |                      |  |                    |         |                |          |           |
|                                    |                      |  |                    |         |                |          |           |

2015 AUG -3 AM 9: 58 ELICEN ING CK 4235

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

| Date of Notification (1)        |                      | _                |                  | Name of    | f Building                  | Owner/0                                 | Operator                                    | (2)        |                                |          |                 |           |         |             |                |
|---------------------------------|----------------------|------------------|------------------|------------|-----------------------------|---|---|------------|--------------------------------|----------|-----------------|-----------|---------|-------------|----------------|
|                                 | 7-31-15              |                  |                  | 1          | VEW                         | P61                                     | 7 6   | 27-17      | 272                            |          | 5               | F15 /     | 110     |             |                |
| Agencies Notified               | Type Notification    |                  |                  | Street A   | ddress                      |   |   |            |                                |          |                 | 10 /      | U.G     | Ü           | Est i          |
| П ЕРА                           | × Initial            |                  |                  | 3          | U Ma                        | 122                                     | Dr.   | 100        | CRES                           | 7        |                 |           |         |             | .,,            |
| DEP                             | Amended              |                  |                  | City, Sta  | te, Zip Co                  | de                                      |   |            |                                |          |                 |           | 1       |             |                |
| X DOL                           | Amendment a          |                  | -                | 1/6        | rsey                        | C1                                      | T4  | , N.       | J 0                            | 15       | 10              |           | .10:    | 10          | $E_{\rm L}(r)$ |
| X DOH                           | justification)       | ricidaling       |                  |            |                             |   |   |            |                                |          |                 |           |         |             | 3.2            |
| ☐ DCA                           | Cancellation         |                  |                  | VE         | REM                         | 4 -                                     | 1. 5  | 772/       | -6-                            | ٠ - سندر |                 |           |         |             |                |
|                                 |                      |                  |                  | FACI       | LITY INFO                   | DRMAT                                   | ION   |            |                                |          |                 |           |         |             |                |
| Name of Facility Where          |                      |                  |                  |            |                             |   |   | Type       | of Facility (4                 | )        |                 |           |         |             |                |
| AMC Lowes Newpo                 | ort Center Movie     | rneau            | е                |            |                             |   |   |            | School (K-12                   |          |                 |           |         |             |                |
| Street Address                  | 10/                  |                  |                  |            |                             |   |   |            | Subchapter (<br>Other (i.e. pr |          |                 |           | dinas   | home        | 0.0            |
| 30 - 300 Mall Drive             | vvest                |                  |                  |            |                             |   |   |            | tc.)                           | ivale a  | Commerci        | ai buli   | unigs,  | HOHIE       | 55,            |
| City (5)                        |                      |                  |                  |            |                             |   |   |            | e Feet                         | 2000     | Floors          |           | Bldg. A |             |                |
| Jersey City                     |                      |                  |                  |            |                             |   |   | 55,00      | 00                             | 2        |                 | 4         | -0 +/-  |             |                |
| County (6)                      |                      |                  |                  |            | Code (7)                    |   |   |            | nt Use (Prio                   |          | g demolis       | ned)      |         |             |                |
| Hudson                          |                      |                  |                  | (STATE )   | JSE ONLY,                   | -                                       | _   |            | e Theatre                      |          |                 |           |         |             |                |
| Name of Monitoring Firm         |                      |                  |                  | ASCN       |                             |   |   |            | ement Cont                     | ractor ( | 9)              |           |         |             |                |
| Accredited Environ              | mental Technolo      | gies, Ir         | ıc.              | 0021       |                             |   | ecos  | service    | s, LLC                         |          |                 |           |         |             |                |
| Street Address                  |                      |                  |                  |            |                             |   |   | Addres     |                                |          |                 |           |         |             |                |
| 220 Church Road                 |                      |                  |                  |            |                             |   | 407   | W. Lin     | coln Hwy                       |          |                 |           |         |             |                |
| City, State, Zip Code           | 10                   |                  |                  |            |                             |   | City, S                                     | State, Zi  | p Code                         |          |                 |           |         |             |                |
| Bridgewater, NJ 08              | 807                  |                  |                  |            |                             |   | Exto  | n, PA      | 19341                          |          |                 |           |         |             |                |
| Project Manager for Mor         |                      |                  |                  | Telepho    | ne No.                      |   | Teleph                                      | hone No    | ).                             |          | License N       | lo.       |         |             |                |
| ERIC House                      | Knecht               |                  |                  | 908-2      | 18-11                       | 08                                      | 484-  | 872-88     | 384                            |          | 0110            | 5/        |         |             |                |
| Start Date (10) PHASE I - 2     | 0/17/15              | Schedule         | ed Cor           | npletion J | Date (11)                   |   | Name  | of OSH     | A Monitor                      |          | - , , .         |           |         |             |                |
| PHASE I T.                      | 011515               | 24250            | 14               | - 101      | Date (11)<br>45/15<br>22/15 |   | EMS   | SL.        |                                |          |                 |           |         |             |                |
| Occupancy Status Durin          | g Abatément (Check   | Only On          | ne)              |            | 113                         |   | Street                                      | Addres     | S                              |          |                 |           |         |             |                |
| Facility Closed/Vac             | ated During Entire P | eriod of A       | Abater           | nent       |                             |   | 200   | Route      | 130 N.                         |          |                 |           |         |             |                |
| Abatement Perform               | ed Outside of Norm   | al Facility      | Hour             | s          |                             |   | City, S                                     | State, Zij | Code                           |          |                 |           |         |             |                |
| X Other - Describe:             | acant                | during wo        | ork              |            | Cinn                        | amins                                   | on, NJ 08                                   | 3077       |                                |          |                 |           |         |             |                |
| Scope of Work (Check A          |                      | a providence and |                  |            |                             |   |   |            |                                |          |                 |           |         |             |                |
| ≥3 sf or ≥3 lf                  |                      | X R              | Renova           | ation      |                             |   |   | ] Full     | Containme                      | nt with  | Negative F      | Presen    | re      |             |                |
| × ≥160 sf or ≥260 lf            |                      |                  | emoli            |            |                             |   |   |            | i-Enclosure                    | iic with | regulive i      | 10300     | 10      |             |                |
|                                 |                      |                  |                  |            |                             |   | ×   |            | vebag Proce                    |          | Non Friel       | I- D      |         |             |                |
|                                 |                      | 1                |                  |            |                             |   | TVOIT-EXEMPLE ( ) and IVOIT-I habite 1 Took |            |                                |          | Wast - N.       | Abatement |         |             |                |
| 771 6500                        |                      | 1000             | Locat<br>Vorma   | 200        |                             |   |   |            |                                |          |                 | Ту        |         | 0           |                |
| Location                        |                      | 12/07            | d Sole           |            | A = b = = =                 |   | scription                                   |            | /AONA)                         |          |                 |           | Г       |             |                |
| Asbestos-Containing<br>TO BE AB |                      | Ma               | intena           | nce/       |                             |   | taining N<br>I system                       |            |                                |          | nount<br>pecify | D         | _       | Enc         | Ш              |
| In Facil                        |                      | Cust             | todial (<br>(12) | Staff?     | ,                           | surfa                                   | cing, VA                                    | T, or      | ,                              |          | or LF)          | Remova    | Repair  | aps         | clo            |
| (13)                            |                      |                  | (12)             |            |                             | other r                                 | miscellar                                   | neous)     |                                |          |                 | oval      | air.    | Encapsulate | Enclosure      |
|                                 |                      | Yes              | No               | N/A        |                             |   |   |            |                                |          |                 |           |         | te          |                |
| Auditoriums                     | s 1 - 11             |                  | X                |            |                             | Co                                      | ve Ba                                       | se         |                                | 18       | 00 sf           | x         |         |             |                |
|                                 | 22 67 120 25         |                  |                  | -          |                             | (200)                                   |   | S.W        |                                |          |                 |           | -       |             | -              |
|                                 |                      |                  |                  |            |                             |   |   |            |                                |          |                 | -         | -       |             |                |
|                                 |                      |                  |                  |            |                             |   |   |            |                                |          |                 |           |         |             |                |
|                                 |                      | 38               |                  |            |                             |   |   |            |                                |          |                 |           |         |             |                |
| Name of Registered Was          | ste Hauler           |                  |                  | JUEP W     | aste                        | Cubic                                   | Yards                                       |            | Name of R                      | Register | ed Landfill     |           |         |             |                |
| Waste Management                |                      |                  | 10000            | lauler ID  |                             | of Wa                                   |   |            | Grows L                        |          |                 |           |         |             |                |
| 4078                            |                      |                  |                  |            |                             | 5                                       |   |            |                                |          |                 |           |         |             |                |
| City, State                     | 5-11-12-52           |                  | 7.7              |            |                             | 100000000000000000000000000000000000000 | sal Date                                    |            | City, State                    |          |                 |           |         |             |                |
| Trenton, NJ                     |                      |                  |                  |            |                             | TBD                                     |   |            | Morrisvil                      | ie, PA   | 90              |           |         |             |                |
| Completed by                    |                      | Title            |                  |            |                             | S                                       | Signature                                   |            | 9 0 0                          |          | Da              | te /3//   | /       |             |                |
| Joe White                       |                      | Proje            | ct Ma            | anager     |                             |   | d   | 2000 6     | 1. 1Uh                         | 90       | 17              | 1311      | 15      |             |                |

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

| Date of Notification (1)                     |                           |                                    | (; -1)                          | Name of Buildi                          | ng Owner/Ope                | erator (2)                   |  | . 1.19                                  | 41.    | 37           |        |  |
|--|---------------------------|------------------------------------|---------------------------------|---|-----------------------------|------------------------------|--|---|--------|--------------|--------|--|
|  | July 29, 2015             |                                    |                                 |   | Schw                        | eitzer-Mauduit               |  | 2-                                      | 73     | 63           |        |  |
| Agencies Notified  [ X ] EPA  [ ] DEP        | [ ] Amer                  | l Notifica<br>nded Noti            | fication                        | Street Address  City, State, Zip        |                             | ain Street                   | 2015 AUG - 3                           | ) AH                                    | 7:     | 58           |        |  |
| [X] DOL                                      | [x] Emer                  | ndment # <sub>_</sub><br>gency (in |                                 | City, State, Zip                        |                             | wood, New Jersey             | The hand I                             | HOU!                                    | H.R.   | Ē <u>1</u> . |        |  |
| [X] DOH<br>[] DCA                            |                           | ication)<br>ellation               |                                 | Name of Conta<br>Ha                     | Bernstein                   |                              | Telephone Number                       |   |        |              |        |  |
| [ ] 50.1                                     |                           |                                    | EA                              | CIL ITY DIFO                            | MATION                      |                              |  |   |        |              |        |  |
| Name of Facility Where Al                    | natement is Taking        | Place (3)                          | ГА                              | CILITY INFO                             | CMATION                     | Type of Facility (4)         |  | -                                       |        |              |        |  |
|  | weitzer-Maudi             |                                    |                                 | g                                       |                             |                              | School (k-12)                          |   |        |              |        |  |
| Street Address                               |                           |                                    |                                 |   |                             | [ ]                          | Subchapter 8 (ot                       |   |        |              |        |  |
| 85 ]   | Main Street               |                                    |                                 |   |                             | [x]                          | Other (i.e., priva<br>homes, etc.)     | te & co                                 | mmerc  | ial buil     | dings, |  |
| City   |                           | County                             | (6)                             | County Code (7)<br>(STATE USE O         | VLY)                        | Square feet<br>100,000 sf    | # of Floors                            | Bldg                                    | g. Age | 30           |        |  |
| Spotswood                                    |                           | Midd                               | lesex                           | (************************************** | .21)                        | Current Use (Prior i         | f being demolished)                    | )                                       |        | 50           |        |  |
| Name of Monitoring Firm                      | Hired by Building         | Owner (8)                          | )                               | ASCM No.                                | Name of                     | Product Abatement Contractor | tion Building                          |   |        |              |        |  |
| Gua  | ardian Contract           |                                    |                                 |   | 1,44116 0,                  |                              | an Contracting,                        | Inc.                                    |        |              |        |  |
| Street Address                               | 9 Rooute 9, Ur            | nit 61                             |                                 |   | Street A                    |                              | ) 0 II '2 C1                           |   |        |              |        |  |
| City, State, Zip Code                        | 19 Rooute 9, Of           | ш 01                               |                                 |   | City. Sta                   | te, Zip Code                 | Route 9, Unit 61                       |   |        |              |        |  |
|  | ns River, NJ 08           |                                    |                                 |   | - 4                         | Toms 1                       | River, New Jers                        | ey 08                                   | 755-1  | 271          |        |  |
| Project Manager for Monito<br>Nicholas Ferr  | 77//                      |                                    | Telephone Numbe<br>732-349-9932 | r                                       | GU 600 CO THY 200 CO        | ne Number                    | License N                              | lumber                                  |        |              |        |  |
| Scheduled Start Date (10)                    | iicoia                    |                                    | Scheduled Comple                | etion Date (11)                         |                             | 9-9932<br>OSHA Monitor       | 00624                                  |   | -      | N-000        |        |  |
| 7/30/15                                      |                           |                                    | 7/31/15                         |   |                             |                              | L. Analytical                          |   |        |              |        |  |
| Occupancy Status During A                    | lity Closed/Vacated       |                                    | Entire Period of Al-            | atement                                 | Street A                    |                              | telton Road                            |   |        |              |        |  |
| 120 P20 minutes                              | tement Performed          |                                    |                                 |   | 01: 0:                      |                              | telloli Road                           |   |        |              |        |  |
| [X] Othe                                     | er – Describe_area        | a we are                           | working in is                   | closed                                  | City, Sta                   | te, Zip Code<br>Piscata      | way, New Jerse                         | ev 088                                  | 54     |              |        |  |
| Scope of Work (Check all t                   | hat apply)                |                                    |                                 |   |                             |                              | with Negative Pres                     | 050000000000000000000000000000000000000 | 7.8    |              |        |  |
| 227 227 31                                   |                           |                                    |                                 |   | į į                         | Mini-Enclosure               | · ···································· | baro                                    |        |              |        |  |
|  | for≥3 lf                  |                                    | [X] Renov                       |   | [x]                         |                              |  |   |        |              |        |  |
| [ ] ≥160                                     | ) sf or ≥260 lf           |                                    | [ ] Demo                        | lition                                  | l .                         | Non-Exempted ('              | *) and Non-Friable                     | Procedu                                 | ire    |              |        |  |
|  |                           |                                    |                                 |   | Description of Abatement T  |                              |  |   |        |              |        |  |
| Location of                                  | of                        |                                    | Is Location ormally used        |   | Description<br>Asbestos-Con |                              | Amount                                 | R                                       | R      | E            | Е      |  |
| Asbestos-Containing M                        | faterial (ACM)            | N                                  | Solely by                       |   | Material (A                 |                              | (Specify SF                            | E                                       | E<br>P | N<br>C       | N<br>C |  |
| TO BE ABA' in facility                       |                           | Maint                              | enance/Custodia                 |   | i.e., thermal               |                              | or LF)                                 | M                                       | Α      | Α            | L      |  |
| in facility (13)                             |                           |                                    | Staff<br>(12)                   | 1                                       | nsulation, su<br>VAT, o     |                              |  | v                                       | I<br>R | PS           | S      |  |
| (13)   |                           |                                    | (12)                            |   | other miscell               |                              |  | A                                       | K      | U            | U      |  |
|  |                           | YES                                | NO N/A                          |   |                             |                              |  | L                                       |        | L<br>E       | R<br>E |  |
| MCC roll storage                             |                           |                                    | X                               | Asbestos pi                             | pe insulation               | on                           | 50 lf                                  | X                                       |        | L            | E      |  |
|  |                           |                                    |                                 | 1                                       |                             |                              |  | 1                                       |        |              |        |  |
|  |                           |                                    |                                 |   |                             |                              |  | <u> </u>                                |        |              |        |  |
|  |                           |                                    |                                 |   |                             | 93                           |  |   |        |              |        |  |
| Name of Registered Waste I                   | Hauler<br>ntracting, Inc. | N.                                 | JDEP Waste Haule<br>20223       | er ID No. Cubic                         | Yards of Was                | te Name of Registe T.R.R.F.  | ered Landfill                          |   |        |              |        |  |
| City, State                                  |                           |                                    |                                 | osal Date                               | City, St                    |                              |  | -                                       |        | -            |        |  |
| Toms River,                                  |                           | mr. i                              | 8/3/                            |   |                             | own, Pennsylvania            | 1                                      |   |        |              |        |  |
| Completed by (Print or Type<br>Nicholas Ferr |                           | Title<br>Projec                    | t Manager                       | Signature                               | 1 D                         | 1                            |  | Date                                    | 2/2015 |              |        |  |
|  | W-12-745-74               |                                    |                                 | 1 1/                                    |                             | 11/                          |  | 1125                                    | 7/201. | ,            |        |  |

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

CK 4642

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

| Date of Notification (1) 07(28/2015  |                 |         |                         | Building Ov<br>h Dickins  |                    |                    |  |                            | ***                     |                   |        | 1 3    |             |           |
|--|-----------------|---------|-------------------------|---------------------------|--------------------|--------------------|--|----------------------------|-------------------------|-------------------|--------|--------|-------------|-----------|
| Agencies Notified Type Notification  |                 | 233     |                         | ddress<br>River Roa       | d                  |                    |  | 28                         | IS AUG -                | 3 <i>t</i> .      |        | : 5    | 9           |           |
| EPA Initial Amended  X DOL Amendment #   |                 |         |                         | te, Zip Code<br>ck, NJ 07 |                    |                    |  | as                         | oli,                    | 100               |        | 0.1    | ,           |           |
| Emergency (in justification)  DCA  Cancellation                                  | cluding         | 3,000   |                         | Contact<br>Gorczyca       |                    |                    |  |                            | Tolophone               | Nrimbe            | er v C |        |             |           |
|  |                 |         |                         | LITY INFOR                | RMATIO             | N                  |  |                            |                         |                   |        |        |             |           |
| Name of Facility Where Abatement is Taking                                       | Place (3)       |         |                         |                           |                    |                    | Type of Fa   | acility (4)                |                         |                   |        |        |             |           |
| COURT # 5  |                 |         |                         |                           |                    | [                  |  | ol (K-12)                  |                         |                   |        |        |             |           |
| Street Address   |                 |         |                         |                           |                    |                    | Subc   | hapter 8 (<br>r (i.e. priv | Other than I ate & comm | K-12)<br>ercial l | ouildi | ngs,   | home        | s,        |
| City (5)   |                 |         |                         |                           |                    | _                  | etc.)  |                            |                         |                   |        |        |             |           |
| TEANECK  |                 |         |                         |                           |                    |                    | Square Fe  | eet                        | # of Floors             |                   | BIG    | dg. A  | ge          |           |
| County (6)   |                 | C       | ounty (                 | Code (7)                  |                    |                    | Current I Is                                       | se (Prior i                | f being dem             | olisher           | 1/     |        |             |           |
| BERGEN   |                 | (S      | TATE                    | JSE ONLY)                 |                    | _ [                |  | 0000                       |                         | 01131100          | '/     |        |             |           |
| Name of Monitoring Firm Hired by Building O                                      | wner (8)        | -       | ASCN                    | 1 No.                     |                    | Name o             | of Abateme   | ent Contra                 | ctor (9)                |                   |        |        |             |           |
| Environmental Design, Inc.   |                 |         | 0095                    |                           |                    |                    | Compan   |                            | 82 50                   |                   |        |        |             |           |
| Street Address<br>5434 King Avenue   | )               | ,       |                         |                           |                    |                    | Address<br>Piaget Av                               | 'e                         |                         |                   |        |        |             |           |
| City, State, Zip Code  |                 |         |                         |                           |                    | City, St           | ate, Zip Co  | ode                        |                         |                   |        |        |             |           |
| Pennsauken, NJ 08109   |                 |         |                         |                           |                    | Clifton            | n, NJ 07   | 011                        |                         |                   |        |        |             |           |
| Project Manager for Monitoring Firm Tom Pruno                                    | 97              |         |                         | ne No.<br>16-9516         |                    | Telepho<br>973-2   | one No.<br>53-8828                                 | }                          | Licens<br>0070          |                   |        |        |             |           |
| Start Date (10)  | Scheduled       |         |                         |                           |                    | Name o             | of OSHA M  | lonitor                    |                         |                   |        |        |             |           |
| 07/30/2015   | 07/3            | 0       | 501                     | 5                         |                    |                    | Co. Inc  | * .                        | X                       |                   |        | 8      |             |           |
| Occupancy Status During Abatement (Check   |                 |         |                         |                           |                    | Street A           | Address  |                            |                         |                   |        |        |             |           |
| Eacility Closed/Vacated During Entire Po<br>Abatement Performed Outside of Norma | eriod of Aba    | ateme   | nt                      |                           | -                  | 0301               | -1- 7: 0   |                            |                         |                   |        |        | -           |           |
| Other - Describe: 3 PM - 1   | ouis            |         |                         | _                         | City, St           | ate, Zip Co        | oae  |                            |                         |                   |        |        |             |           |
| Scope of Work (Check All That Apply)   |                 |         |                         |                           |                    |                    |  |                            |                         |                   | -      |        |             |           |
| × 23 sf or ≥3 If   | novati          | n       |                         |                           | [1]                | Full Co            | ntainment  | with Negati                | ve Pre                  | SSIIL             | 2      |        |             |           |
| ≥160 sf or ≥260 lf   | nolitio         |         |                         |                           |                    | ₩lini-En           | closure  |                            | VC 1 10                 | 33un              |        |        |             |           |
|  |                 |         |                         |                           |                    |                    |  | ag Proced                  |                         | Friable           | Proc   | edur   | 2           |           |
| 5 .  | lelo            | ocation |                         |                           |                    |                    | Non-Exempted (*) and Non-Friable Procedure  Abatem |                            |                         |                   |        |        |             |           |
| Location of  | No              | rmally  |                         |                           | Desi               | cription           |  |                            |                         |                   |        | Ту     |             |           |
| Asbestos-Containing Material (ACM)   | Used :<br>Maint |         |                         |                           | s Conta            | ining M            | aterial (AC  |                            | Amount                  |                   |        |        | Ш           | -         |
| TO BE ABATED , ,   | Custoo          | dial St |                         | (i.e. t                   |                    | systems<br>ng, VA7 | insulation   |                            | (Specify<br>SF or LF)   |                   | Ren    | Re     | ncar        | encl      |
| (13)   | (               | 12)     |                         |                           | other mi           |                    |  |                            | 0. 0. 2. /              |                   | Remova | Repair | Encapsulate | Enclosure |
|  | Yes             | No      | N/A                     |                           |                    |                    |  |                            |                         |                   | -      |        | ate         | æ         |
| BASEMENT -   |                 |         | X                       | RIPE                      | ETT                | 11.10              | 1650   | L ATIOL S                  | 71                      | E                 | >      |        |             |           |
| -21261 16101   |                 |         | -                       | , , , ,                   | 1111               | 1100               | ((0))  | Cition                     | , , ,                   | -                 |        |        | · ¥ · ¥     |           |
|  |                 |         |                         |                           |                    |                    |  |                            |                         |                   |        |        |             |           |
|  |                 |         |                         |                           |                    |                    |  |                            |                         |                   |        |        |             |           |
| Name of Registered Waste Hauler  | <u> </u>        | LALI    | DED 14                  | (note                     | 0.4:-              | / n a al n         | LNI  |                            |                         | 160               |        |        |             |           |
| Newark Carting, Inc  |                 | На      | DEP V<br>uler ID<br>409 | 90007455                  | Cubic Y<br>of Wast |                    | 11   | ime of Re<br>SI Land       | gistered Lar<br>Ifill   | natill            |        |        |             |           |
| City, State<br>Newark, NJ  | 15              |         |                         |                           | Disposa            | al Date            | 1000000  | ty, State<br>ethleher      | m. PA                   |                   |        |        |             |           |
| Completed by   | Title           |         |                         |                           | Si                 | gnature            |  |                            | -1                      | Date              |        | 74     |             |           |
| Voytek Roszkowski  | Preside         | ent     |                         |                           | 0.5                | V.                 | \  | 25/00                      | تىڭد.                   |                   |        | 3/2    | 01          | 5         |

CHIEF VIEW

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

Ck# 2849\_

| Date of Notification (1)                       |            |                   | Name                | of Building | Owner/Operator (2   | 2)  |                    |           |        |             |           |
|--|------------|-------------------|---------------------|-------------|---|---|--------------------|-----------|--------|-------------|-----------|
| 7/28/  | 15         |                   | Prin                | ceton U     | niversity-Office  | of Design and                               | Construction       | Film      |        |             |           |
| Agencies Notified Type Notifical               | tion       |                   | Street              | Address     |   |   | 693                | 1100      | J      | FILE        | T: 1      |
| ☐ EPA ☐ Initial                                |            |                   | 200                 | Elm Dr.     |   |   | w                  |           |        |             |           |
| □ DOLWD    □ Amended                           |            |                   | City. S             | tate, Zip C | ode   |   |                    | -         | -      |             | -         |
| □ DHSS   |            | -                 |                     | ceton, N    |   |   |                    |           | . 1    |             | 9         |
| DCA Emergence [USAC 5:23-8]                    |            | ng                |                     | of Contact  |   |   | Telephone          |           |        |             |           |
| (NJAC 5:23-8) justificatio                     |            |                   | - 800 C             | ert Orte    |   |   | ~ ^~'' 7b          | 41        |        |             |           |
|  |            |                   | 0.00000             | •           | FORMATION   |   |                    |           |        |             | -         |
| Name of Facility Where Abatement is Ta         | okina Bloc | 2 (2)             | FAC                 | JILII T IN  | PORIVIATION   | Type of Facility                            | (A)                |           |        |             |           |
| Princeton University-Moffett Ha                |            | e (3)             |                     |             |   | School (K-12                                |                    |           |        |             |           |
| Street Address                                 |            |                   |                     |             |   | Subchapter 8                                | Other than K-1     | 2)        |        |             |           |
| Washington Rd.                                 |            |                   |                     |             |   | Other (i.e., proposed homes, etc.)          |                    | ercial bu | ilding | s,          |           |
| City (5)                                       |            |                   |                     |             |   | Square Feet                                 | # of Floors        | Blo       | ig. Ag | ie          |           |
| Princeton                                      |            | 85                | 1004                |             |   |   |                    |           |        |             |           |
| County (6)                                     |            |                   | Cour                | ty Code (7  | )(STATE USE ONLY)   | Current Use (Pri                            | or if being demo   | lished)   |        |             | $\neg$    |
| MERCER   |            |                   | 000                 | ity         | )(O 2 002 0)  |   |                    |           |        |             |           |
| Name of Monitoring Firm Hired by Build         | ing Owne   | r (8)             | ASCM                | No          | Name of Abateme   | ent Contractor (9)                          |                    |           |        |             | _         |
| Cardno ATC Associates Inc.                     | ing Owno   | (0)               | 7100111             |             | The second control of | VIRONMENTA                                  |                    |           |        |             |           |
| Street Address                                 |            |                   |                     |             | Street Address  |   | -,                 |           |        |             | -         |
| Three Terri Center                             |            |                   |                     |             | 1123 BEAVE  | R STREET                                    |                    |           |        |             |           |
| City, State, Zip Code                          | _          |                   |                     |             | City, State, Zip C  | N-6-180-100-100-100-100-100-100-100-100-100 |                    |           |        |             | -         |
| Burlington, NJ 08016                           |            |                   |                     |             | BRISTOL, PA   |   |                    |           |        |             |           |
| Project Manager for Monitoring Firm            |            | Te                | ephone              | No          | Telephone No.   |   | License No.        |           |        |             | -         |
| Michael Keehn                                  |            |                   | 09-386              |             | 215-788-6040  | )   | 00509              |           |        |             |           |
|  | cheduled   | - 1               |                     |             | Name of OSHA N  |   |                    |           |        |             |           |
| 8/7/15   |            |                   | 7 /                 |             |   | VIRONMENTA                                  | L, INC.            |           |        |             |           |
| Occupancy Status During Abatement (C           | Check only | one)              |                     |             | Street Address  |   |                    |           |        | 00-11-11-11 |           |
| ☐ Facility Closed/Vacated During Entir         |            |                   | ement               |             | 1123 BEAVE  | R STREET                                    |                    |           |        |             |           |
| ☐ Abatement Performed Outside of No            |            |                   |                     | cribe       | City, State, Zip C  |   |                    |           |        |             |           |
| Time of Abatement:AM-3:30                      | PM/11:3    | 0PM               | A                   | Л           | BRISTOL, PA   |   |                    |           |        |             |           |
| Scope of Work (Check all that apply)           |            |                   |                     |             |   |   |                    |           |        |             |           |
| _  | _          |                   | 22000               |             |   | tainment with Neg                           | gative Pressure    |           |        |             |           |
| ≥3 sf or ≥3 lf     >160 sf or >260 lf          |            | Renova<br>Demolit |                     |             | ☐ Mini-End  | closure<br>ig Procedure                     |                    |           |        |             |           |
| ☐ ≥100 st of ≥200 ft                           | ш.         | Cirion            |                     |             |   | empted (*) and No                           | n-Friable Proced   | dure      |        |             |           |
| 11   |            | Is Loc            |                     |             |   |   |                    | Ab        | atem   | ent Ty      | ре        |
| Location of                                    |            | Norm              | ally<br>lely by     | l           | Description   |   | A                  | Re        | Re     | m           | Ш         |
| Asbestos-Containing Material (ACM TO BE ABATED | 1          |                   | ance/               |             | estos Containing Ma<br>e., thermal systems  |   | Amount<br>(Specify | Removal   | Repair | cap         | clos      |
| IN Facility                                    | Cı         |                   | I Staff?            | ,,,,        | surfacing, VAT  | , or  | SF or LF)          | <u>a</u>  |        | Encapsulate | Enclosure |
| (13)   | . V-       | (12               | 1000000             | -           | other miscellane  | eous)                                       |                    |           |        | te          |           |
|  | Ye         |                   |                     | -           |   |   | 40.00              | E7        |        |             |           |
| Room 074                                       |            |                   | Ш                   | Floor t     | ile   |   | 40 SF              |           | Ш      | ш           | $\Box$    |
|  |            |                   |                     |             |   |   |                    |           |        |             |           |
|  | П          |                   |                     |             |   |   | 111                |           |        |             |           |
|  |            |                   | +-                  |             |   |   |                    |           | П      | П           |           |
| Name of Decistant Wests Have                   |            | 그닉                | NJDEP               | Macto       | Cubic Yards of  | Name of Regis                               | stered Landfill    |           |        |             | _         |
| Name of Registered Waste Hauler                | ıc         |                   | Hauler I            |             | Waste   |   | S. NORTH LAN       | IDFII I   |        |             |           |
| BRISTOL ENVIRONMENTAL, IN                      | ŧ0.        |                   | 1870                |             | 15:   |   |                    |           |        |             |           |
| City, State                                    |            |                   |                     |             | Disposal Date   | City, State                                 | ILE DA 4000        | 7         |        |             |           |
| BRISTOL, PA 19007                              |            |                   | <u>con Cemero</u> n |             |   | MORRISV                                     | ILLE, PA 1906      |           |        |             |           |
| Completed By (Print or Type)                   | Title      |                   |                     |             | Signature   | 0 0   |                    | Date /    | 01     | 1           |           |
| Brian Scafiro                                  | Estim      | ator              |                     |             | Brean   | Scefors 1                                   | gl                 | 7/0       | 10/1   | 5           |           |

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

Ck # 2850

| Date of Notification                  | (1)<br>7/28/15  |                                     |             |               |        |   | Owner / Operate  |             |               | 17.                   | 161      | -      |             |               |
|---------------------------------------|---|-------------------------------------|-------------|---------------|--------|---|--|-------------|---------------|-----------------------|----------|--------|-------------|---------------|
| Agencies Notified                     | Type Notific  | ation                               |             | Street        |        |   | vnship Board   | OI EC       | lucation      | 7517                  | NG       | 9 1    | u n         |               |
| ☐ EPA                                 | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                   |                                     | 100         |               |        | 0.0000000000000000000000000000000000000 | dministration  | Blda        | . County R    | oute 516              | .00      | 3 4    | 0           | . 35          |
| ☐ DEP                                 |   | 1                                   |             |               |        | & Zip                                   |  |             | ,,            | 54                    |          |        |             | V             |
| □ DOL                                 | Ame   | nded                                | 1           | Mata          | wan    | , NJ 0                                  | 7747   |             |               | 11, 41 = 1            | 1 100    | 1      |             | Rel           |
| □ DOH                                 |   | rgency                              |             |               |        | ontact                                  |  |             |               | -                     | Telepho  | one N  | umb         | er            |
| ☐ DCA                                 | ☐ Cano  | ellation                            |             | Mr. F         | rank   | Fraz                                    | zitta  |             |               | (9)                   |          | 77     |             |               |
|                                       |   |                                     |             | FAG           | CILIT  | TY INF                                  | ORMATION   |             |               |                       |          |        |             |               |
| Name of Facility Wh                   | nere Abateme  | ent is Taking Pla                   | ace (3      | 3)            |        |   | Type of Faci   | lity (4)    |               |                       |          |        |             |               |
| Alan B Shepard B                      | Elementary  | School                              |             |               |        |   | School (   |             |               |                       |          |        |             |               |
| Street Address                        |   |                                     |             |               |        |   |  |             | (Other than I |                       |          |        |             |               |
| 33 Bushnell Road                      | d   |                                     |             |               |        |   |  |             | rate & commi  |                       |          |        | tc.)        |               |
| 0:1 (5)                               |   |                                     | -           |               |        |   | Square Feet  |             | # of Floors   | E                     | Bldg. Ag | je     |             |               |
| City (5)                              |   | County (6)                          | Co          | unty C        | Code   | (7)                                     | 38,90  |             | 1             |                       |          | 50+    |             |               |
| Old Bridge                            |   | Middlesex                           |             |               |        |   |  | (Prior      | if being dem  | olished)              |          |        |             |               |
| No. Cha vi i                          |   |                                     |             |               |        |   | School   |             |               |                       | -7       |        |             |               |
| Name of Monitoring<br>Environmental C | Firm Hired b  | y Building Owne                     | er (8)      |               | AS     | CM No                                   | A STATE OF THE PARTY OF THE PAR |             | nt Contractor |                       |          |        |             |               |
| Street Address                        | onnection   |                                     | _           |               |        |   |  |             | mental, Inc.  |                       |          |        |             |               |
| 120 North Warrer                      | Street  |                                     |             |               |        |   | Street Addre   |             |               |                       |          |        |             |               |
| City, State & Zip Coo                 |   |                                     |             |               |        |   | City, State &  |             |               |                       |          |        |             |               |
| Trenton, NJ 0801                      |   |                                     |             |               |        |   | Bristol, PA  |             |               |                       |          |        |             |               |
| Project Manager for                   |   | irm                                 | Telep       | hone          | Num    | ber                                     | Telephone N  |             |               | License N             | lumber   |        |             |               |
| Roland C Jones                        |   |                                     | 609-        | 392-4         | 200    |   | (215)788-60  | 040         |               | 00509                 |          |        |             |               |
| Scheduled Start Dat                   | e (10)  | Scheduled Com                       |             |               | e (11  | )                                       | Name of OSI  |             |               |                       |          |        |             |               |
| 8/17/15                               |   |                                     | 8/21        | 10000         |        |   | Bristol Env  |             | nental Inc.   | 1                     |          |        |             |               |
| Occupancy Status D                    | od Moostad F  | nent (Check onl<br>During Entire Pe | y one       | e)            |        |   | Street Addre   |             |               |                       |          |        |             |               |
|                                       |   | utside of Norma                     |             |               |        |   | 1123 Beave   |             |               |                       |          |        | 2000        |               |
| Describe:                             | enonned Ot  | itside of Norma                     | ו חטנ       | 115 – 1       | alli   | o spm                                   | City, State &<br>Bristol, PA   | -           |               |                       |          |        |             |               |
| Facility Occu                         | pied During   | Abatement 7Al                       | M to 3      | 3:30 P        | M      |   | Bristoi, FA  | 1300        | 1             |                       |          |        |             |               |
|                                       | Facility Occupied During Abatement 7AM ope of Work (Check all that apply) |                                     |             |               |        |   |  |             | 7600 00       |                       |          |        |             |               |
|                                       | ope of Work (Check all that apply)  |                                     |             |               |        |   |  | $\boxtimes$ | Full Contain  | ment with N           | egative  | Pres   | sure        |               |
|                                       |   |                                     | $\boxtimes$ | ta nomana     | ovati  | 7.55                                    |  |             | Mini-Enclos   | ure                   |          |        |             |               |
| ≥160 sf ≥260                          | ) If  |                                     |             | Dem           | olitio | n                                       |  |             | Glove Bag     |                       |          |        |             |               |
|                                       |   |                                     |             |               |        |   |  |             |               | ted and Non           |          |        |             |               |
|                                       | cation of<br>os-Containing  | ,                                   |             | ocationally U |        |   | Description<br>Asbestos-Con  |             |               | Amount                | Aba      | ateme  | ent T       | ype           |
|                                       | erial (ACM)   |                                     |             | olely b       |        |   | Material (A  |             | g             | (Specify<br>SF or LF) |          |        | Ш           |               |
| TO B                                  | E ABATED  |                                     |             | enand         |        |   | (i.e., thermal s   |             | s             | 0. 0. 2. /            | Rei      | Z.     | Encapsulate | Enclsoure     |
| in                                    | Facility  |                                     |             | dial S        | taff?  |   | insulation, surfac   |             |               |                       | Remova   | Repair | psu         | lsou          |
|                                       | (13)  | -                                   | Yes         | (12)<br>No    | N/A    | -                                       | or other miscell   | aneou       | IS)           |                       | <u>n</u> | -      | late        | Гe            |
| Boiler Room 5                         |   |                                     | <b>X</b>    |               |        | -                                       | Dailer Das   |             |               | 50.05                 |          |        |             | $\overline{}$ |
| Boiler Room 5                         |   |                                     |             | H             | ዙ      | -                                       | Boiler Pac<br>Boiler Ro  |             |               | 50 SF                 |          | H      | H           | H             |
| Bolici Roolli 5                       |   |                                     | $\exists$   | 퓜             | +      | -                                       | Bollet Ro  | ppe         |               | 40 SF                 |          | H      | 님           | H             |
|                                       |   |                                     | H           | H             | H      |   |  |             |               |                       | ++       | H      | H           | ዙ             |
|                                       |   |                                     | H           | H             | H      |   |  |             |               |                       | ++       | H      | 뉘           | H             |
|                                       |   |                                     | H           | H             | H      |   |  |             |               |                       | ᆉ        | 퓜      | H           | 뮈             |
| Name of Registered                    | Waste Haule   | er .                                |             | NJE           | DEP V  | Waste                                   | Cubic Yards  | Nam         | e of Register | ed Landfill           |          |        |             |               |
| 5                                     |   |                                     |             |               |        |   | of Waste   | 1.10        | o og.o.o.     | ou Landini            |          |        |             |               |
| Service Transport                     | Inc.  |                                     |             | 209           | 90     |   | 2 Cu Yd  | Min         | erva Landfi   | II                    |          |        |             |               |
| City, State                           |   |                                     |             |               |        |   | Disposal Date  |             | State         |                       |          |        |             |               |
| New Castle, DE                        |   |                                     |             |               |        |   | 8/21/15  | Way         | nesburg, C    | H                     |          |        |             |               |
| Completed By (Print                   | or Type)  |                                     |             | Title         |        |   | Signature  | 7           | . /           |                       | Date     |        |             |               |
| Gino Pizzigoni                        |   |                                     |             |               | ject   |   | H. F   | /-          | • /           | -0                    | 7/28     | /15    |             |               |
|                                       |   |                                     |             | Mai           | nage   | er                                      | Veno 1   | 330         | gone 1.       | K                     |          |        |             |               |
| GI 15185                              |   |                                     |             |               |        |   | V.A. 3   | UU 1        | 1 10          | /                     |          |        |             |               |

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

(Pursuant to N.J.A.C. 8:60 and 12:120) 2850

| Date of Notification (1) 7/28/1                              | 5                  |   |               |          |      | wner / Operator<br>dge, Dept of P                     |                        | Works   | h 1200 -         |           |            |        |             |           |
|--|--------------------|---|---------------|----------|------|---|------------------------|---|------------------|-----------|------------|--------|-------------|-----------|
| Agencies Notified Type No                                    |                    |   |               | ddress   | DIII | age, Dept of 1  | ubiic                  | TTOINS  |                  |           |            |        |             | -         |
| ⊠ EPA  | moduom             | 1000000                                 |               | nith St  | reet |   |                        | 251   | T file           |           |            |        |             |           |
| 1/2/2011   2007 (1942)     1   1   1   1   1   1   1   1   1 | nitial             |   |               | ate & Zi |      |   |                        | 4016  | f AUG -          | 3 1       | 40         | . ^ .  |             |           |
|  | mended             | 100000000000000000000000000000000000000 | *****         |          |      | 07095   |                        |   |                  |           | 10         | 36     |             |           |
|  | mergency           |   |               | f Conta  |      | 0,000   |                        | 4.3.  | 1 1              | Tele      | phor       | e Nu   | ımbe        | er        |
|  | ancellation        | 11 100000000000000000000000000000000000 |               | nnis H   |      | v   |                        |   |                  | M. S. TOS |            |        | 1           |           |
|  |                    |   |               |          |      | RMATION   |                        |   |                  | 1         |            |        | 25-7        |           |
| Name of Facility Where Abar                                  | ement is Taking Pl |   | AUI           |          | 41 0 | Type of Facilit                                       | v (4)                  |   |                  |           |            |        |             |           |
| 2+ Structures  | chich is raking in | acc (0)                                 |               |          |      | School (K   |                        |   |                  |           |            |        |             |           |
| Street Address   |                    |   |               |          |      |   |                        | Other than K-   | 12)              |           |            |        |             |           |
| 342 N Williams Street  |                    |   |               |          |      |   | (2)                    | ate & commer  |                  | inas. I   | home       | es. e  | tc.)        |           |
| 042 it trinianio oticot                                      |                    |   |               |          |      | Square Feet   |                        | # of Floors   |                  | Bldg.     |            |        | ,           |           |
| City (5)   | County (6)         | Coun                                    | ty Co         | de (7)   |      |   |                        |   |                  |           |            |        |             |           |
| Woodbridge   | Middlesex          | 1                                       |               |          |      | Current Use (F  | Prior i                | f being demol   | lished)          |           |            |        |             |           |
| 3  |                    |   |               |          |      | School  |                        |   |                  |           |            |        |             |           |
| Name of Monitoring Firm Hir                                  | ed by Building Owr | ner (8)                                 |               | ASCM I   | Vo.  | Name of Abate   | emen                   | t Contractor (  | 9)               |           |            |        |             |           |
| Environmental Connecti                                       |                    | (-/                                     |               |          |      | Bristol Envi  |                        |   |                  |           |            |        |             |           |
| Street Address   |                    |   |               |          |      | Street Address  | S                      | n   |                  |           |            |        |             |           |
| 120 North Warren Street                                      |                    |   |               |          |      | 1123 Beaver   |                        | MANAGEMENT OF THE PARTY OF THE | - 92             |           |            |        |             |           |
| City, State & Zip Code                                       |                    |   |               |          |      | City, State & Z                                       |                        |   |                  |           |            |        |             |           |
| Trenton, NJ 08010  |                    |   |               |          |      | Bristol, PA 1   |                        |   | T                |           |            |        |             |           |
| Project Manager for Monitori                                 | ng Firm            | Telepho<br>609-39                       |               |          |      | Telephone Nu<br>(215)788-604                          |                        |   | License<br>00509 | Num       | ber        |        |             |           |
| Dominick Dercole Scheduled Start Date (10)                   | Scheduled Cor      |   |               |          | _    | Name of OSH   |                        | nitor   | 00303            |           |            |        | -           |           |
| 8/11/15  | Scrieduled Col     | 8/21/1                                  |               | (11)     |      | Bristol Envi  |                        |   |                  |           |            |        |             |           |
| Occupancy Status During Ab                                   |                    |   |               |          |      | Street Address  | s                      |   |                  |           |            |        |             |           |
| Facility Closed/Vaca   |                    |   |               |          |      | 1123 Beaver   |                        |   |                  |           |            |        |             |           |
| Abatement Performe   | d Outside of Norm  | al Hours                                | s – 7a        | am to 3p | m    | City, State & Z                                       |                        |   |                  |           |            |        |             |           |
| Describe:  | ring Abatamant 7/  | \ \ \ \ to 2:2                          | אם מע         | Λ.       |      | Bristol, PA 1   | 19007                  |   |                  |           |            |        |             |           |
| Facility Occupied Du<br>Scope of Work (Check all the         |                    | AIVI 10 3.3                             | SU PIV        | 1        |      |   |                        |   |                  |           |            |        |             |           |
| Scope of Work (Officer all the                               | ас арріу)          |   |               |          |      |   | П                      | Full Contains   | ment with        | Nega      | ative      | Pres   | sure        | •         |
| ≥3 sf or ≥3 lf   |                    | ⊠ F                                     | Renov         | vation   |      |   | $\overline{\boxtimes}$ | Mini-Enclosu  | ire              |           |            |        |             |           |
| ≥160 sf ≥260 lf  |                    |   | Demo          | olition  |      |   |                        | Glove Bag P   | rocedure         | S         |            |        |             |           |
|  |                    |   |               |          |      |   | $\boxtimes$            | Non-Exempt  | ed and N         | on-Fr     | iable      | Pro    | cedu        | ire       |
| Location of  |                    | Is Lo                                   | cation        | n        |      | Description   | of                     |   | Amount           |           | Aba        | teme   | ent T       | ype       |
| Asbestos-Conta   | ining              | Norma                                   |               |          |      | Asbestos-Containing (Specify Material (ACM) SF or LF) |                        |   |                  |           |            | -      |             |           |
| Material (AC   |                    |   | ely by        |          |      | Material (ACM) SF or LF)                              |                        |   |                  |           |            | Enc    | m           |           |
| TO BE ABAT   | <u>ED</u>          | Mainter<br>Custodi                      |               |          | ir   | (i.e., thermal sy<br>nsulation, surfact               |                        |   |                  |           | Remova     | Repair | Encapsulate | Enclsoure |
| in Facility<br>(13)  |                    | 7                                       | 12)           | all:     |      | or other miscella                                     |                        |   |                  |           | ova        | 음.     | ula         | oure      |
| (10)   |                    |   |               | N/A      |      | or outer innecess                                     |                        | -/  |                  |           |            |        | te          | 1         |
| See Attached   |                    |   |               |          |      |   |                        |   |                  |           |            | П      | П           | П         |
| occ Attached   |                    |   | it            | H        |      |   |                        |   |                  |           | П          |        | Ħ           | Ħ         |
|  |                    | HH                                      | =+            | H        |      |   |                        |   |                  |           | Ħ          | ī      | Ħ           | I         |
|  |                    |   | ĦĦ            | ĦH       |      |   |                        |   |                  |           | Ħ          | Ħ      | Ħ           |           |
|  |                    |   | Ħ             | H        | -    |   |                        |   |                  |           | Ħ          | Ī      | Ī           | T         |
|  |                    |   | Ħ             | H        |      |   |                        |   |                  |           | T          | Ī      | Ī           | T         |
| Name of Registered Waste I                                   | lauler             |   | NJD           | EP Was   | ste  | Cubic Yards   | Nam                    | e of Registere  | ed Landfil       | II        |            |        | -           |           |
|  |                    |   | 1             | ler ID N |      | of Waste  |                        |   |                  |           |            |        |             |           |
| Service Transport Inc.                                       |                    |   | 2099          | 90       |      | 35 Cu Yd  |                        |   |                  |           |            |        |             |           |
| City, State  |                    |   |               |          | - 1  | Disposal Date   | City,                  | State   |                  |           |            |        |             |           |
| New Castle, DE   |                    |   | T             |          |      | 8/21/15   |                        |   |                  | 15        | 1040       |        |             |           |
| Completed By (Print or Type                                  | )                  |   | Title<br>Proj |          | 1    | Signature   | `                      | 1 .   | Tage             | 13.55     | ate<br>128 | 115    |             |           |
| Gino Pizzigoni   |                    |   | - C           | nager    |      | Hiso Cas  | LGOR                   | e / 1/  | 2                | 1         | 120        | 13     |             |           |

GI 15162

| Location                               | os Abatement and Disp<br>ACM   | Approximate  | les Storv Residence   |
|--|--|--|---|
|  |  | Quantity   | Abatement Method  |
| Basement                               | Air-Cell Pipe Insulation,<br>Mudded Pipe Fittings and<br>Flue Packing      | 350 Linear Feet of<br>Pipe Insulation, 35<br>Fittings and 10<br>Square Feet of Flue<br>Packing   | Limited Containment Tent Enclosure with negative pressure of area then Glove Bag every 10 FT then use Wrap and Cut Methodology to remove remaining pipe |
| Floor 1 Bedroom                        | 9"x9" Green Vinyl Floor<br>Tile  | 250 Square Feet  | Temporary Enclosure   |
| Floor 1 Kitchen                        | 9"x9" Brown Vinyl Floor<br>Tile  | 275 Square Feet  | Temporary Enclosure   |
| Floor 1 Bathroom                       | 12"x12" White Vinyl<br>Floor Tile  | 90 Square Feet   | Temporary Enclosure   |
| Floor 2 Bedroom                        | 12"x12" White Vinyl<br>Floor Tile  | 140 Square Feet  | Temporary Enclosure   |
| Floor 2 (Far Side) Kitchen and Bedroom | 12"x12" Beige Vinyl Floor<br>Tile  | 150 Square Feet  | Temporary Enclosure   |
| Throughout Residence                   | Wire Insulation  | Approximately 300<br>LF  | Controlled Demolition of plaster to access wiring throughout  |
| Base Bid Asbestos                      | Abatement and Dispos   | al Scope of Worls  | Comer Range Till The  |
| <u> Docation</u>                       | ACM  | Approximate<br>Quantity  | Abatement Method  |
| Throughout Building  Basement          | 9"x9" Red and Black<br>Vinyl Floor Tile and Black<br>Mastic                | 1500 Square Feet Total. (NOTE: the wood substrate which the floor is attached to is in poor condition The wood floor will have to be removed with the floor tile and disposed of as ACM) | Limited containment with negative pressure.   |
|  | Air Cell Pipe Insulation,<br>Mudded Pipe Fittings and<br>Boiler insulation | 250 Linear Feet of<br>Pipe insulation (on<br>pipes and on the<br>ground) 20 Pipe<br>fittings and 15 SF<br>of Boiler insulation   | Limited Containment Tent<br>Enclosure of the basement ther<br>Cleanup of Pipe Insulation<br>Debris then Wrap and Cut<br>Methodology                     |
| Exterior Metal Windows                 | Grey Window Caulk  | 10 Linear Feet   | Exterior Non-Friable Removal  |
| Main Building Roof                     | Roof Field Membrane  | 1500 Square Feet   | Exterior Non-Friable Removal  |
|  |  | TOTO BOULD TOOL  | Exterior Hori-Litable Kellional   |
| Main Building Roof Bathroom Roof       | Roof Flashing<br>Roof Flashing   | 225 Linear Feet<br>65 Linear Feet  | Exterior Non-Friable Removal Exterior Non-Friable Removal Exterior Non-Friable Removal  |

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Ck# 2850.

| Date of Notification (1) 7/28/15                         |  | Name         | of Building              | Owner / Operato      | or (2)                                  |                                  |           |             |           |           |
|--|--|--------------|--------------------------|----------------------|---|----------------------------------|-----------|-------------|-----------|-----------|
| Agencies Notified Type Notific                           | ation  | Stroot       | Address                  | nsnip Board          | or Education                            | 9615 AUG (                       | 3 111     | <del></del> | 13        |           |
| EPA  | alion  |              |                          |                      |   |                                  | e or      | U" (I       | U         |           |
| ☐ DEP ☐ Initia   | I  |              | tate & Zip (             | dministration        | blug, Count                             | y Route 516                      |           | - 20        |           | _         |
|  | nded   |              | van, NJ 0                |                      |   | 1776                             |           | : 115       | Ĺ         |           |
|  | rgency   |              | of Contact               | 141                  |   | 45 CHS                           | Tolonho   | - Al        | , ma la   |           |
|  | cellation  | 10000        | rank Frazz               | ritta                |   |                                  | Telepho   | ne iv       | umb       | er        |
|  | System (Section Section Sectio |              |                          | ORMATION             |   |                                  |           |             |           |           |
| Name of Facility Where Abatem                            | ent is Taking Place  | e (3)        | VIET 1 1141              | Type of Facil        | lity (4)                                |                                  |           |             |           |           |
| John H Glenn Junior School                               |  | 0 (0)        |                          | School (             |   |                                  |           |             |           |           |
| Street Address   |  |              |                          | Subchar              | oter 8 (Other th                        | an K-12)                         |           |             |           |           |
| 185 Cindy Street   |  |              |                          | Other (i.            | e. private & co                         | mmercial buildin                 | gs, hom   | es, e       | tc.)      |           |
|  |  |              |                          | Square Feet          | # of Flo                                | oors                             | Bldg. Age | 9           |           |           |
| City (5)   | County (6)   | County C     | ode (7)                  | 35,000               | 0                                       | 1                                |           | 60+         |           |           |
| Old Bridge   | Middlesex  |              |                          | Current Use          | (Prior if being of                      | demolished)                      |           |             |           |           |
|  |  |              |                          | School               |   |                                  |           |             |           |           |
| Name of Monitoring Firm Hired b                          | by Building Owner  | (8)          | ASCM No                  |                      | atement Contra                          |                                  |           |             |           |           |
| Environmental Connection Street Address                  |  |              |                          |                      | rironmental,                            | Inc.                             |           |             |           |           |
| 120 North Warren Street                                  |  |              |                          | Street Addre         |   |                                  |           |             |           |           |
| City, State & Zip Code                                   |  |              |                          | City, State &        |   |                                  |           |             |           |           |
| Trenton, NJ 08010  |  |              |                          | Bristol, PA          |   |                                  |           |             |           |           |
| Project Manager for Monitoring F                         | irm Te   | lephone I    | Number                   | Telephone N          |   | License N                        | lumber    |             |           |           |
| Roland C Jones   |  | 9-392-42     | - 1134 WAA               | (215)788-60          |   | 00509                            |           |             |           |           |
|  | Scheduled Comple   |              | e (11)                   | Name of OSI          |   |                                  |           |             |           |           |
| 8/17/15 Occupancy Status During Abate                    |  | 21/15        |                          | Street Addres        | rironmental I                           | nc.                              |           |             |           |           |
| Facility Closed/Vacated                                  |  |              | tement                   | 1123 Beave           |   |                                  |           |             |           |           |
| Abatement Performed O                                    |  |              |                          | City, State &        |   | 1500                             |           |             |           |           |
| Describe:  |  |              |                          | Bristol, PA          | 5.0                                     |                                  |           |             |           |           |
| Facility Occupied During                                 | Abatement 7AM  | to 3:30 Pf   | M                        | ,                    |   |                                  |           |             |           |           |
| Scope of Work (Check all that a                          | oply)  |              |                          | -                    |   | B B B                            |           |             |           |           |
| N >3 of or >3 lf   | _  | 7 D          |                          |                      |   | ntainment with N                 | legative  | Pres        | sure      | ê         |
| <ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf ≥260 lf</li></ul> |  |              | ovation                  |                      | Mini-En                                 |                                  |           |             |           |           |
| 2100 SI 2200 II  | L  | _ Dem        | olition                  |                      | 50 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5  | Bag Procedures<br>empted and Nor | Frieble   | Dros        | مطرر      |           |
| Location of  |  | Is Location  | nn l                     | Description          |   | Amount                           |           |             |           |           |
| Asbestos-Containin                                       |  | ormally U    |                          | Asbestos-Con         |   | (Specify                         | Aba       | terrie      | 111. 1    | ype       |
| Material (ACM)   |  | Solely by    |                          |                      |   |                                  |           |             |           |           |
| TO BE ABATED   |  | aintenanc    |                          |                      |   |                                  |           |             |           | ncl       |
| in Facility  | Cu   | istodial St  | taff?                    | insulation, surfac   |   |                                  | Von       | Repair      | Encapsula | Enclsoure |
| (13)   | Ye   | (12)<br>s No | N/A                      | or other miscell     | aneous)                                 |                                  | <u>m</u>  | -           | ate       | ē         |
| Boiler Room 1  |  |              |                          | Boiler Pac           | kina                                    | 50 SF                            |           | $\Box$      | П         |           |
| Boiler Room 1  |  |              | H                        | Boiler Ro            |   | 40 SF                            |           | H           | Ħ         | Ħ         |
|  |  |              |                          |                      | •                                       |                                  |           |             |           |           |
|  |  |              |                          |                      |   |                                  |           |             |           |           |
|  |  |              |                          |                      |   |                                  |           |             |           |           |
|  |  |              |                          |                      |   |                                  |           |             |           |           |
| Name of Registered Waste Haul                            | er   | 90           | DEP Waste<br>ller ID No. | Cubic Yards of Waste | Name of Reg                             | istered Landfill                 |           |             |           |           |
| Service Transport Inc.                                   |  | 209          |                          | 2 Cu Yd              |   |                                  |           |             |           |           |
| City, State  |  | 1200         |                          | Disposal Date        | City, State                             |                                  |           |             |           |           |
| New Castle, DE   |  |              |                          | 8/21/15              | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                  |           |             |           |           |
| Completed By (Print or Type)                             |  | Title        |                          | Signature            | 0 .                                     | 1                                | Date      |             |           |           |
| Gino Pizzigoni   |  |              | ject                     | H:                   | Panis.                                  | . 150                            | 7/28      | 115         |           |           |
|  |  | Mar          | nager                    | Jours 1              | 1 x x y you                             | 4/-11                            |           |             |           |           |

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

| Date of Notification (1)         | 8/15                                       |  | 1                                       | Name of          | Building Ow<br>LANDE  | vner/Ope<br>名う   | erator<br>46 | (2)              | cc ?                        | 515 AL   | 16-3               |                   | 3. 4   | 6)          |           |
|----------------------------------|--|--|---|------------------|-----------------------|--|--------------|------------------|-----------------------------|----------|--------------------|-------------------|--------|-------------|-----------|
| Agencies Notified                | Type Notification                          |  | 5                                       | Street Ac        | ddress                |  | Circle 1     | A CA LAN         |                             |          |                    |                   | - 6    | -           |           |
| EPA                              | Initial Amended                            |  | -                                       | 7                | FLAN                  | no ex  | ٢            | 1201             | 7 10                        | - 1.     |                    |                   |        |             |           |
| X DEP<br>X DOL                   | Amended Amendment #                        |  | 1                                       | City, Star       | te, Zip Code          | ;<br>;-  | U.           | T (              | 0285                        | 7        | 121                |                   |        |             |           |
| ĭ DOH                            | Emergency (ir justification)               |  | -                                       | Name of          | Contact               |  |              |                  |                             | Tale     | nhone N            |                   |        |             |           |
| DCA                              | Cancellation                               |  |   | AR               | 212                   |  |              |                  |                             |          |                    |                   | L .    | EJ          |           |
| Name of F - 112 - 145            | AL -1 1 1                                  | Di (0)   |   | FACII            | LITY INFOR            | MATIO  | N            | _                |                             | -        |                    |                   |        |             |           |
| Name of Facility Where           | BUILDING                                   | Place (3)  |   |                  |                       |  |              |                  | of Facility (               | 200      |                    |                   |        |             |           |
| Street Address                   |  |  |   |                  |                       |  |              |                  | School (K-1.<br>Subchapter  |          | er than K-1        | 2)                |        |             |           |
| 2 FLAND:                         | ERS RU.AN                                  | 7  |   |                  |                       |  |              | ×                | Other (i.e. p               |          |                    |                   | iings, | home        | es,       |
| City (5)                         |  |  |   |                  |                       |  | -            |                  | etc.)<br>re Feet            | # of     | Floors             | В                 | ldg. A |             | _         |
| NETCONG                          | _  |  |   |                  |                       |  |              | to               | ,000 .                      |          | 1                  |                   | 5      | 5           |           |
| County (6)<br>MORRIS             |  |  |   |                  | Code (7)<br>USE ONLY) |  | _            |                  | ent Use (Price              |          |                    |                   |        | SMO         | ,         |
| Name of Monitoring Firm          | n Hired by Building O                      | wner (8)   |   | ASCN             | No.                   |  |              |                  | tement Con                  |          | (9)                |                   |        |             |           |
|                                  |  |  |   |                  |                       |  |              |                  | ontracting                  | Inc.     |                    |                   |        |             |           |
| Street Address                   |  |  |   |                  |                       | 1  |              | Addres<br>Vreela | ss<br>and Ave.              |          |                    |                   |        |             |           |
| City, State, Zip Code            |  |  |   |                  |                       | 1  |              |                  | ip Code<br>ark, N.J.        |          |                    |                   |        |             |           |
| Project Manager for Mor          | nitoring Firm                              |  |   | Telephor         | ne No.                | 1.5  |              | none N<br>262-5  |                             |          | License N<br>00156 | lo.               |        |             |           |
| Start Date (10) / 5              |  | Scheduled  |   |                  |                       |  | Name         | of OSI           | HA Monitor                  |          |                    |                   |        |             |           |
| 000                              |  | 8  | /                                       | 6/1              | 5                     |  | Ome          | ga Er            | nvironme                    | ntal Se  | ervices Ir         | nc.               |        | 560         |           |
| Occupancy Status Durin           | ig Abatement (Check                        | Only One   | )                                       |                  |                       | 1100   |              | Addres           | ss<br>r Street              |          |                    |                   |        |             |           |
|                                  | cated During Entire Pened Outside of Norma |  |   |                  |                       |  |              | -                | ip Code                     |          |                    |                   |        |             | _         |
| Other – Describe:                |  | 10015  |   |                  | _                     | 311  |              | ick, N.J. 0      | 7606                        |          |                    |                   |        |             |           |
| Scope of Work (Check A           | All That Apply)                            |  |   |                  |                       |  |              |                  |                             |          |                    |                   |        |             |           |
| 23 sf or ≥3 lf                   |  | novat  | ion                                     |                  |                       |  | Ful          | II Containme     | ent with                    | Negative | Pressu             | re                |        |             |           |
| 2160 sf or ≥260 lf               |  | De De  | moliti                                  | on               |                       |  |              |                  | ni-Enclosure<br>ovebag Prod |          |                    |                   |        |             |           |
|                                  |  |  |   |                  |                       |  | Ž            |                  | n-Exempte                   |          | d Non-Frial        | ole Pro           | cedur  | е           |           |
|                                  |  | 5.700  |   | cation           |                       |  |              |                  |                             |          |                    | Abatement<br>Type |        |             |           |
| Locatio                          |  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | small<br>Solel                          | •                |                       | ription  |              |                  |                             |          |                    | ,                 | PC     |             |           |
| Asbestos-Containing TO BE AB     | ATED                                       | Main<br>Custo  | tenan                                   |                  | Asbestos<br>(i.e. th  | s Contai<br>nermal s   |              |                  |                             |          | mount<br>Specify   | N.                | ח      | Enc         | Ш         |
| In Faci                          |  | 100 To 10 | (12)                                    | lant             |                       | surfacion surfac |              |                  |                             | SF       | or LF)             | Remova            | Repair | Encapsulate | Enclosure |
|                                  |  | Yes  | No                                      | N/A              |                       |  |              |                  |                             |          |                    | la la             | -      | late        | Jre .     |
| ROOF                             |  |  |   |                  |                       | FLA  | LCH          | idse.            |                             |          | 220                |                   |        | -           |           |
| 1000                             |  | -  |   | X                |                       | 1-01   | 3 / 1        |                  |                             |          | 2704               | - 1               | -      |             |           |
|                                  |  | -  |   |                  |                       |  |              | ===              |                             |          |                    | -                 |        | _           |           |
|                                  |  |  |   |                  |                       |  |              |                  |                             |          |                    | +                 |        |             | -         |
| Name of Registered Wa            | ste Hauler                                 |  | N.                                      | JDEP W           | /aste                 | Cubic Y  | ards         |                  | Name of                     | Registe  | red Landfi         | 1                 |        |             |           |
| Newark Carting, In               | ic.  |  | 1 | auler ID<br>1509 | No.                   | of Wast  | e S          | }                |                             |          | al Sanitai         |                   | ıdfill |             |           |
| City, State<br>Newark, N.J. 0710 | 5  |  |   |                  |                       | Disposa  | Date         |                  | City, Stat                  |          | A 08072            |                   |        |             |           |
| Completed by                     |  | Title  |   |                  |                       |  | gnatur       | 9 1              | 1000                        | 1        | D                  | ate               | /      | 1.          | _         |
| R. McDonald                      |  | Presid   | dent                                    |                  |                       |  | 1/           | 101              | food                        | 1        |                    | 71                | 3-8    | 117         |           |

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



| Date of Notification (1)  |                                  |                                 |   | f Building Own            |  | 9815 4                        | 110   | 0                | £ 4                             |               |                      |        |             |           |  |
|---|----------------------------------|---------------------------------|---|---------------------------|--|-------------------------------|---|------------------|---------------------------------|---------------|----------------------|--------|-------------|-----------|--|
| 07-29-15 Agencies Notified Type Notification  |                                  |                                 | Township of Livingston                        |                           |  |                               |   |                  | 2015 /                          | U6 -          | J                    | Al     | 1 /         | 49        |  |
| EPA Initial   |                                  |                                 | Street Address<br>81 Naylon Avenue            |                           |  |                               | #NOUNTH OF THE REL  |                  |                                 |               |                      |        |             |           |  |
| DEP X Amended Amendment   |                                  | _                               | City, State, Zip Code<br>Livingston, NJ 07039 |                           |  |                               | & LICE VING   |                  |                                 |               |                      |        |             |           |  |
| □ Emergency (i     □ justification)     □ DCA    □ Cancellation   |                                  | Name of Contact<br>Joseph Greco |   |                           |  | Telephone Number              |   |                  |                                 |               |                      |        |             |           |  |
|   |                                  |                                 | FACI  | LITY INFORM               | ATION  |                               |   |                  |                                 |               | -                    |        |             |           |  |
| Name of Facility Where Abatement is Taking Place (3)  |                                  |                                 |   |                           |  |                               | Type of Facility (4)  School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, |                  |                                 |               |                      |        |             |           |  |
| Street Address<br>81 Naylon Avenue  |                                  |                                 |   |                           |  |                               |   |                  |                                 |               |                      |        |             |           |  |
| City (5)<br>Livingston  |                                  |                                 |   |                           |  |                               | etc.) Square Feet 500SF   | # 0              | # of Floors                     |               | Bldg. Age<br>40 yrs. |        |             |           |  |
| County (6)<br>Essex   |                                  |                                 |   | Code (7)                  |  |                               |   | eing demolished) |                                 |               |                      |        |             |           |  |
| Name of Monitoring Firm Hired by Building Owner (8)   |                                  |                                 |   | / No.                     | me (   | e of Abatement Contractor (9) |   |                  |                                 |               |                      |        |             |           |  |
|   |                                  |                                 |   | F                         |  |                               | nnacle Environmental Corp.  |                  |                                 |               |                      |        |             |           |  |
| Street Address  |                                  |                                 |   | 1.8                       |  |                               | reet Address<br>00 Broad Street   |                  |                                 |               |                      |        |             |           |  |
| City, State, Zip Code   |                                  |                                 |   |                           |  |                               | State, Zip Code<br>Istadt, NJ 07072   |                  |                                 |               |                      |        |             |           |  |
| Project Manager for Monitoring Firm   |                                  |                                 |   | Telephone No.             |  |                               | one No.<br>939-6565   |                  | License No.<br>00756            |               |                      |        |             |           |  |
| Start Date (10)         Scheduled Co.           (2)08-03-15         12-31-15                                  |                                  |                                 |   | empletion Date (11)       |  |                               | Name of OSHA Monitor Even-Air Inc.  |                  |                                 |               |                      |        |             |           |  |
| Occupancy Status During Abatement (Check Only One)  |                                  |                                 |   |                           |  |                               | et Address .  |                  |                                 |               |                      |        |             |           |  |
| Facility Closed/Vacated During Entire Period of Abatemer Abatement Performed Outside of Normal Facility Hours |                                  |                                 |   | ient                      |  |                               | -59 Jackson Avenue<br>, State, Zip Code   |                  |                                 |               |                      |        |             |           |  |
| Other – Describe:   |                                  |                                 |   | Long Island City, NY      |  |                               |   |                  | ′ 11101                         |               |                      |        |             |           |  |
| Scope of Work (Check All That Apply)  | X R                              |                                 |   |                           |  |                               |   |                  |                                 |               |                      |        | 20          |           |  |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf   | ition<br>ion                     |                                 |   | ×                         | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure |                               |   |                  |                                 |               |                      |        |             |           |  |
|   | Locat                            | ion                             |   | Description of            |  |                               |   |                  |                                 | Abatement     |                      |        |             |           |  |
| Location of   | lormal<br>d Sole                 | ly                              |   |                           |  |                               |   |                  |                                 | Туре          |                      |        |             |           |  |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  | Mai                              | ntena<br>odial (12)             | nce/  | ce/ Aspestos Containing i |  |                               | s insulation,<br>T, or  |                  | Amount<br>(Specify<br>SF or LF) |               |                      | Repair | Encapsulate | Enclosure |  |
|   | Yes                              | No                              | N/A   |                           |  |                               |   |                  |                                 |               | 1                    |        | Ф           |           |  |
| Digester / Heat Exchange (Grnd Fl.)   | ester / Heat Exchange (Grnd Fl.) |                                 |   | Pi                        | ipe Ins  | ulat                          | tion  |                  | 2LF                             |               |                      |        |             |           |  |
|   |                                  | V                               |   |                           |  |                               |   |                  |                                 |               | +                    |        |             |           |  |
|   |                                  |                                 |   |                           |  |                               |   |                  |                                 |               |                      |        |             |           |  |
| ATC Inc / IRT (50071)   |                                  |                                 | NJDEP Waste<br>Hauler ID No.<br>24310         |                           | Cubic Yards<br>of Waste<br>TBD   |                               | Name of F<br>Minerva  |                  |                                 | fill          |                      |        |             |           |  |
| City, State<br>Shirley, NY / Bronx, NY  |                                  |                                 |   | 1 2000                    | sposal D   | ate                           | City, State   |                  | , OH 44                         | 688           |                      |        |             |           |  |
| Completed by<br>Joseph Patrick  | Title<br>Projec                  | ct Ma                           | anager  |                           | Signa  | ture                          |   | -                | 1                               | Date<br>07-29 | )-1:                 | 5      |             |           |  |

#### State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) July 29, 2015 NJ Site & Utility Contractors, Inc. Agencies Notified Type of Notification Street Address X EPA Initial Notification 8 Stephanie Court DEP [x]Amended Notification City, State, Zip Code [X] DOL Amendment # Jackson, NJ 08527 Emergency (including iustification) Name of Contact Telephone Number [x] DOH Cancellation Bob ] DCA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (k-12) Subchapter 8 (other than k-12) Street Address [x]Other (i.e., private & commercial buildings, 46 Gilbert Road homes, etc.) City County (6) County Code (7) Square feet # of Floors Bldg. Age (STATE USE ONLY) 1500 sf 60 Springfield Burlington Current Use (Prior if being demolished) Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A Guardian Contracting, Inc. Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 732-349-9932 00624 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 7/30/15 7/31/15 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address [x] Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Road Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe Piscataway, New Jersey 08854 Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure >3 sf or ≥3 lf Renovation Glovebag Procedure [x]≥160 sf or ≥260 lf [x]Demolition Non-Exempted (\*) and Non-Friable Procedure [x] Abatement Type Is Location Description of R E E Location of Normally used Asbestos-Containing Amount N C E E N Asbestos-Containing Material (ACM) Solely by Material (ACM) (Specify SF P C M TO BE ABATED Maintenance/Custodial (i.e., thermal systems or LF) A L Α 0 in facility Staff insulation, surfacing, P 0 (13)(12)V S S VAT, or R U U other miscellaneous) A R Ι. YES NO N/A L E Exterior X Asbestos siding 1500 sf X Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Guardian Contracting, Inc. 20223 T.R.R.F. 3 City, State Disposal Date City, State Toms River, New Jersey Tullytown, Pennsylvania 8/3/15 Completed by (Print or Type)

Date

7/29/2015

Signature

Title

Project Manager

Nicholas Fernicola