| ^ | | | NO | | 4.710 | State of N | lew Jersey | [F | tions, projection | | Part of the contract of | and the same | |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------|--------|----------|----------------|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------|-------------------------|--------------|------------------|
| Cr#015 | 2 | | NO | | | | BESTOS ABA AC 8:60 and 5:1 | |) <u>EG</u> | | \mathbb{W} | | M |
| Date of Notification (1) | 9 | | | | Nom | o of Duildin | | | | | | | 44.1 |
| 08/ | 04 / | 17 | 7 | | | | ng Owner/Operator Iomes JB, LLC | (2) | AUG | - 8 2 | 017 | Tribe Bugs | |
| Agencies Notified | Type Notifi | cation | | | Stree | et Address | | - P | | | | 1 1 | ware of the same |
| ⊠ EPA | | | | | 28 | 0 Highwa | y 35, Ste. 150 | 1 | ASTONE | P1 11 11 | | | |
| ⊠ DOLWD | ☐ Amende | 27223 | | | - | State, Zip | | | ASBLETOS | NSING | 1110 | _ & | |
| ⊠ DOH | Amendr | | | -0 | | ed Bank, | | - | | INOUNC | 4 United | | |
| ☐ DCA (NJAC 5:23-8) | ☐ Emerge | tion) | ncludin | ıg | | e of Contac | | | 1-1: | | | | |
| (110/10 0.20-0) | ☐ Cancella | | | | | ephen Br | | | Telephone No | ımher | | | |
| | | | | | | | | | | | | | |
| Name of Equility When A | L - L | | | | FΑ | CILITY I | NFORMATION | | | | | | |
| Name of Facility Where A | batement is | lakın | g Plac | e (3) | | | | Type of Facility | 1,550A | | | | |
| Commercial | | | | | | | | School (K-1 | 2) | | | | |
| Street Address | | | | | | | | Subchapter | 8 (Other than K- private and comn | 12) | | | |
| 140 Wall Street | | | | | | | | homes, etc |)) | nerciai d | ullain | gs, | |
| City (5) | | | | | | | | Square Feet | # of Floors | В | ldg. A | ge | -7.5 |
| West Long Branch | | | | | | | | | * | 1 | -5 | .50 | |
| County (6) | | | | | Cou | nty Code (7 | 7)(STATE USE ONLY) | Current Use (P | rior if being demo | olished) | | - | |
| Monmouth | | | | | | | | | or demolition | Jiisi ieu) | | | |
| Name of Monitoring Firm | Hired by Bui | lding (| Owner | (8) | ASCM | l No. | Name of Abateme | The second of th | | | | | |
| Bio Terra Solutions | | | | , , | 061 | 5995 | | NAGEMENT I | f . | | | | |
| Street Address | | | | | - | | Street Address | MAGEMENT | LLC | | | | |
| P.O. Box 1224 | | | | | | | | reconstruct | | | | | |
| City, State, Zip Code | | | | | | | 27 Outwater | | | | | | |
| Union, NJ | | | | | | | City, State, Zip Co | | | | | | |
| Project Manager for Monit | orina Eiros | | | 1- | | | Garfield, NJ (| 07026 | | | | | |
| Rick Eustaquio | oning Firm | | | | ephone | | Telephone No. | | License No. | | | | |
| Start Date (10) | | | | | | 1-3762 | 973-928-4888 | | 1188 | | | | |
| | | | | | | ate (11) 17 | Name of OSHA M | | 10 | | | | |
| Occupancy Status During | | | | | | | | MAGEMENT | .LC | | | | |
| ☐ Facility Closed/Vacated | | | | | mont | | Street Address | | | | | | |
| Abatement Performed | Outside of N | ormal | Facilit | v Hou | rs - Des | scribe | 27 Outwater I | | | | | | |
| Time of Abatement: | AM | PN | Λ/ | PM | - | AM | City, State, Zip Co | | | | | | |
| Scope of Work (Check all t | | | | | | • ::::: | Garfield, NJ 0 | 7026 | | | | | |
| Scope of Work (Check all) | that apply) | | | | | | □ Eull Cont | -i | 5 | | | | |
| ≥3 sf or ≥3 lf≥160 sf or ≥260 lf | | | | novat | | | ☐ Mini-Encl | Procedure | gative Pressure on-Friable Proced | lura | | | |
| | | ta'er di | | Loca | | | 0.0000000000000000000000000000000000000 | () = () | | | otom | ant T | |
| Location o | | _ | | Norma | | 6.0 | Description of | | | 1000 | atem | | 1 |
| Asbestos-Containing M TO BE ABAT | | n) | | intena | | Asbe | stos Containing Mat | terial (ACM) | Amount | Rem | Repair | nc | nc |
| IN Facility | | | Cus | | Staff? | (1.6 | thermal systems is surfacing, VAT, | | (Specify SF or LF) | Removal | a: | Encapsulate | Enclosure |
| (13) | | | | (12) | | 4 | other miscellaned | | SI OILI) | <u>m</u> | | ula | ıre |
| | | | Yes | No | N/A | | | | | | | Ф | |
| Roof | | | | | | Roofing | Material | | 640 SF | | | | |
| | | | | | | | | | | П | | П | П |
| | | | | | | | | | | 1 | | | |
| | | | П | П | | | | | | | | | |
| Name of Registered Waste | Hauler | | | | JDEP \ | Naste | Cubic Yards of | Name of Regis | tored Landfill | | ш | П | Ш |
| ATC/ Century Waste | | | | 1039 | auler II | | Waste As Needed | I value of Regis | stereu Landiiii | | | | |
| City, State | | | | | | | Disposal Date | City, State | • | | | | |
| Shirley, NY/ Elizabetl | h, NJ | | | | | | TBD A | | rg, OH/ Bethle | hem F | Δ | | |
| Completed By (Print or Typ | e) | Title | y- | | | | Signature | | | | 1 | | |
| Allen Monchik | over the control of t | | oject | Man | ager | | | | | Date/ | 1,- | 7 | |

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

CML#3247

| Date of Notification (1) | N | lame | e of Bu | uilding | Owner / Operato | or (2) | | NE | | : n n | | | |
|------------------------------------------------------------------------------------|---------------------|----------|--------------------|---------|--------------------------------|-----------------|----------------------------------|----------|--------|------------|-------------|-------------|-----------|
| 8/2/17 Agencies Notified Type Notification | | | | | MUNICATION | S | 111 | | | MIT (TILE) | -35201.0000 | | |
| Agencies Notified Type Notification EPA | 1,000 | | t Addr | | venue | | | 1 | NUG. | _ (| 2 | 017 | |
| ☐ DEP ☐ Initial | _ | | | & Zip (| | | | bak | \UU | |) [| UII | See |
| DOL Amended | | | | | 1J 08033 | | İ | 4 | | | | | _ |
| □ DOH □ Emergency □ DCA □ Cancellation | | | | ontact | | | | ASB | Tele | phó | ne N | lumb | ier a. |
| ☐ Cancellation | A | LE | X BAY | /LOR | | | | | | | | | |
| None of F. W. M. A | | FA | CILIT | Y INF | ORMATION | | | 32 | | | | | - |
| Name of Facility Where Abatement is Taking Haddonfield Central Office | Place (3) |) | | | Type of Facil | | | | | | | | |
| Street Address | | - | | | | 2.5 | Other than K- | 12\ | | | | | |
| 35 S. Haddon Avenue | | | | | | | te & commerc | | nas. I | nom | es. | etc.) | |
| SP 43 | | | | | Square Feet | | # of Floors | | Bldg. | | | / | |
| City (5) County (6) | Cou | nty (| Code (| (7) | 32200 |) | 3 | | | | 70 | | |
| Haddonfield Camden | | | | | | | being demoli | shed) | | | | | |
| Name of Manitorina Firm Hirad by Building O | (0) | | 1400 | | COMMUNIC | | | | | | | | |
| Name of Monitoring Firm Hired by Building Ow USA ENVIRONMENTAL MANAGEMENT | ner (8) | | ASC | CM No | | | Contractor (9 DNMENTAL | | | | | | |
| Street Address 8436 ENTERPRISE AVE | | | | | Street Addres | E-77 | REET | | | | | | |
| City, State & Zip Code PHILADELPHIA PA 19153 | | | | | City, State & BRISTOL, F | Zip Cod | de | | | | | | - 10-23/- |
| Project Manager for Monitoring Firm | Teleph | one | Numb | oer | Telephone N | | 01 | License | Numb | per | | | |
| MARK JENKINS | 215-3 | | | | 215-788-604 | 40 | | | 0 | 050 | 9 | | |
| Scheduled Start Date (10) Scheduled Co August 17, 2017 Au | mpletion gust 19 | | |) | Name of OSI | | itor NMENTAL | INC | | | C#04: 070 | | |
| Occupancy Status During Abatement (Check of Facility Closed/Vacated During Entire) | only one) | | | | Street Addres | ss | | 1140 | | - | | | |
| Abatement Performed Outside of Norm | | | | | City, State & | | | | | | | | |
| Describe: (5pm-1:30am) | iai i ioui | 3 – | rain ic | o opin | BRISTOL, F | | | | | | | | |
| Facility Occupied During Abatement | | | | | Dittio TOL, I | A 100 | 01 | | | | | | |
| Scope of Work (Check all that apply) | | | | | ' | | | | | | | | |
| ≥3 sf or ≥3 lf | | Don | ovetio | | | | Full Containm | | Nega | tive | Pres | ssure | |
| ≥160 sf ≥260 lf | | | ovatio nolitior | | | | Mini-Enclosur Glove Bag Pro | | | | | | |
| | Ш | Den | iontioi | • | | | Non-Exempte | | | ahle | Pro | cedu | re |
| Location of | Is Lo | | | | Description | - | | Amount | | | | ent T | |
| Asbestos-Containing Material (ACM) | Norma | | | | Asbestos-Con | | | Specify | | | | | <u> </u> |
| TO BE ABATED | Mainte | ely t | | | Material (A0 (i.e., thermal sy | | S | F or LF) | | R | ת | Enc | En |
| in Facility | Custoo | lial S | | i | nsulation, surfac | ing, VA | | | - | Remova | Repair | apsı | Enclsoure |
| (13) | | 12) | NI/A | | or other miscella | aneous |) | | | va | ₹. | Encapsulate | иге |
| 1 ST Floor Toll Area | | No | N/A | - | 1/-4/884 | | | | | | | | |
| HVAC Room | | + | H | | Vat/Mast Duct Inst | | | 6 SF | | | H | \vdash | H |
| TIVAG ROOM | | _ | | | Ductilist | uiatioii | | 4 SF | L | | H | H | H |
| | | | | | | | | | - | # | H | H | H |
| | | | | | | | | | 1 | Ħ | П | Ħ | Ħ |
| | | | | | | | | |] | | | | |
| Name of Registered Waste Hauler | | 25570033 | DEP V uler ID | | Cubic Yards of Waste | Name | of Registered | Landfill | | | | | |
| SERVICE TRANSPORT GROUP, INC. | | | 990 | | 1 | MINE | RVA LANDI | FILL | | | | | |
| City, State NEW CASTLE, DE 19720 | | | | | Disposal Date TBD | City, S WAYI | tate NESBURG, | OH 4469 | 38 | | | | |
| Completed By (Print or Type) | | Title | е | | Signature | | , | , | Da | ite | | | |
| PATRICK T. DeCARO | | Est | timate | or | \cap | T. | De Cari | /m | 1 | 2/17 | | | |

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

Chr#3247

| Date of Notification (1) | 1 | Vame | of Bu | uilding | Owner / Operato | or (2) | | | | | | 0 | and the same |
|-----------------------------------------------------------|--------------------------------|---------------------------|---------|---------------|----------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------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| 8/2/17 | | | | | MUNICATION | | T | TO B | C F | 3 [| \mathbb{W} | | 17 |
| Agencies Notified Type Notification | 100 | | Addr | | 26 | | 1 | | <u> </u> | | | 7 | |
| □ DEP □ Initial | - | | | Stree | | | 1 | | | | | - | |
| DOL Amended | | | | & Zip (| | | Mary St. | The state of the s | AUG | - 8 | 2017 | 1 | المسا |
| □ DOH □ Emergency | - | | | ontact | 332 | | - 1 | 11 14 | 1- | | .r. ^ | į | - : |
| DCA Cancellation | 1 63 | | | YLOR | | | | | energy (| | | | |
| | | FΔ | CILIT | V INIE | ORMATION | | - | ASD | 100 | ENSI | 16 | peningoned | |
| Name of Facility Where Abatement is Taking | Place (3 |) | CILII | 1 HMI | Type of Facil | lity (4) | | Laborator and a second | | Mark Str. College College | OLD SHALL SH | ************************************** | |
| Bernardsville Central Office | | , | | | School (| | | | | | | | |
| Street Address | | | | | ☐ Subchar | oter 8 (C | Other tha | an K-12) | | | | | |
| 416 Buck Street | | | | | | | te & cor | nmercial b | | | | tc.) | |
| City (5) | lo. | | | | Square Feet | | # of Flo | ors | BI | dg. Ag | е | | |
| City (5) County (6) Millville Cumberla | | inty C | Code | (7) | 19700 | | | 2 | | | 70 | | |
| Millville Cumberla | nd | | | | Current Use | | Carried Contract Cont | emolished | d) | | | | |
| Name of Monitoring Firm Hired by Building O | wpor (8) | | IASC | CM No | . Name of Aba | The second second | | -1 (0) | | | | | |
| USA ENVIRONMENTAL MANAGEMEN | | | ASC | JIVI INO | BRISTOL E | NVIRC | | | : | | | | |
| Street Address 8436 ENTERPRISE AVE | | | | | Street Addres | | | | | | | | |
| City, State & Zip Code | | | | | City, State & | | | | | | | السياط | |
| PHILADELPHIA PA 19153 | | | | | BRISTOL, F | | | | | | | | |
| Project Manager for Monitoring Firm | Telepl | | | oer | Telephone No | | | Lice | ense Nu | ımber | | | |
| MARK JENKINS | 215-3 | manufacture of the second | | | 215-788-604 | 100000 | | | | 0050 | 9 | | |
| Scheduled Start Date (10) Scheduled C August 14, 2017 A | ompletioi u gust 1 : | | |) | Name of OSI- BRISTOL E | | | TAL INC | ; | | | | |
| Occupancy Status During Abatement (Check | only one |) | | | Street Addres | | | | | | | | |
| Facility Closed/Vacated During Entire | | | | | 1123 BEAV | | | | | | 2000000 | | |
| Abatement Performed Outside of Nor | mal Hou | rs – 7 | am to | o 3pm | | | | | | | | | |
| Describe: (5pm-1:30am) Facility Occupied During Abatement | | | | | BRISTOL, F | PA 190 | 07 | | | | | | |
| Scope of Work (Check all that apply) | | oct III vorte | | | | | | | | | | | |
| (| | | | | | □ F | ull Con | tainment | with Ne | gative | Pres | sure | |
| ≥3 sf or ≥3 lf | \boxtimes | | ovatio | | | | /lini-End | | | | | | |
| ≥160 sf ≥260 lf | | Dem | olition | า | | | | ag Proced | | | | | |
| l anding of | | | | | | | Non-Exe | mpted an | | | | | |
| Asbestos-Containing | Norma | ocatio | | | Description Asbestos-Conf | | | Amo (Spe | | Aba | teme | ent T | ype |
| Material (ACM) | 1.000.000.000.000.000.000 | lely b | | | Material (AC | | | SF or | | | | Ш | |
| TO BE ABATED in Facility | Mainte | | | | (i.e., thermal sy | | _ | | | Ren | Re | ncap | ncl |
| (13) | Custo | oiai S (12) | тап? | ' | nsulation, surfactor or other miscella | | | | | Remova | Repair | Encapsulate | Enclosure |
| | | | N/A | | 0. 00000 | arroodo) | 10 | | | = | | ate | e) |
| 1 ST Floor Toll Desk Area | | | П | | VAT/Mast | tic | | 30 5 | SF | | \Box | П | П |
| | | | | | | | | | | | H | Ī | П |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | _ | | | | | | | | | | | |
| Name of Registered Waste Hauler | | INIE |)ED V | Vacto | Cubic Yards | Nama | of Pogis | stered Lar | o dell | | Ш | Ш | Ш |
| | | | ıler ID | 6.3000 | of Waste | Mairie | or Kegis | stered Lar | Idilli | | | | |
| SERVICE TRANSPORT GROUP, INC. | | 209 | 90 | | 1 | MINE | RVA LA | ANDFILL | | | | | |
| City, State | | | | Disposal Date | City, S | | | | | | | | |
| NEW CASTLE, DE 19720 | | | TBD | WAYN | IESBU | RG, OH | 44688 | | | | | | |
| Completed By (Print or Type) PATRICK T. DeCARO | | Title | imat | | Signature | | | 10 | | Date 8/2/1 | 7 | | |
| | | LSt | mat | | Patrick | T. L |)eCa | 10/ | Mr. | 0/2/1 | | | |

CV # 00590001

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

| | 7100 | O.I | | | | 200 . | | | | | |
|-------------------------------------------------------|----------------------------|-----------------|-------------|----------------------------------|-----------------------------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of Notification (1) 08/03/17 | | | | | Name of Bui | Iding Owner/Operator (2) | NE | G | | N// 10 | · Promy |
| | | | | | Sunoco Part | ners Marketing & Termina | IN IP | <u> </u> | 51 | | |
| Agencies Notified | | Notification | Туре | | Street Addre | | 1 | | | | A COLUMN TO THE PERSON NAMED IN COLU |
| (X) EPA | | (X) Initial N | otification | | 1028 Stelton | Pd | Contraction of the Contraction o | AUG | - 0 ! | 2017 | |
| () DEP | | () Amende | ed Certific | | City, State, Z | | inal | 1100 | 0 8 | .018 | |
| (X) DOL (X) DOH | | () Cancell | ed | | | | | | | | |
| () DCA | | | | | Piscataway, Name of Cor | | ASB | 18Ting | COM | FROL | 8 |
| | | | | | Jack Frost | lact L | | | | | |
| Name of Facility Where Al | natament is 7 | Toking Diese / | (2) | FACILITY I | NFORMATION |)) | | | | | |
| | | | 3) | | Type of Facil () School (K | | | | | | |
| Sunoco Logistics Piscatav | vay Terminal | | | | () Subchapt | er 8 (other than K-12) | | | | | |
| Street Address | | | | | (X) Other (i.e | . private & commercial blo | lgs., hor | nes, etc | | | |
| 1028 Stelton Rd. | | | | | Sa. Feet 8.00 | 00 # of Floors1_ | | | | | |
| <u>City (5)</u> | County (6) | | | Code (7) | | | | | | | |
| Piscataway | Middlesex | | (State L | Jse Only) | Bldg. Age_5 | 55 includes 5 tanks and | - | 110.00 | | | |
| Name of Monitoring Firm F | fired by Blda | . Owner (8) | ASCM | No | Name of Con | (prior if being demolished) | Termir | nal/Offic | e Bldg. | | |
| | | | | 10. | Ivallic of Coll | racior (9) | | | | | |
| Horizon Environmental Gro Street Address | oup | | 00073 | | | Industrial Service Compa | ny | | | | |
| | | | | | Street Addres | <u>ss</u> | | | | | |
| PO Box 316 | | | | | 2217 Spillman | n Dr | | | | | |
| City, State, Zip Code | | | | | City State, Zip | Code | | | | | |
| Thorofare, NJ 08086 | | | | | Pothloham D | | | | | | |
| Project Manager for Monito | ring Firm | Telephone N | Number | | Telephone Nu | ennsylvania 18015 | Licens | se Numb | 201 | | |
| Steve Flanigan | | | | | White Committee Committee | | LICETIS | e Mullik | <u>/CI</u> | | |
| oteve i lanigari | | 856-848-080 | 00 | | 610-691-1800 | | 00721 | | | | |
| Scheduled Start Date (10) | | Scheduled C | Completion | n Date (11) | Name of OSH | A Monitor | | - | | | |
| 8/17/2017 | | 9/1/2017 | | | | | | | | | |
| Occupancy Status During A | Abatement (C | heck only one | e) | | Street Addres | Industrial Service Compar | ny | | | | |
| (x) Facility Closed/Vacated | During Entir | e Period of Ah | atement | | Street Address | <u>s</u> | | | | | |
| () Abatement Performed (| outside of No | rmal Facility I | Hours - | | 2217 Spillman | | | | | | |
| Describe_ Demolition | | | | | City, State, Zip | o Code | | | | | |
| (x) Scheduled Demo Start Scheduled Demo Comp | 8/21/17 | 2017 | | | 0.0000000000000000000000000000000000000 | | | | | | |
| Source of Work (Check all t | | 2017 | | | Bethlehem, PA | A 18015 | | | | | |
| | | | | | | | | | | | |
| (x) Demolition () Reno (x) Large Proj. (>160 SF or | vation | M) () CM D- | -: /> 25 -4 | CO OF | | | | | | | |
| (x) Full Containment with I | Negative Pre | ssure (x) | Mini-Encl | losure () G | lovebag Procedi | () Minor Proj. (<25 SF or | <10 LF | ACM) | | | |
| Location of Asbestos- | Is Loca | tion Normally | Used | Description of | ACM (i.e. | Amount (Specify SF or | LF) | Abater | ment Ty | pe | |
| Containing Material (ACM) Facility (13) | n Solely I Staff? (| by Maint./Cust | todial | thermal systen surfacing, VAT | | | | | | | |
| | YES | NO | NA | miscell.) | , or other | | | Rem. | Rep. | Encap | Enclose |
| Manager Office/Rear Storage | je | | X | VAT & Mastic | | 3,000 sf | | X | | T | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Name of Reg. Waste Haule | | NJDEP Wast | e Hauler I | D# | Cubic Yards of | Waste | Name | of Reg. | Landfill | | |
| Brandenburg Industrial Serv | rice | 21838 | | | 20 | | | oga Lar | | | |
| Company | 100 | 21000 | | | 30 cy | | | | | | |
| City, State | | | | | Disp. Date | | City, Sta | ate | 2-21 | | |
| Bethlehem, PA 18015 | | | | | 9/1/2017 | | | | | | |
| Completed by (Print or Type | | Title | | | Signature | | Morgan Date | town, P | 4 | | |
| Jennifer Polzer | | Contract 1 | | | | | | | | | |
| Johnner Folzer | | Contract Man | ager | | XIC |) | 08/03/1 | 7 | | | |
| | | | | | | | | | | | |

Mail to: NJDEP-DSHW-BRRTP 401 F State St PO 414

401 E. State St., PO 414 Trenton, NJ 08625-0414 Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00

NV5 Project No.: 16-2003 Page #5

ASBESTOS CONTROL &

1.0 SUMMARY OF RESULTS

ASBESTOS

| HSA* | Sample Numbers | Sampled Material / Location | PLM Analysis | TEM Analysis | Quantity ACM | **EPA Category |
|------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------|---------------------------------------------------|-------------------|
| 1 | 1 – 2 | 9" x 9" Tan Speckle Vinyl Floor Tiles and Associated Mastic – Manager's Office and Rear Storage Room Residual Black Mastic – Below Glued Carpet in Various Areas (hallway, offices) and Assumed Below Hard Wood Flooring and Ceramic Floor Tiles in the Southern Portion of Building | Tile = 8% Chry Black Mastic = 6% Chry Yellow Mastic = NAD | | 220 SF (Tile) 3,000 SF (Black Mastic) | NF-I |
| 2 | 3-5 | Gray Fittings Associated with Fiberglass Pipe Insulation — Loft Area, Garage Area, and Above Ceilings | NAD | | | |
| 3 | 6-7 | Gray Leveling Compound – Throughout, Various Areas Below Glued Carpet | NAD | | | |
| 4 | 8-10 | Gray/White Plaster – Walls and Ceilings Throughout | NAD | | | |
| 5 | 11 – 12 | Brown Drywall and Associated Joint Compound – Partition Walls | NAD | | | |
| 6 | 13 15 | Gray/White Fissure 2' x 2' Acoustical Celling Tiles - Throughout | NAD | | | |
| 7 | 16 – 17 | Tan/White Spline 1' x 1' Acoustical Ceiling Tiles and Associated Mastic – Telephone Room | NAD | NAD | | |
| 8 | 18 – 19 | White Seam Mastic Associated with Fiberglass Pipe Insulation — Boiler Room | NAD | NAD | | |
| 9 | 20 | Gray Exhaust Mud Packing – Boiler Room | NAD | | EGE | IWE |

| 014 121 | oR | | | FICATIO | N OF ASE t to NJAC | BESTOS | ABATE | | T F | | E | G | | W | | |
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| Date of Notification (1) 08/02/2017 | e Ca | W. W. C | | Name (| of Building | Owner/C | Operator | r (2) | and the same of th | | | - 1,000 | er en a se | No. of the Association of the As | | District of the last of the la |
| Agencies Notified | Type Notification | | - | 111111111111111111111111111111111111111 | Address | | | _ | - 1 | 1 | A | UG | - 8 | 201 | 7 | IIL |
| | 1.520 | | | Sileel / | Address | | | | 134 |)-al. | | | ,, | | • | - |
| EPA DEP | × Initial | | | City St | ate, Zip Co | odo | | | | | | | 2,740,000,000 | ARTE 195 TO A. C. T. S. P. | | * |
| X DOL | Amended Amendmen | # | | | .ate, Zip Ci | | | | | B | ASB::: | | | | OL. | Sc |
| No. of the Control of | Emergency | (including | g | 20000 000000000000000000000000000000000 | of Contact | | | | | - | | CE | :NSI | NG | - | _ |
| ☑ DOH DCA | justification) Cancellation | | | | s Schoe | | | | | | | | | | | |
| box | Cancellation | ı | | | | | | | | | | | | | | |
| Name of Facility Where | Abatement is Takir | a Place | (3) | FAC | ILITY INF | ORMATI | ON | Tyr | oe of Facility | (4) | | | | | -0.2 19 | |
| Residence | | 9 | (0) | | | | | 1 1/1 | 583 | 51,51 | | | | | | |
| Street Address | | | | | | | - | H | School (K-1 Subchapter | 12) | Yhor th | on 1/ 1 | 2) | | | |
| | Ī | | | | | | | × | Other (i.e. p | orivat | e & cor | mmerc | ∠) ial bui | Idinas | hom | es |
| City (E) | | | | | | | | | etc.) | | | | | | | , |
| City (5) Union | | | | | | | | | uare Feet | | of Floo | ors | | Bldg. A | \ge | |
| | | | | | | | | 1,5 | | 2 | | | - 1 | 77 | | |
| County (6) Union | | | | | Code (7) USE ONLY | n | | Cur | rent Use (Pri | or if b | eing d | emolis | hed) | | | |
| | | | | 198 | - | | | | | | | | | | | |
| Name of Monitoring Firm A. Seine Lighthouse | | Owner (8 | 3) | ASCI | M No. | | | | patement Cor ank Servic | | or (9) | | | | | |
| Street Address | | | | | | | Street | Addr | ess | | | | | | | |
| PO Box 354 | | | | | | 1 | 1256 | Lib | erty Avenu | ie. | | | | | | |
| City, State, Zip Code | | | | | | | | | Zip Code | | | 2507 21116 | | | _ | |
| South Orange, NJ 0 | 7079 | | | | | | | | NJ 07205 | | | | | | | |
| Project Manager for Mon | itoring Firm | | | Telepho | ne No. | | Teleph | | | | Lic | ense N | lo | | | |
| Sarah Calandra | | | | 170 | 49-2666 | | 844-4 | | | | 10000000 | 316 | 10. | | | |
| Start Date (10) | | Schedu | led Cor | | Date (11) | | | | SHA Monitor | |] " | | | | | |
| 08/16/2017 | | 08/31/ | | ripicuori | Date (11) | | | | Lighthous | e So | dution | c | | | | |
| Occupancy Status During | Abatement (Chec | | | | | | Street | | | - 50 | nution | 3 | | | | |
| T==3 | | | | | | | PO B | | 5.55 | | | | | | | |
| Facility Closed/Vaca Abatement Performe | ated During Entire F | Period of | Abaten | nent | | - | 201000000000000 | | T.07510. | | | | | | | |
| Other – Describe: | ca Gatside of North | iai i aciii | y i louis | 5 | | | | | Zip Code | 2707 | 70 | | | | | |
| Scope of Work (Check Al | I That Apply | | | | | | Souti | n Or | range, NJ (| 3707 | 79 | | | | | |
| Promote Control of the Control of th | г ттаг Арріу) | proper | | | | | poor | 7 | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | Renova Demolit | | | | × | 1 M | ull Containme lini-Enclosure | 9 | | ative F | Pressu | ire | | |
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| | | 1 | Locat | ion | | | | | | - () - | | | | | ment | |
| Location | of | | Normal | | | D | | | | | | | | | ре | |
| Asbestos-Containing | | | ed Sole | | Asbest | tos Conta | cription aining M | | al (ACM) | | Amour | nt | | | 100 | |
| TO BE ABA | | 5,255,775 | aintena todial S | | | thermal s | systems | s insu | | | (Specif | fy | 20 | ת | Encapsulate | Ē |
| In Facili (13) | ту | | (12) | - 10111 | | surfact other m | ing, VA | T, or | , | 5 | SF or L | F) | Remova | Repair | aps | Enclosure |
| (10) | | | I | T | | ouiei III | iscellal i | eous | , | | | | val | ¥ | ulat | ure |
| | | Yes | No | N/A | | | | | | | | | | | Ф | (55) |
| Baseme | ent | X | | | duct v | vork w | rap | | | 40 LF | | X | | | | |
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| | HAXO ES | | | | | | | | | | | | | | | |
| Name of Registered Wast | e Hauler | | | JDEP W | | Cubic Y | | | Name of F | Regis | tered L | andfill | | | | |
| Newark Carting | | | 115033 | auler ID | No. | of Wast | te | | Waste N | | | | | II | | |
| City, State | | | 104 | 1509 | | D: | 10 | | | | 33 | | | | | |
| East Orange, NJ | | | | | | Disposa | al Date | | City, State | | . D^ | | | | | |
| Completed by | | Title | | | | 1 61 | 1. | | Penn Ar | gyle | , PA | | | | | |
| Alison Lamers | | Title Office | e Mar | ager | | Sign | gnature | N | X 0.0 X | | | Da 0.8 | te 3/02/2 | 2017 | | |
| | | 1000 | | 0 - | | 1 / | 1 9 /3 51 | 1 1 1 1 | Lat I I made | | | 1 00 | IVLIA | -011 | | |

| 5-1 | | - | ** | |
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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) 07/31/2017 MONCLAIR STATE UNIVERSITY (CALCIA HALL) Agencies Notified Type Notification Street Address 1 NORMAL AVE **EPA** Initial Amended City, State, Zip Code DEP JUNI IHOL & × DOL Amendment# CENSING MONCLAIR NJ. Emergency (including Name of Contact DOH Telephone Number iustification) DCA Cancellation WILSON ROBLES **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **PRIVATE** School (K-12) Street Address Subchapter 8 (Other than K-12) CALCIA HALL - ROOMS 226,229,230 Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Blda, Age MONCLAIR NJ. 10.000 36 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) **ESSEX COUNTY** N/A Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) DETAIL ASSOCIATE INC. NORTH EAST ENVIRONMENTAL LLC. Street Address Street Address 300 GRAND AVE. 1126 - 51 ST. City, State, Zip Code City, State, Zip Code ENGLEWOOD NJ. 07631 NORTH BERGEN NJ. 07047 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. STEPHEN JARACZEWSKI 201.589.6708 201,776,0642 01300 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08-03-2017 08-08-2017 DETAIL ASSOCIATES INC. Occupancy Status During Abatement (Check Only One) Street Address 300 GRAND AVE. Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: ENGLEWOOD NJ. 07631 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure X ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, Enclosure (Specify Remova Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Calcia Hall (Rooms 226,229 & 230) X **GLUE DOTS** 3,802 SF. X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste TRI STATE ASSOCC INC MINERVA ENTERPRISE, INC. 19951 TBD City, State Disposal Date City, State BRONX N.Y. TBD WAYNESBURG, OHIO. Completed by Signature / Date CARLOS ESQUIVEL SAFETY MANAGER 07/31/2017

CHECK # 24493

| Date of Notification (1) | | | I Mi- | (5.0 | | | | CI | IECK : | # 24 | 493 | - Entritorion | - |
|----------------------------------------------------------------------------|----------------------------------|---------------------|-------------------|------------------------------|-----------------------|-----------------------------------------|-------------------------------|---------------|------------|------------|---------|---------------|-----------|
| 08-03-17 | | | The | e of Build Port A | ling Owne uthority | r/Operato of NY & | r (2) N.J | | | 0 10 | | W | |
| Agencies Notified Type Notification | n | | | t Addres | | -, , , , , | | - Ur | | | -w. Cen | Withmendown | - |
| EPA X Initial | | | | | | rnation | al Airport, Bl | dd 125 | Centre | al Tar | mino | I Are | 20 |
| DEP Amended | | | City, | State, Zip | Code | | , , | 9, 20, | AL | IG E | 1111111 | 201 | d |
| X DOL Amendme | | | New | ark, N. | 07114 | | | | | | | | |
| DOH Emergency justification | y (includi 1) | ng | Name | e of Conta | act | | | 1, 1 | - | | dia dia | 1113 | |
| ☐ DCA ☐ Cancellation | | | Johr | n A. Vol | ре | | | | | | | | J. |
| Name of Facility Where Abatement is Tak | DI | (0) | FA | CILITY | NFORMA | TION | | | - | | | - | - |
| Newark Liberty International Airpo | ing Place ort | (3) | | | | | Type of Facili | y (4) | | | | | |
| Street Address | | | | | | | School (I | <-12) | | | | | |
| 3 Brewster Road | | | | | | | Subchap Other (i.e. | ter 8 (Other | than K | -12) | | | |
| City (5) | | | | | | | etc.) | e. private & | comme | rcial b | ullaing | js, ho | mes, |
| Newark | | | | | | | Square Feet | # of F | loors | | | Age | |
| County (6) | | | Count | Code (| 7) | | 100,000 | | | | 88 y | rs. | |
| Essex | | | (STATE | y Code (7 E <i>USE ON</i> | () (LY) | | Current Use (F Airport | rior if being | demol | ished) | | | |
| Name of Monitoring Firm Hired by Building The Port Authority of NY & NJ | Owner (| 8) | # # BWW. | CM No. | | Name | of Abatement C | ontractor (9 | 9) | | - | | |
| Street Address | | | N/A | | | Pinna | acle Environi | mental Co | orp. | | | | |
| 241 Erie Street | | | | | | | Address | | | | | | |
| City, State, Zip Code | | | | | | | Broad Street | | | | | | |
| Jersey City, NJ 07310 | | | | | | | ate, Zip Code tadt, NJ 070 | 72 | | | | | |
| Project Manager for Monitoring Firm | ject Manager for Monitoring Firm | | | | | | one No. | | icense | No | | | |
| | alph Campione | | | | | 0.0000000000000000000000000000000000000 | 39-6565 | 10.000 | 0756 | 140. | | | |
| Start Date (10) 08-14-17 | Schedu 10-30 | led Co | mpletion | Date (11 |) | | of OSHA Monito | | | | | | |
| Occupancy Status During Abatement (Chec | | | | | | | . Analytical, I | nc. | | | | | |
| Facility Closed/Vacated During Entire I | | | | | | Street A | ladress /est 38th Str | oot | | | | | |
| Avalement Performed ()utside of Norm | al Facilit | y Hair | - | | | F 20.47 Sub- | ate, Zip Code | eel | | | | | |
| X Other - Describe: Abatement will be co | onducted | in a res | stricted a | irea. | | | ork, NY 100 | 118 | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | , | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova | | | | | Full Containm | ent with No | antivo | Deces | | | |
| | | Demoli | tion | | | H | Mini-Enclosur | e | gauve | F16221 | ii e | | |
| | | | | | | × | Glovebag Pro Non-Exempte | cedure | on Friel | ala Da | | 2204 | |
| | Is | Locati | ion | | | | | a () and M | JII-FIIal | JIE PI | | emen | + |
| Location of | | Normal | | | Des | cription o | f | | | | | /pe | *: |
| Asbestos-Containing Material (ACM) TO BE ABATED | Ma | ed Sole iintenar | nce/ | Asbe | stos Conta | aining Mai | terial (ACM) | Amou | ınt | | | | |
| In Facility | Cus | todial S | Staff? | (i.e | . thermal : surfac | systems ii ing, VAT, | nsulation, | (Spec | | Re | R | inca | Enc |
| (13) | | (12) | | | | iscellane | | SF or | LF) | Remova | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | | a | | late | ıre |
| Ext: Terminal A1 Fuel Connection | | | x | | Tar Co | vered P | ipe | 3025 | SF | x | | | |
| Ext: Terminal A2 Fuel Connection | | Х | | Tar Co | vered P | ipe | 825 | SF. | x | | | | |
| Ext: Terminal A3 Fuel Connection | | х | | Tar Co | vered P | ipe | 1008 | F | x | | | | |
| Ext: Main Connection | | | х | | Tar Co | vered P | ipe | 11365 | SF. | x | | | |
| Name of Registered Waste Hauler | | | JDEP W | | Cubic Y | | Name of F | Registered I | | 1 | | | |
| ATC, Inc. / JBT (50071) | | | auler ID I 310 | NO. | of Wast | е | | Enterpris | | | | | |
| City, State Shirley, NY / Bronx, NY | | | | | Disposa TBD | I Date | City, State | | 440- | _ | | | |
| Completed by | | | | | | | vvaynes | burg, OH | | | | | |
| Raymond Kinsella | | | | | | | | | Dat 08- | e -03-1 | 7 | | |

| OV His | n = | | | FICATIO | ON OF AS | BESTOS | ABATE | | | general control | | | THE RESERVE | | Property of Chica |
|-----------------------------------------------------------------|-----------------------------------------|------------------------|--------------------|------------|----------------------|-------------------|-----------------------------------------|----------------|------------------------|-----------------|---------------------|------------------|-------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| UCT 100 | 19 | | (| | nt to NJA | | | • | | | EG | |] W | | F |
| Date of Notification (1) | | | | | of Buildin | | Operator | r (2) | | | | | | | Per presidente de la companya de la |
| Agencies Notified | Type Notification | 1 | | | Address | | | | | TOTAL A | AUG | ; - 8 | 201 | 7 | I hou |
| X EPA | Initial | | | | . W. HA | | D TER | RACI | Ε | Mercy | er verse | | | | Market and |
| DEP X DOL | Amended Amendmen | † # | | | tate, Zip (SADES | | 07050 | | | | ASBEST | 08 00 | ONTE | IOL | 8 |
| | Emergency | (includin | g | | of Contac | | 07000 | | | | | CENS | | | |
| DOH DCA | justification Cancellation | | | 1000 | SUN YA | | | | | 1 7 | | • | | | |
| | | • | | | CILITY IN | 1000002.T0-X | ION | | | | | | | | |
| Name of Facility Where | Abatement is Takir | ng Place | (3) | | | Ortimoti | 1014 | Туре | of Facility | (4) | | | | | |
| PRIVATE | | | | | | | | П | School (K- | -12) | | | | | |
| Street Address | | | | | | | | | Subchapte | er 8 (Ot | her than K | (-12) | | | |
| | | | | | | | | | Other (i.e. etc.) | private | & comme | ercial bu | ildings | , hon | nes, |
| City (5) | | | | | | | | | re Feet | # | of Floors | T | Bldg. | Age | |
| TENAFLY NJ. | | | | | | | | 1,70 | | | 2 | | 5 | 2 | |
| County (6) | | | | | Code (7) | | | Curre | | | eing demo | lished) | | | |
| Name of Monitoring Firm | Hired by Building | Owner /S | 2) | | M No. | - | | 5.41 | | YES | | | | | |
| N/A | r med by building | Owner (c | 2) | ASC | IVI NO. | | | | tement Co | | or (9) NMENT | Λ1 11 | _ | | |
| Street Address | | | | | | | Street | | | VIIVO | INIVILIAI | AL LL | U. | | |
| | | | | | | | 100000000000000000000000000000000000000 | 6 - 51 | | | | | | | |
| City, State, Zip Code | | | | | | | | | ip Code | | | | -14-5-1-1 | | |
| | | | | | | | NOR | RTH B | ERGEN | NJ.0 | 7047 | | | | |
| Project Manager for Moni | toring Firm | | | Telepho | one No. | | Teleph | one No | 0. | | License | No. | | | |
| Ct- 1 D + (10) | | | | | | | 201.7 | 776.0 | 642 | | 01300 | | | | |
| Start Date (10) 08/05/2017 | | Schedu 08/06 | | | Date (11) |) | | | A Monitor | | | | | | |
| Occupancy Status During | Abatement (Chec | | | | | | | | | VIRO | NMENT. | AL LL | C | | |
| | | 2552 | 100 | 5 52 | | | Street / | Addres 51 S | | | | | | | |
| Facility Closed/Vaca Abatement Performe Other – Describe: | ted During Entire I d Outside of Nom | eriod of al Facilit | Abater v Hour | nent s | | | | 1700 100 000 | p Code | | | | | | |
| Other – Describe: _ | | | | 7 | | | 11 | | ERGEN | N.I. O | 7047 | | | | |
| Scope of Work (Check All | That Apply) | | | and the co | | | | | | 140. 0 | 70-77 | - | | | |
| ≥3 sf or ≥3 lf | | | Renova | ition | | | | Full | Containm | ent wit | h Negative | Dracei | ıre | | |
| ≥160 sf or ≥260 lf | | X | Demoli | tion | | | | Min | i-Enclosur | е | | 1 10000 | 110 | | |
| | | | | | | | × | | vebag Pro n-Exempte | | nd Non-Fri | able Pro | cedu | e | |
| | | Is | Locat | ion | | | | | | | | | | emen | t |
| Location | | | Normal | | | Des | scription | of | | | | | Ty | ре | _ |
| Asbestos-Containing N TO BE ABA | | | ed Sole aintena | | Asbes | stos Cont | aining Ma | aterial | (ACM) | | Amount | | | m | Е |
| In Facility | | Cus | todial 9 (12) | Staff? | (1.6. | . thermal surface | systems sing, VAT | Γ, or | uon, | | Specify F or LF) | Rem | Repair | ıcap | inclo |
| (13) | | | (12) | | | other m | niscellane | eous) | | | | Remova | pair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | | | | _ | | ite | Ф |
| ROOF | | | Х | | | FLA | TROC |)F | | 40 | 00 SF. | Х | | | |
| | | | | | | | | | | | | 1 | - | | |
| | | 1 | | | | | | | | | | - | +- | | _ |
| | | - | | | | | | | | | | - | - | | |
| Name of Registered Waste | Hauler | 1 | I NI | JDEP W | lasta | Cubic ' | Varda | | Now | D | - 11 ' | | | | |
| TRI - STATE ASSOC | | | | auler ID | | of Was | | | | (337) | ered Landf | | | | |
| | , 1140. | | 19 | 9951 | | TBE | | | MINER | VAE | NTERPE | KISE I | NC. | | |
| City, State BRONX N.Y. | | | | | | | al Date | | City, State | | D.C. 51 | _ | | | |
| Completed by | | Title | | - | | TBD | | | WAYN | SBU | RG OHI | O, | | | |

SAFETY MANAGER

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

CARLOS ESQUIVEL

| Date of Notification (1) | | | | | | | | | CK | 4 (| 226 | 5 7 | 29 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------|-----------------------|-------------------------------|-------------------------|-------------|------------------------------------------|-------------------|-----------------|---------|-------------|-------------|-----------|
| 08/01/17 | | | Name Unco | of Building O mmon Sch | wner/Ope | erator | (2) | 115 | | - | Γī | Π.// | |
| Agencies Notified Type Notifica | tion | | | Address | | | | 113 | |) Ly | <u> </u> | W | 6 |
| EPA Initial | | | 108 9 | 9th Street | | | | 1111 | CL _O | | | | 7/ |
| DEP Amende Amendm | nent # | | | tate, Zip Code ark, NJ 071 | | | | 144 | AU | ; ~ | 3 21 | 117 | |
| DOH SEMERGER STATES STA | ncy (including on) | 9 | Name | of Contact | | | a di | | | 1 | is. | | Senso |
| DCA Cancella | tion | | Mr. N | latthew Alb | oan | | 1 | | | | | | 1 |
| Name of Facility Where Abatement is Ta | aking Place (| (3) | FAC | CILITY INFOR | RMATION | | Type of Facility | (4) | | ENS. | NG | | O.Y. |
| North Star Fairmount Academy | | | | | | 1 | | | | | | | |
| Street Address | | | 1827-1871-18 | | | | School (K- | -12) er 8 (Oth | er than K | 12) | | | |
| 108 9th Street | | | | | | | Other (i.e. | private | & comme | cial bu | ildings | , hon | nes, |
| City (5) | | | | | | _ | etc.) Square Feet | # 0 | f Floors | Т | Bldg. | Age | 210-11-23 |
| Newark | | | | | | | 5,000 + | 1 | | | 50 + | .50 | |
| County (6) Essex | | | County (STATE | Code (7) USE ONLY) | | | Current Use (Pr | rior if be | ng demol | shed) | | | |
| Name of Monitoring Firm Hired by Buildi | ng Owner (8) |) | ASC | M No. | N | ame o | f Abatement Co | ntractor | (9) | | | | |
| Whitman | | | | | J | .R. C | ontracting & | Enviro | nmenta | I Con | sultir | ng, Ir | ıc. |
| Street Address 7 Pleasant Hill Road | | | | | 1000 | | ddress | | | | | 2000 | |
| City, State, Zip Code | | | | | | | Route 23 | | | | | | |
| Cranbury, NJ 08512 | | | | | | | ate, Zip Code e, NJ 07470 | | | | | | |
| Project Manager for Monitoring Firm | Manager for Monitoring Firm | | | | | | ne No. | | License | No | | | - |
| | Kevin Lovely | | | | | | 628-9200 | | 00408 | 33.54 | | | |
| 08/02/17 | t Date (10) Scheduled | | | | | | OSHA Monitor Vision Cons | | s. Inc. | | | | |
| Occupancy Status During Abatement (Ch | neck Only Or | ne) | | | | | ddress | | , | | | | |
| Facility Closed/Vacated During Entire | re Period of A | Abaten | nent | | 2 | 0-21 | Wagaraw Ro | oad, Bl | dg. #35 | E | | | |
| Abatement Performed Outside of No Other – Describe: Occupied Building | ormal Facility | / Hours | S | | | | te, Zip Code | | | | | | |
| Scope of Work (Check All That Apply) | | | | | F | air La | awn, NJ 074 | 10 | | | | | |
| × ≥3 sf or ≥3 lf | [V] _ | • | 2.000 | | | | | | | | | | |
| ≥160 sf or ≥260 lf | | Renova Demolit | | | | H | Full Containm Mini-Enclosure | ent with | Negative | Pressu | ire | | |
| | | | | | | × | Glovebag Pro | cedure | | | | | |
| | Т. | | | | | | Non-Exempte | d (*) and | Non-Fria | ble Pro | | | |
| Location of | | Locati Iormal | | | 7/22 07:1 | | 28 | | | | Abate Ty | | t |
| Asbestos-Containing Material (ACM) | Use | d Sole | ly by | Asbestos | Descrip | | erial (ACM) | Δr | nount | | T | | |
| TO BE ABATED In Facility | | intenar odial S | | (i.e. the | rmal syst | tems in | nsulation, | | pecify | Z. | 77 | Enc | g |
| (13) | | (12) | | | surfacing, her misce | | | SF | or LF) | Remova | Repair | apsı | Enclosure |
| | Yes | No | N/A | 2000001 | 10000 N. 1000 T. T. | | | | 7.5 | va | = | Encapsulate | ure |
| 1st and 2nd Floor Classrooms | | | | | | sulati | on | 8 | LF | X | _ | | |
| | | X | | | | | | LI | Δ | | | | |
| 29 | | | | | | | | | | + | | | - |
| • | | | | | | | | | | - | | | _ |
| Name of Registered Waste Hauler | | | | | | | Name of I | Register | ed Landfi | | | | |
| J.R. Contracting & Environmental | Consul., Ir | ac Ha | JDEP Wauler ID 819 | | ubic Yard Waste | | Grand (| | | | 33 | | |
| City, State | kul | | | sposal Da | ate | City, State | | | | | | | |
| Wayne, New Jersey | • | | | | | | Pen Arg | | nnsylvar | nia | | | |
| Completed by | Title | 1/2/2/2007 | | | Signat | ture | 0/ | W 18 | | ite | | | - |
| Jerry Bijelonic | Projec | ct Ma | nager | | | (| K | | 10.333 | 3/01/1 | 7 | | |

| Date of Notification (1) 8/2/17 Agencies Notified EPA DEP X DOL Initial Amended Amended Amendmix Emergen justification | | | | Building Owner Meliane | /Operator | (2) | | 11.70 | G/ (be | The second | | brand uturban |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------|-------------|---------------------------------|--------------------------|---------------------------|-------------------------------------|---------|---------|-----------------|-------------|------------------|
| Agencies Notified EPA DEP DOL Initial Amended Amendm | | | | | | | 11. 11 | | | | | |
| EPA Initial Amended Amendment Emergen | | | Ou cot Mu | | | | 111 111 | - | 110- | -0- | 2049 | 9 |
| DEP Amended Amendem | | | | uress | | | | A | UG . | Ö | 201 | 1 |
| X Emergen | i | | City, State | e, Zip Code | | | | | | | | |
| DOH Emergen justification | | | | ford, NJ 070 | 70 | | · A | SBES | | | | OL |
| | cy (includir on) | ıg | Name of 0 | | | | | | CE | NSII | 46 | - |
| DCA Cancellat | | | Nazih N | Veliane | | | | | | | | |
| Name of Facility Where Abatement is Ta | kina Dia | (0) | FACIL | ITY INFORMAT | TION | | | | | | | |
| Residential House | King Place | (3) | | | | Type of Facili | ty (4) | | | | | |
| Street Address | | | | | | School (| K-12) | | | | | |
| | | | | | | Subchar Other (i.e | oter 8 (Other ti e. private & co | han K- | 12) | ildina | hon | 000 |
| City (5) | | | | | | etc.) | | | | | | ics, |
| Rutherford | | | | | | Square Feet | # of Flo | oors | | Bldg. | Age | 3. 12-1/2 |
| County (6) | | | County Co | de (7) | | 2000 | 2 Dring if halos | dan e | | 50÷ | | |
| Bergen | | | (STATE US | E ONLY) | | Current Use (| rior it being o | emoli | sned) | | | |
| Name of Monitoring Firm Hired by Buildin | g Owner (8 | 3) | ASCMIN | √o. | I Name o | f Abatement C | Contractor (9) | | | | | |
| n/a | | | n/a | | | ony Contra | | | | | | |
| Street Address | | | | | Street A | | | | | - | | |
| n/a | | | | | 360 F | alisade Av | е | | | | | |
| City, State, Zip Code | | | | the same of | City, Sta | ate, Zip Code | | | ******* | | | |
| | | | | | | eld, NJ 0702 | 26 | | | | | |
| Project Manager for Monitoring Firm n/a | | | Telephone | No. | Telepho | | | ense l | No. | | | |
| Start Date (10) | Schadu | ind Co. | n/a | - (44) | | 60.6026 | | 1255 | | | | |
| 8/5/17 | 8/10/1 | | mpletion Da | te (11) | | OSHA Monito | | | | elektrici stole | | 2000 |
| Occupancy Status During Abatement (Che | | | | | Street A | ony Contrac | cung inc | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of No | | 0.000 | nont | | | alisade Ave | 2 | | | | | |
| | mal Facilit | y Hour | S | | | te, Zip Code | * | | | | | |
| | olition | | | | 1153 | ld, NJ 0702 | 26 | | | | | |
| Scope of Work (Check All That Apply) | | - | | | | | | | | | | |
| ≥3 sf or ≥3 lf | Property. No. | Renova | 7555557 | | | Full Contains | ment with Neg | ative l | Pressi | ire | | |
| ≥160 sf or ≥260 lf | X I | Demolit | tion | | | Mini-Enclosu | ıre | , | 10000 | | | |
| | | | | | X | Glovebag Pr Non-Exempt | ocedure ed (*) and No | n-Friat | ole Pro | cedur | ۵ | |
| | Is | Locati | ion | | | | T | | T | | ment | |
| Location of | | Normal ed Sole | | Des | scription o | | | | _ | Ту | ре | |
| Asbestos-Containing Material (ACM) TO BE ABATED | | intena | | Asbestos Conti (i.e. thermal | aining Mai | erial (ACM) | Amour | 2.50 | | | m | - |
| In Facility | Cus | todial 5 (12) | Staff? | (i.e. unermai surfac | systems in sing, VAT, | or | (Speci | | Rem | Repair | ncap | nclo |
| (13) | | (12) | | other m | niscellaneo | ius) | | | Remova | oair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | - | | ite | 0 |
| Exterior Mixed in Debris | | | | | | n | 10 LF | = | K | | | |
| Exterior Mixed in Debris | | | | , | VAT | | n/a | | K | | | |
| | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | N. | JDEP Waste | e Cubic Y | rards | Name of | Registered L | andfill | <u></u> | | | |
| | larmony Contracting Inc | | | | | | VS Landfill | and III | | | | |
| Harmony Contracting Inc | | | | | | | | | | | | |
| | | | | Dianas | al Data | 1014.01 | La | | | | | |
| City, State | | | | Disposa | al Date | City, Sta | | | | | | |
| Harmony Contracting Inc City, State Garfield, NJ Completed by | Title | | | TBD | al Date gnature | | te ville, PA | Da | to | | | |

| | | | (2 | | | | | ll lr | 13 0 | Institute of the second | | | 7 | 11 |
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| Date of Notification (1) | | | | Building Ov | | | | 1 | | | | | design of the second | Management of the last of the |
| 8/2/ | 17 | | | S. Mi | JRR | HT | | | Al | UG - 8 | 201 | 7 | 1 | Ж |
| Agencies Notified | Type Notification | | Street Ac | | | 1 | | 164 14 | . s | T | | | | and the same |
| □ EPA | El Initial | | | | | | | ۲۷ | | | 0171 | 101 | 2 | - |
| D DEP | ☐ Amended | 131 | City, Sta | te, Zip Code | _ | NT | £. | 15 | IS LILE | ros do LICENSI | NG | | en. | |
| DOL DOL | Amendment # Emergency (inch | uding | Name of | CANGO | - | 27. | | 142 6 | 1 7-1 | 1 37 1 | - | and the same of th | | granto-m |
| DOH LO | justification) | 177.1 | 1 realthe Of | S.Mu | | | | | | | | | | |
| □ DCA | Cancellation | | FACE | LITY INFO | RMATI | ION | | | | | | | | |
| Name of Facility Where Aba | atement is Taking Place | (3) | PACE | MII II II I | | | Type of | Facility (4) |) | | | | | |
| de r | INRPHY | | | | | | | thool (K-12 | | | | | | |
| Street Address | 1 | | | 7. | | | D S | ibchapter 8 | (Other ti | ran K-12) ommercial b | ildino | s hon | nes, et | ic.) |
| | | | | ÷. | | 1 | | | | | | - | | |
| City (5) | | Sa . | | , R. | | | Square | | | Floors | Bk | dg. Aq | 46 | |
| OMNO | G & | | | desar s | | | | 100 | 1 | 2 " | | | 70 | |
| County (6) | | | | Code (7) | | | Current | Use (Prior | if being | demolished) | | | | |
| ESSE | × | | | | | | | | 100 | 3 10 GS | | | | |
| Name of Monitoring Firm H | lired by Building Owns | ₹(8) | ASCI | M No. | | Section 21 Section | | nent Contra | | | | | | |
| , | | | | | | | | noval Ir | IC | | | - | | |
| Street Address | | | | 28 | | Street A | | | C. | | | | | |
| | | | | | | 450 | Sou | th River | Stree | A | | | | |
| City, State, Zip Code | | | | | | | ate, Zip | ck, NJ (| 17601 | | | | | |
| | | | | | | Telepho | | UB, INJ | 77001 | License No. | | | | |
| Project Manager for Monitor | ring Firm | | Telepho | ne No. | | retepno | 201-3 | 29-7444 | | 003 | 88 | | | |
| | | cheduled Co | 1-1 D | . (11) | | | | Monitor | | | _ | | | |
| Start Date (10) | | | 1/8/1 | | | | | Environ | menta | 1 | | | +6 | |
| Occupancy Status During Al | hotement (Check Only | | // 0/1 | | - | Street A | | | | | | | | |
| | | | | 7.2 | | 28 | 0 Hu | yler-Stre | et | | | | | 1 |
| Abatement Performed Other - Describe: | Outside of Normal Fac | ility Hours | an. | (2) | 4 | City, St | ate, Zip | Code | | TT 05/0/ | To Desiring | - | | |
| Other - Describe: | m TO 5: | ∞em_ | | | | Şc | outh F | lackens | ack, N | IJ 07606 | | | | |
| Scope of Work (Check All 1 | That Apply) | | | | | | | | - | | | | | |
| -23 sfα≥3 lf | | E Reno | vation | | | | Full | Containmen | nt with N | legative Press | anc | | | |
| ☐ ≥160 sf or ≥260 lf | | ☐ Demo | olition | | | /E | | -Enclosure rebag Proce | | | | | | |
| | | | | | | | Non | -Exempted | (*) and h | Von-Friable F | rocedi | SI | | |
| | | 1-1 | | 1 s. | | | | | | | | Aban | ment | |
| | | Is Loc Nom | | 1 | De | scription | of | | | | | 1) | pe | Г |
| Location Asbestos-Containing N | | Used So Mainte | | Asbes | tos Cont | pining M | enerial (| ACM) | | mount | 75 | | Em | H |
| TO BE ABA | TED | Custodia | | (i.e. then | mal syste | ems insul VAT, or | ation, st | riacing, | . (S) | pecify or LF) | Removal | Repair | caps | Enclosure |
| In Facilit (13) | ry | . (1 | 2) | | | miscellan | | 1 | | | 18V | = | Encapsulate | sure |
| | | Yes N | o NA | 1 . | 70 | | | | | | | | | |
| | | | - | (N = 1 · · · | | | i de e | AFILE | 2 | SLF | × | | | |
| BASEMEN | 1 | | | THELMA | C Sys | S) EH | INSU | MOITE | - 2 | 0 101 | H | - | | 1 |
| | - 40 | | | | | | | | | | | - | - | - |
| | | | | | | | | | | | _ | _ | _ | - |
| | | | | | | | | |) / | | | | | |
| Name of Registered Waste I | Hauler | <u> </u> | NUDEP V | | Cubic | | | Name of I | Registere | d Landfill | | | | |
| F 3000 | | | Hauler II | Control of the Contro | of Wa | ste 2 c | 70 | N | linver | va Enter | orise | s, I | LC | |
| Best Removal Inc | C | | 171 | .09 | Dieno | sal Date | 13 | City, State | | 1 10 1100440 | | | | - |
| City, State Hackensack, NJ | 07601 | | | | | 18/1 | 7 | | | rg, OH 4 | 4688 | 3 | | |
| Completed by | | Title | | | | Signature | | 11.00/2 | | Dat | pa eq | | | |
| J. Maiorano | | | nator | | | E | | مممدر | per | | 8 | 12/ | 17 | |
| 3. IVILLIOIGILO | | Loui | Hewi | | | 1 | 1 | | | | | | | 25/A |
| ASB-41 (R-06-08) | | | | | | () | Do not | use this for | m for asl | bestos licensu | ite con | ampter | l activ | rities. |

Т

| | 389 | NOTI | State of New Jersey FICATION OF ASBESTOS ABATEMEN (Pursuant to NJAC 8:60 and 5:16) |
|--------------------------|--------------|------|------------------------------------------------------------------------------------|
| Date of Notification (1) | | | Name of Building Owner/Operator (2) |
| / | | 17 | Barack Obama School |
| Agencies Notified | Type Metific | 4: | 0 1011 |

| Date of Hotimeation (1) | | | | Barack Obama School | | | | | | | | | | |
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| 08 /01 | /1 | 7 | | В | arack Ob | ama School | | 同图 | 图 | I W | | 3 Prom | | |
| | e Notification | n | | Stre | et Address | | | | L- 9 | D V | l - | 7 | | |
| | Initial | | | 13 | 300 Bangs | s Avenue | | The state of the s | | | | | | |
| | Amended | | | City | State, Zip | Code | | AUG AUG | - g | 201 | 7 | 1 1 | | |
| | Amendment Emergency (| | - | A | sbury Par | k, NJ 07712 | | | J | | | مصا | | |
| (NJAC 5:23-8) | justification) | includin | 9 | - | ne of Conta | | | Talophass | 1 | - | - | - | | |
| The second control of | Cancellation | | | W | alt | | | | | ţ | 40L | . Ĝi | | |
| | | | | F | ACILITY II | NFORMATION | | | | | | | | |
| Name of Facility Where Abate | ment is Taki | ng Plac | e (3) | | | | Type of Facility | (4) | | | | | | |
| Barack Obama School | | | | | | | School (K-12) | | | | | | | |
| Street Address | | | | | | 69 | ☐ Subchapter 8 (Other than K-12) | | | | | | | |
| 1300 Bangs Avenune | | | | | | | Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| City (5) | | -X*. | | | | | Square Feet | # of Floors | B | ldg. A | ne. | | | |
| Asbury Park | | | | | | | 63,610 | 3 | | 100 | 30 | | | |
| County (6) | | | 118.70 | Cot | unty Code (| 7)(STATE USE ONLY) | | | | | | | | |
| Monmouth | | | | | | A | School | | | | | | | |
| Name of Monitoring Firm Hire | d by Building | Owner | (8) | ASCN | /I No. | Name of Abateme | ment Contractor (9) | | | | | | | |
| Ahera Consultants | 15 | | | | | and the second s | ntracting, Inc. | | | | | | | |
| Street Address | | | | | | Street Address | | | | | | | | |
| P O Box 385 | | | | | | | 9, Unit 61 | | | | | | | |
| City, State, Zip Code | | A 15 | | | | City, State, Zip Co | | | | | | | | |
| Oceanville, NJ 08721 | | | | | | 0 10 0 | New Jersey 08 | 2755 | | | | | | |
| Project Manager for Monitoring | | | | | | Telephone No. | New Jersey U | | | | | | | |
| John | | ephone | 2-1833 | 732-349-9932 | | License No. | | | | | | | | |
| tart Date (10) Scheduled Completion D | | | | | | Name of OSHA M | | 00624 | | | | | | |
| 08/14 /1708/ | | | | | | E.M.S.L. Anal | | | | | | | | |
| Occupancy Status During Aba | | | | | | Street Address | yuoui | | | | | | | |
| ☐ Facility Closed/Vacated Du | | | | ement | | 1056 Stelton | | | | | | | | |
| ☐ Abatement Performed Outs | ide of Norma | Facilit | у Ноц | ırs - De | scribe | City, State, Zip Co | odo. | | | | | | | |
| Time of Abatement: | AMP | M/ | _PIV | l | _AM | | | 1854 | | | | | | |
| Scope of Work (Check all that | apply) | | | Piscataway, New Jersey 08854 | | | | | | | | | | |
| | | - | | | | | intainment with Negative Pressure | | | | | | | |
| ≥3 sf or ≥3 lf≥160 sf or ≥260 lf | | ⊠ Re | nova: moliti | | | ☐ Mini-Encl | ag Procedure | | | | | | | |
| | | | | 011 | | ☐ Non-Exer | pag Procedure xempted (*) and Non-Friable Procedure | | | | | | | |
| | | Is | Loca | ition | | | | | _ | Abatement T | | | | |
| Location of | | | Norma | ally ely by | | Description of | f | | 1 | | | | | |
| Asbestos-Containing Mater TO BE ABATED | ial (ACM) | 200000000000000000000000000000000000000 | | ance/ | Asbe | stos Containing Mat | terial (ACM) | Amount | \em | Repair | nca | ncl | | |
| IN Facility | | Cus | | Staff? | (1.6 | e., thermal systems in surfacing, VAT, | or | (Specify SF or LF) | Removal | ai | sde | Enclosure | | |
| (13) | | Voc | (12) | | - | other miscellaned | | Or Or Er) | - | | Encapsulate | ē | | |
| Room 163 | | Yes | No | N/A | | | | | 1_ | | | | | |
| 100111 103 | | | \boxtimes | | asbesto | os floor tile & ma | stic | 1080 | \boxtimes | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | П | | |
| Name of Registered Waste Hauler | | | | | Waste | Cubic Yards of | Name of Regis | stered Landfill | | | | | | |
| Guardian Contracting, Ir | ıc. | | F | lauler I | | Waste | T.R.R.F. | | | | | | | |
| City, State | | | | 2022 | 3 | 10 Disposal Date | City, State | | | | _ | | | |
| Toms River, New Jersey | | | | | | 08/21/17 | | Pennsylvania | | | | | | |
| Completed By (Print or Type) | Title | 9 | | | | Signature | 13.13 | | - | ;- | | | | |
| Nicholas Fernicola | 416500 | 30 | Man | ager | | Signatule | | Dat | g g | 1 | ~ | | | |
| Nicholas Fernicola Project Manager SB-41 | | | | | | | Teta | -1 | 81 | 111 | 1 | | | |

| | | NOT | IFICATI | ON OF A | New Jerse SBESTO | SABATEN | MENT | | NEG | | ; [j | W | 匠 | |
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| Deta SNAS (1) | | | | | | nd 12:120) | | | Check | 42 | 08 | 3 | 4 | |
| Date of Notification (1) 8-3-2617 | | | Name | of Buildin | g Owner/0 | Operator (2) | | | 111 | | | | -1 | |
| | | | LJ. | BRI | ANIG | AN | | | LI AU | G - | 8 | 2017 | 1 | |
| Agencies Notified Type Notificatio | n | | Street | Address | | | | | | | | | i | |
| ☐ EPA ■ Initial ☐ DEP ☐ Amended | | | | | | | | DE | SOFT | 41. | 40.00 | | | |
| □ DEP □ Amended ■ DOL Amendmer | ot # | | | tate, Zip C | | | | 1 | ADDILO: | CEN | SON VSIN | ां सं | 21 Se | |
| ☐ Emergency | (including | 3 | 11/1 | the c | 0003 | D, N | 7 0 | 704 | 0 | - I | AOUA | J | 4000 MARCHARD | |
| ■ DOH justification □ DCA □ Cancellation | | | | of Contact | | , , | | 100 | -11 NI | har | | | | |
| - Cancellatio | 11 | | | BRI | | | | | | | | | | |
| Name of Facility Where Abatement is Taking | Place (3) | | PAC | ILITY IN | FURMA | TION | Type of Facility | (4) | | | | | _ | |
| J. BRANIGAN | | | | | | | | | | | | | | |
| Street Address | | | | | | | □ School (K- □ Subchanter | 12) | or thon V 12) | | | | | |
| | | | | | | | Other (i.e. | napter 8 (Other than K-12) (i.e. private & commercial buildings, homes | | | | | etc.) | |
| City (5) | | | | | | | Square Feet | | of Floors | - 1 | Bldg. | | | |
| MAPLEWOOD | | | | | | | 3600 | 500 | 3 | | | | 1 | |
| County (6) | | | County | Code (7) | | - | Current Use (Pri | or if he | ing demolisher | 1) | 109 | YR | 5 | |
| ESSEX | | | (STATE | USE ONL | r) | | | RESIDENCE | | | | | | |
| Name of Monitoring Firm Hired by Building (| Owner (8) | | ASC | M No. | | Name of | Abatement Cont | Contractor (9) | | | | | | |
| | | | | | | 4 | t Removal | 5005 C | | | | | | |
| Street Address | | | | | | Street Ad | | 1110 | | | | | | |
| 0:- 0:- | | | | | | 450 | South Rive | er Str | eet | | | | | |
| City, State, Zip Code | | | | | | City, Sta | te, Zip Code | 01 511 | CCL | | | | | |
| Decided Manager C. M. S. S. | | | | | Hack | ensack, NJ | 0760 | 01 | | | | | | |
| Project Manager for Monitoring Firm | | Telepho | ne No. | 8 | Telephor | | | License No |). | | | | | |
| Start Date (10) | | | | | 1 | 01-329-744 | 4 | 00 | 388 | | | | | |
| 8-14-2017 | | | pletion D | ate (11) | | Name of | OSHA Monitor | | | | | | | |
| Occupancy Status During Abatement (Check C | 0-11 | 10-1- | 1 | | | Ome | ega Enviror | men | tal | | | | | |
| | | | Street Address 280 Huyler S | | | | | | | | | | | |
| ☐ Facility Closed/Vacated During Entire Pe ☐ Abatement Performed Outside of Normal | riod of Ab | atement | City, State, Zip Co | | | | | eet | | | | | | |
| Abatement Performed Outside of Normal Other - Describe: 7 AM 5 | On ! | Ours | | | | | e, Zip Code Ith Hackens | nole | NI 07606 | | | | | |
| Scope of Work (Check All That Apply) | | | | | | 1 300 | - Tackens | sack, | 143 07000 |) | | | | |
| ≥3 sf or >3 lf | TOTAL | D | 2000 | | | | ntainment with Negative Pressure | | | | | | | |
| ☐ ≥160 sf or ≥260 lf | 10111 | Renova Demoli | | | | | Full Containme Mini-Enclosure | nt with | Negative Pres | sure | | | | |
| | | | | | | | Glovebag Procedure | | | | | | | |
| | | | | T | | | Non-Exempted | | | | | | | |
| | | s Locat | 7.7.10. | | | | | | | | Abatement | | | |
| Location of Asbestos-Containing Material (ACM) | Normal ed Sole | | | De | scription of | A STATE OF THE STA | | | 1) | ре | | | | |
| TO BE ABATED | laintena | nce/ | (i.e. the | stos Conta | aining Mate | rial (ACM) on, surfacing, | | Amount | | | ш | - | | |
| In Facility | Cu | stodial ((12) | Staff? | (1.0. 410 | | VAT, or | on, surfacing, | | Specify F or LF) | Rem | Re | ncaj | and | |
| (13) | (12) | | | other r | miscellaneo | ıs) | | | Removal | Repair | Encapsulate | Enclosure | | |
| | No | N/A | | | | | | | - | | ite | , c | | |
| BASEMENT | | | X | TIT | 2011AL | 1805 | LATION | | 2:2:0 | 1 | | | | |
| | 1 | 111600 | שדטויטב | 100 30 | LITION | | 212 LF | X | - | | | | | |
| | | - | | | - | | | | | | | | | |
| | | | | | | | | | | | | | | |
| N | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | 4 83 | JDEP Wa | | Cubic Y | | Name of R | egister | ed Landfill | | | | | |
| Best Removal Inc | | H | auler ID | | of Wast | | | | | • | 200 | | | |
| City, State | | | 1710 | 19 | 3 YD Dispose | | | | va Enter | orise | s, L | LC_ | | |
| Hackensack, NJ 07601 | | | | | 8-16 | | 1,, | | | | | | | |
| Completed by | Title | | | | | gnature, | wayn | esbu | rg, OH 44 | | 5 | | | |
| Robert Veldran | stima | tor | | 1 | PVO | | | | | | | | | |

| | | | | | N OF ASE t to NJAC | | | | VT OF | r H | 三个 | 119 | 1 | W/ | E i | 7 |
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| Date of Notification (1) | | | | Name (| of Building | Owner/ | Operato | r (2) | - Ch | *** | = 1 | 儿大 |) <u>!</u> | *************************************** | = | |
| 8/2/17 | | | | | / Mattres | | o por ato | . (-/ | | 11 | | | | | | 10,110 |
| Agencies Notified | Type Notification | | | Street / | Address | | | | | | AU | 6- | 8 2 | 017 | | |
| EPA | Initial | | | 697 F | River St | | | | 10 | Ludge | | | | | | |
| DEP | Amended | | | City, St | ate, Zip Co | ode | | | | AC | BEST | 7.14 | right. | 3,10 | 1 8 | |
| X DOL | Amendment : | | | Pater | son, NJ | | | | | DE L | ا المنطقة المن المنطقة المنطقة المنطق | CEN | ISIN | 3 | | |
| DOH DCA | justification) | riciuulii | | Name o | of Contact | | | | - Inner | T | elepho | Market Market Street | STATE OF THE PERSON NAMED IN | AND THE REAL PROPERTY. | - | |
| ☐ DCA | Cancellation | | | John | Macchia | arelli | | | | | | | | | | |
| Name of Facility Where | Abotoment in Table | Diana | 201 | FAC | ILITY INF | ORMAT | ION | | | | | | | | | |
| Commercial Bldg/S | | | 3) | | | | | Ту | pe of Facility | of Facility (4) | | | | | | |
| Street Address | beary Mattresses | • | | | | | | School (K-12) | | | | | | | | |
| 697 River St | | | | | | | | Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, I | | | | | hom | es | | |
| | | | | | | | | | etc.) | | | | | | | |
| City (5) Paterson | | | | | | | | | uare Feet | 1 | of Floo | ors | | Bldg. A | Age | |
| County (6) | | | | Caushi | Ondo (7) | | | | 0,000+ | | No. 5 Property | | Sec. 19 | 50+ | | |
| Passaic | | | | | Code (7) USE ONLY |) | | | rrent Use (P ommercia | | | | | .00 | | |
| Name of Monitoring Firm | Hired by Building C | wner (8 |) | ASCI | M No. | | Name | | batement Co | | | y IVIA | เแะรร | 25 | | |
| n/a | , | 51 (0 | | n/a | | | The second second | | y Contrac | | | | | | | |
| Street Address | | | | 1 | | | Street | | _ | ung i | - | | | | | |
| n/a | | | | | | | | | isade Ave | | | | | | | |
| City, State, Zip Code | | | | | | | City, S | State | Zip Code | | | | | | | - |
| n/a | | | | | 100 | | , NJ 0702 | 6 | | | | | | | | |
| Project Manager for Mon | T | Telepho | ne No. | | Teleph | none | No. | | Lice | ense N | lo. | - | | | | |
| n/a | | n/a | | | 9734 | 460. | .6026 | | 01 | 255 | | | | | | |
| Start Date (10) | | pletion | Date (11) | | | | SHA Monito | | | | | | | | | |
| 8/12/17 | | 8/30/1 | | | | | | | y Contrac | ting li | nc | | | | | |
| Occupancy Status During | | | | | | Add | | | | | | | | | | |
| Facility Closed/Vaca Abatement Perform Other – Describe: | ated During Entire Po | eriod of | Abatem | ement | | | | | sade Ave | | | | | | | |
| Other - Describe: | ed Odiside of North | ii raciii | y mours | City, State, Zip C Garfield, NJ | | | | | | _ | | | | | | |
| Scope of Work (Check Al | i That Apply) | | | | , NJ 0702 | 07020 | | | | | | | | | | |
| 23 sf or ≥3 lf | | IVI . | 7 | · | | Full Containment with Negative Pressure | | | | | | | | | | |
| ≥160 sf or ≥260 lf | | NAMES AND DESCRIPTION OF THE PERSON OF THE P | Renova: Demoliti | | | | Mini-Enclosure | | | | | | | | | |
| | | towns. | | | | | | Glovebag Procedure | | | | | | | | |
| | | | | | T | | 10 | Non-Exempted (*) and Non-Friat | | | | | le Procedure Abatement | | | |
| 1 | | | Location Normall | | | | 12 13 | 21 | | | | | | 1022 | pe | |
| Location Asbestos-Containing | | Use | ed Solel | y by | Asbest | 200 | scription | | ial (ACM) | | Amoun | ÷ | | | | |
| TO BE ABA | TED | | iintenar todial S | | | thermal | systems | s insi | ulation, | | (Specif | У | Re | 70 | Encapsulate | Enclosure |
| In Facili (13) | ty | | (12) | | | | cing, VA niscellan | | | 1 8 | SF or Li | =) | Remova | Repair | sde | dos |
| 3 - 5 | | Yes | No | N/A | | 001011 | illoodiidii | icou | 5) | | | | 12 | ₹. | ilate | ure |
| | | 162 | 140 | IVA | | | | | | | | | _ | | | |
| Lobby Room 1 | | | | X | | | VAT | | | 7 | 7500 SF | | K | | | |
| | | | | | | | | | | | | | | | | |
| | | | 77 | | | | | | | | | | | | | |
| | | | | | | | | 4.07 | | | | - | + | | | \vdash |
| Name of Registered Wast | te Hauler | | I N. | JDEP W | /aste | Cubic | Yards | | Name of | Regie | tered ! | andfill | 1 | | | |
| Harmony Contracting | | | Ha | auler ID | | of Was | | | | | | antulifi | | | | |
| | 9 1110 | | 03 | 33058 | | TBD | | | GROV | | ınailli | | | | | |
| City, State | | | | | | 150000000000000000000000000000000000000 | al Date | | | | | | | | | |
| Garfield, NJ | | 7711 | | | | TBD | | Morrisville, PA | | | | | | | | |
| Completed by Tina Caporino | | Title | otor. | | | | ignature | | 7 | | | Da | | | | |
| тта бароппо | | Seci | etary | iry Una | | | | | Tina Capon 8/2/17 | | | | | | | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

| G/ACMINISTRA | | | G | | | W | E | M |
|--------------|-------|------------|-----|----|-----|------|---|---|
| | | | AUG | - | 8 | 2017 | 7 | U |
| Me | dical | _ | | | | | | 0 |
| aa | ss Dr | ASE ive | | CE | VSI | NG | | |

| NO OK | | | (P | ursua | nt to NJA | C 8:60 and 5:16 |) | AUG - | 8 | 2017 | Description | L | | |
|--------------------------------------------------------|------------------------------|-------------------|--------------------|--------------------------------|---------------|---------------------------|-----------------------------------------------------------------------------|------------------------------------|-------------|-----------|-------------|-----------|--|--|
| Date of Notification (1) | 14/16 | | | Nam | e of Buildir | g Owner/Operator | | 7 | | | | | | |
| Agencies Notified | Type Notification | | | Stroe | et Address | Clara | Maass Medi | ACDINI | | 1 (53) | 31 8 | 3 | | |
| EPA | Initial | | | - Street | Address | 1 | Clara Maass | time | VSIN | IG_ | | Same | | |
| DEP DOL | Amended Amendment # | _± 1 | | City, | State, Zip 0 | Code | | | | | | | | |
| ⊠ DOH | Emergency (i | | g |) | | | elleville, NJ | 07109 | | | | | | |
| DCA DCA | justification) Cancellation | THE RESTORE SHEET | | Name | e of Contac | t Ron Carvalho | | Telephone Num | ber | | | | | |
| | | | | - FA | | FORMATION | | 1- | | | | | | |
| Name of Facility Where | Abatement is Takin | g Plac | e (3) | IA | CILITIM | ORIVIATION | Type of Facilit | v (4) | | | | | | |
| | Medic | al Ce | nter | | | | ☐ School (K-12) | | | | | | | |
| Street Address | 1.01. 1 | | ъ. | | | | Subchapter 8 (Other than K-12) Cher (i.e., private & commercial buildings, | | | | | | | |
| City (5) | 1 Clara N | /laass | Dri | ve | | | homes, etc.) | | | | | | | |
| Oily (0) | Belleville | e. NJ | 0710 | 09 | | | 1 12 | quare Feet # of Floors Bldg. Age | | | | | | |
| County (6) | | | | Cou | | 7) (STATE | Current Use (Prior if being demolished) | | | | | _ | | |
| | Essex | | | | ONLY) | | | | | | | | | |
| Name of Monitoring Firm (8) Environ | mental Tactic | | | ASCM | No. | Name of Abatem | | | | | | | | |
| Street Address | montal Taction | | | | | Street Address | | | | | | | | |
| | 64 Broad Str | eet | | | | | PO I | Box 322 | | | | | | |
| City, State, Zip Code | Actorium NII O | 7717 | | | | City, State, Zip C | | NII 00 701 | | | | | | |
| Project Manager for Mon | Iatawan, NJ 0 | //4/ | | ephone | No | Telephone No. | Allentow | n, NJ 08501 | | | | _ | | |
| Tom (| 33555 | | 0-2217 | (609) 25 | 59-9688 | License No. | 049 | 3 | | | | | | |
| Start Date (10) | | duled C | _ | etion Da | | Name of OSHA M | | | | | | _ | | |
| 6/24/16 | | | 2/31 | /18 | \rightarrow | | N. | IECS | | | | _ | | |
| Occupancy Status During | | | | | | Street Address | DO I | Box 341 | | | | | | |
| Abatement Performed | | | | | | City, State, Zip C | | 30X 341 | | | | _ | | |
| Other - Describe: | Abatement as | need | ed w | when need Crosswicks, NJ 08515 | | | | | | | | | | |
| Scope of Work (Check a | II that apply) | | | | | | | | | | | _ | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | enovat emolitio | | | | | | | | | | | |
| | *** | | Location | | | | () = () | | T | Abatement | | | | |
| Location o | of | Used | omally Solel | y by | | Description of | | | | | e | | | |
| Asbestos-Containing M | | | ntenar | | | os Containing Mat | | Amount (Specify | _ | | Щ | m. | | |
| TO BE ABATED Custodial Staff? | | | | | | surfacing, VAT, | or | SF or LF) | Remova | Repair | caps | Enclosure | | |
| (13) | (12) | Τ | | other miscellaneo | ous) | | oval | air | Encapsulate | sure | | | | |
| V20 | | Yes | No | N/A | | | | | | | TD | | | |
| See Attac | hed | × | | | | | | X | | | | | | |
| | | | | | | | | | - | | - | | | |
| | | | | | | | | | | | \dashv | | | |
| Name of Registered Was | te Hauler | | | JDEP \ | | Cubic Yards | Name of Regi | stered Landfill | | | | | | |
| Stevens Environmental Services, Inc. Hauler ID N. 1829 | | | | | | | | | | | | | | |
| City, State | | | | | | Disposal Date City, State | | | | | | | | |
| Completed By | Allentown, N | | | | | 12/31/18/ | $\Gamma / / /$ | Morrisville, | PA | | | | | |
| Mahlon E. Ster | Vens | | oiec | t Man | ager | Signature | . // | Date | 7/28 | 3/17 | 1 | | | |
| ASB-44 | | - 11 | 5,00 | | | 111 | | | 20 | | | | | |

CLARA MAASS MEDICAL CENTER
Stevens Environmental Services, Inc.
Page 2 NJDOL Notice 6/14/16

THE ACM REMOVAL RELATED TO T

THE ACM REMOVAL RELATED TO THE SURGICAL EXAPANSION PROJECT AT CLARA MAASS MEDICAL CENTER

SICU RELATED

| STILL VINTE AND ASSOCIATED MASTIC/GLUE | SHEET VINVI AND ASSOCIATED TO BE REMOVED | ACRA MANTEDIA |
|----------------------------------------|------------------------------------------|---------------|
| 100 SF | *ALD dis | |

PACU RELATED

| 20 LF | THE PROPERTY OF THE PROPERTY O |
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| TZULF | WOMAN DRS LOUNGE-PIPE INSTITUTE |
| 17075 | NURSES LOUNGE-PIPE INSULATION |
| 15 EA | NURSES LOUNGE-FTGS |
| 40 SF | CONTROL ROOM-TEXTURED SPRAY-ON |
| 2 EA | INST PROCESSING (NEXT TO HOLDING)-FTGS |
| 40 LF | INST PROCESSING (NEXT TO HOLDING)-PIPE INSULATION INCL FTGS |
| 150 SF | INST PROCESSING (NEXT TO HOLDING)-TEXTURED SPRAY-ON |
| 120 SF | INST DROCESSING (CURNER)-URANGE SHEET VINYL AND MASTIC |
| 6 EA | INCT BBOCESCING (CORUSE) OF THE INCT BBOCESCING (CECM) SOFTEL-F (GD |
| 150 SF | INST STORAGE CLEAN SLIPBLY FTCS |
| 30 LF | HOLDING AREA-TEXTLIBED CODAY ON |
| IC OCT | DRS LOUNGE/BATHROOM PIPE INSTITUTION INC. ETC. |
| 150 00 | DRS LOUNGE/BATHROOM-TEXTURED SPRAY- ON |
| 120 SF | LOUNGE-VAI (MASTIC NEGATIVE) |
| 120 SF | SOFFLI-VAI (WASHIC NEGALIVE) |
| 7 EA | CIIDDI V MAT MACTIC MEC TO ME |
| IEA | RECOVERY ROOM _ETGS |
| TOO OL | CORRIDOOR-ROOF DRAIN FTG |
| 100 00 | CORRIDOOR- TEXTURED SPRAY-ON |
| 35 SE | CORRIDOOR - VAT (MASTIC NEGATIVE) |
| *ALD GIB | CONTRACTOR INTED TO BE REMOVED |

STON CONTROL & LICENSING

OLD LAUNDRY AREA RELATED-EXCLUDES MEZZANINE AND ANY AREAS OUTSIDE OF THE LIMITS OF WORK IDENTIFIED

| ALL NON-FIBERGLASS PIPE INSULATION (INCLUDING FITTINGS) | All MOM TIMES TO THE TIMES TO T | ALL NON-HIBERGLASS FTGS ASSOCIATED WITH FIRERGIASS | A | ACM MALERIAL IDENTIFIED TO BE REMOVED |
|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------|---------------------------------------|
| 100 LF | 85 E/ | | BIDCIT | |

ROOF RELATED-LIMITED LOWER ROOF (OLD LAUNDRY) AREA AND UPPER ROOF (MEDICAL RECORDS) AREA

| 110 SF | OFFER ROOF - PENETRATIONS AND CURBING |
|----------|---------------------------------------|
| 360 SF | INDEED BOOK PENINGIEK KOOF FLASHING |
| 60 SF | LIBBER BOOF - FENETKATIONS & CURBING |
| 300 SF | LOWICE BOOK BENITTE ATTOMS & CHASHING |
| BID.QTY* | TOWER BOOK DEBINATED TO BE KENIOVED |



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 6/14/16 Clara Maass Medical Cente Agencies Notified Type Notification Street Address EPA DEP Initial 1 Clara Maass Drive Amended City, State, Zip Code DOL. ASBESTOS COMP Amendment # Belleville, NJ 07109 □ Emergency (including) CENSING DOH DCA justification) Name of Contact Cancellation Ron Carvalho FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Medical Center ☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☑ Other (i.e., private & commercial buildings, Street Address 1 Clara Maass Drive homes, etc.) City (5) Square Feet # of Floors Bldg. Age Belleville, NJ 07109 500000 70+/-County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Essex Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) **Environmental Tactics** Stevens Environmental Services, Inc. Street Address Street Address 64 Broad Street PO Box 322 City, State, Zip Code City, State, Zip Code Matawan, NJ 07747 Allentown, NJ 08501 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. (732) 290-2217 (609) 259-9688 Tom Geiger 00493 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 6/24/16 7/31/17 **MECS** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement PO Box 341 Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Abatement as needed when needen Crosswicks, NJ 08515 Full Containment with Negative Pressure
Mini-Enclosure
Glovebag Procedure
Non-Exempted (**) Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Nomally Type Used Solely by Location of Description of Asbestos-Containing Material (ACM) Maintenance/ Asbestos Containing Material (ACM) Amount Custodial TO BE ABATED (i.e., thermal systems insulation, (Specify Enclosure Removal Repair IN Facility Staff? surfacing, VAT, or SF or LF) (13)(12)other miscellaneous) Yes No N/A See Attached X X Name of Registered Waste Hauler Cubic Yards Name of Registered Landfill NJDEP Waste Hauler ID No. 18292 of Waste 60 CU Stevens Environmental Services, Inc. GROWS Landfill City- State Disposal Date City, State Allentown, NJ 7/31/17 Morrisville, PA Completed By Title Signature Date Mahlon E. Stevens 6/14/16 Project Manager

ASB-41 MAR 00

^{*} Do not use this form for asbestos licensuré exempted-activities.

Name of Building Owner/Operator (2) East Brunswick Public Schools 07/28/2017 check# 4856 Agencies Notified Type Notification Street Address 760 Route 18 [X] **EPA** X Initial DEP City, State, Zip Code X Amended East Brunswick, NJ 08816 X DOL Amendment # Emergency (including Name of Contact X DOH justification) Gerald Schenck X DCA П Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) High school School (K-12) Street Address Subchapter 8 (Other than K-12) 380 Cranbury Road Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age East Brunswick County (6) County Code (7) Current Use (Prior if being demolished) Middlesex (STATE USE ONLY) school Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Environmental Design, Inc. Lilich Corporation Street Address Street Address 5434 King Ave 606 McBride Ave City, State, Zip Code City, State, Zip Code Pennsauken, NJ 08109 Woodland Park, New Jersey Project Manager for Monitoring Firm Telephone No Telephone No. License No. Jay Murray 856-616-9516 973-225-8400 01104 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08-14-2017 08-18-2017 Iris Environmental Laboratories, LLC Occupancy Status During Abatement (Check Only One) Street Address 2333 Route 22 West Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other − Describe: occupied Union, NJ 07083 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If X Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf П Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Normally Туре Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED Encapsulate (i.e. thermal systems insulation, (Specify Custodial Staff? Remova In Facility Repair surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Kitchen freezer area TSI(asbestos&non-asbestos) Χ 500 LF X Kitchen freezer area X VAT/Mastic 170 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Lilich Corporation 18724 G.R.O.W.S Landfill City, State Disposal Date City, State Woodland Park, New Jersey Morrisville, PA Completed by Signature Momo Glavatovic Project manager 07/28/2017

| CIC#4855 | | NOTI | FICATI Pursua | ON OF ASBESTO | S ABATE | EMENT 20) | | | | | | | |
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| Date of Notification (1) 07-28-2017 | | | Name West | of Building Owner Orange Board | r/Operato d of Edu | r(2) ication | FN E Ch# | 4855 | W | | 1 | | |
| Agencies Notified Second EPA Second EPA Second EXI Initial Second EPA Second EXI Initial Second EPA Second EXI Initial Second | et # (includin | 9 | City, S West | Address Eagle Rock Aviolate, Zip Code Orange, NJ 0 of Contact ert Csigi | | And the second s | | Water Committee of the | 2017 | The control of the co | The state of the s | | |
| Name of Facility Where Abatement is Takin | ng Place | (3) | FA | CILITY INFORMA | TION | Type of Facilit | 1 | | | | | | |
| St. Cloud Elementary school Street Address 71 Sheridan Ave | | | | | | School (Subcha Other (i.e etc.) | | | nes, | | | | |
| West Orange | | | | | | Square Feet | # of Floors | | Bldg. | Age | 4 | | |
| County (6) Essex | | | County (STATE | Code (7) USE ONLY) | | Current Use (Prior if being demolished) school | | | | | | | |
| Name of Monitoring Firm Hired by Building Ahera Consultants, Inc | Owner (8 | 3) | ASC 0057 | M No. | Name Lilicl | me of Abatement Contractor (9) ich Corporation | | | | | | | |
| Street Address POB 385 | | | | | Street 606 N | et Address McBride Ave | | | | | | | |
| City, State, Zip Code Oceanville, NJ 08231 | | | | | City, S Wood | state, Zip Code Hand Park, 1 | NJ 07424 | | | | | | |
| Project Manager for Monitoring Firm John Smoyer | in Smoyer | | | | | none No. 25-8400 | Licens 01104 | | | | | | |
| Start Date (10) 08-14-2017 | 08-1 | /-201 | npletion 7 | Date (11) | Name Iris E | of OSHA Monito | al Laboratori | es. LJ. | С | | | | |
| Facility Closed/Vacated During Fr | Dccupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of A Abatement Performed Outside of Normal Facility Ho | | | | | | et Address 3 Route 22 West State, Zip Code on, NJ 07083 | | | | | | |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If | (S) | | ovation | | X © © © | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of | No | s Locati rmally t Solely b | Jsed | De | escription | of | | | Abatement Type | | | | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | aintenar stodial S (12) | ice/ | Asbestos Cor (i.e. therma surfa other | ntaining M al systems acing, VAT miscelland | insulation, L. or | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure | | | |
| basement hallway | | | x | plaster ceiling | &lathe | | 50 SF | X | - | | | | |
| basement hallway | asement hallway | | | | insulatio | n | 20 ea | x | | | **** | | |
| 1. | | | | | | | | | | | | | |
| Name of Registered Waste Hauler ilich Corporation | Ha | JDEP W auler ID 3724 | | Yards ste | Name of GROW | Registered Land 'S Landfill | fill | | | | | | |
| City, State Woodland Park, NJ | | | | Dispo | sal Date | City, Stat Morris | e ville, PA | | | 7 | | | |
| Completed by Momo Glavatovic | mana | ger | 5 | Signature (| | | | | | | | | |

| Date of Notification (1) 07-28-2017 | | | | Name Boro | of Building ugh of (| Owner/ Cressk | Operator till DP | (2) W | DE | EGE C | ₩/ # 485 | F 7 | | | | | | | | | | | |
|-------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------|-------------------|------------------------|--------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------|-----------------------------|-------|-----------------------------|--|----------|----------|----------|----------|--------|--------|-------------|-----------|
| ⊠ EPA | Type Notification Initial | | | 67 Ur | Address nion Ave | | (8) | and and and a second | The second secon | AUG - 8 | 2017 | Fire Cathy further a backet | IJ | | | | | | | | | | |
| ⊠ DOL | Amended Amendment | | | City, S Cress | tate, Zip Co kill, NJ | ode 07626 | 5 | | AS | Bustos Co | 71-71-71C | JL & | | and an artist of the second | | | | | | | | | |
| IXI DOH | Emergency (justification)Cancellation | de contrat contrat : | 9 | Name Kev | of Contact in Terhu | ne | | l. | - | | wa. | _ | | - Inde | | | | | | | | | |
| Name of Facility Where Ab | atement is Taking | g Place | (3) | FAC | CILITY INFO | ORMAT | ION | Type of F | Facility (4) | | | | | | | | | | | | | | |
| House Street Address | | | | - | | | | © Sch | ool (K-1) bchapter | | K-12) rcial bui | ldings | , hom | ies, | | | | | | | | | |
| City (5) Cresskill | | | | | | | | Square Feet # of Floor 1,904 | | | | Bldg. 07 yı | | mice | | | | | | | | | |
| County (6) Bergen | | | | County (STATE | Code (7) USE ONLY | | | Current Use (Prior if being demolished) town owned house | | | | | | | | | | | | | | | |
| Name of Monitoring Firm H Detail Associates, In | lired by Building (nc | Owner (8 | () | ASC | M No. | | Name Lilich | of Abatem 1 Corpor | ent Contractor (9) ation | | | | | | | | | | | | | | |
| Street Address 300 Grand Ave | | | | | | | Street 606 N | Address AcBride | s de Ave | | | | | | | | | | | | | | |
| City, State, Zip Code Englewood, NJ 072 | 231 | | | | | | City, S Wood | state, Zip Co dland Pa | ode rk, NJ | 07424 | | | SIFUL | | | | | | | | | | |
| Project Manager for Monito Anthony Valentine | ring Firm | | | Telepho 201-5 | one No. 69-6708 | 3 | Teleph 973-2 | none No. 225-840(|) | License 01104 | | | | | | | | | | | | | |
| Start Date (10) 08-07-2017 | | Schedu 08- | led Cor 15-20 | mpletion | Date (11) | | Name Iris E | of OSHA N | lonitor ental | Laboratorie | | С | | | | | | | | | | | |
| | Occupancy Status During Abatement (Check Only One) | | | | | | Street | Address Route 2 | | | -, | | | | | | | | | | | | |
| Facility Closed/Vaca Abatement Performe Other – Describe: | | | | | | _ | City, S | tate, Zip Co | ode | | | | | | | | | | | | | | |
| | cope of Work (Check All That Apply) | | | | | | | | | | | | | | | | | | | | | | |
| © ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | | | | | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | | | | | | | | |
| | Is Location | | | | | | Abater Typ | | | | | | emen | t | | | | | | | | | |
| Location of Asbestos-Containing Ma TO BE ABATI | Material (ACM) Solely by Asbesto | | | | | | Description of tos Containing Material (ACM) Amount thermal systems insulation, (Specify 3 | | | | | | T | Τ | | | | | | | | | |
| In Facility (13) | | Cus | stodial ((12) | Staff? | (i.e. | surfa | systems cing, VA niscellan | T, or | | (Specify SF or LF) | | (Specify | | (Specify | | (Specify | (Specify | (Specify | (Specify | Remova | Repair | Encapsulate | Enclosure |
| exterior | | Yes | No X | N/A | | 1. 1 | | | | 271 00 | | | ate | 9 | | | | | | | | | |
| OKIO1101 | | | Α | | transite | shingl | les | | 2, | 361 SF | X | | - | | | | | | | | | | |
| | | | | | | | | | | | | | | ļ | | | | | | | | | |
| Name of Registered Waste Lilich Corporation | Hauler | | H | JDEP Wauler ID 3724 | | Cubic of Was | | Na GR | me of Re | egistered Landf Landfill | <u> </u> ill | | | L | | | | | | | | | |
| City, State Woodland Park, New | Jersey | | | | | Dispos | al Date | City | , State Prrisvil | le, PA | | | | <u></u> | | | | | | | | | |
| Completed by Title Momo Glavatovic project ma | | | | | Signature Dat | | | | | |)ate 7-28-: | ate 7-28-2017 | | | | | | | | | | | |

| 1 | K#1 | 110 |
|---|------|-------|
| | KILI | 11) |
| _ | 1 | ' ' ' |

| Date of Notification (1) | | | Name of Building Owner/Operator (2) Blue Mountain Construction | | | | | | | | | | | he / | | |
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| 8/1/17 | | | | | | n Cons | structio | in | | 11 | | H-MANAGE A | na venite | | | |
| Agencies Notified | Type Notification | | | | Address Jorth Wo | ναd Λν. | _ | | | | | | | | | |
| EPA | Initial | | - | | | | е | | | 111 | AUG | ; - | 8 | 2017 | | 11/ |
| DEP X DOL | Amended Amendment | # | | Linde | ate, Zip Co | oae | | | C. Tana | | | | | | | 100225 |
| | Emergency | | - | | | | | | | 1 | Mr. Co. to to to | als de | | 12.52 | | |
| DOH DCA | justification) Cancellation | | | Name c | of Contact | | | | l de la companya de l | Aei | ephone | CEN | | | JLā | |
| | | \ <u></u> | | FAC | ILITY INFO | ORMAT | ION | | - | | | | 7 | | | 2,0000 |
| Name of Facility Where | Abatement is Takin | g Place (3 |) | | | | | Тур | e of Facility (4 | 4) | | | | | | |
| Residential House | | | | School (K-12 | | | | | | | | | | | | |
| Street Address | | | | | | | | | Subchapter | 8 (Oth | | | | | 121 | |
| | | | | | | | | X | Other (i.e. p etc.) | rivate 8 | & comm | ercia | build | dings, | home | es, |
| City (5) | | | | | | | | Squ | are Feet | # of | Floors | _ | В | ldg. A | ge | |
| Colonia | | | | | | | | 20 | 00 | 2 | | | 5 | 50+ | | |
| County (6) | | | | County Code (7) Curre | | | | | rent Use (Pric | r if bei | ng dem | olish | ed) | | | _ |
| Union | | | | (STATE | USE ONLY | | | 5-A-1-20 | sidential H | | | | | | | |
| Name of Monitoring Firm | Hired by Building | Owner (8) | | ASC | и No. | | Name | of Ab | atement Con | tractor | (9) | | | | | |
| n/a | | | | n/a | | | Harr | non | y Contraction | ng Ind | : | | | | | |
| Street Address | | | | - | | | Street | Addr | ess | | | | | | | |
| n/a | | | | | | 360 Palisade Ave | | | | | | | | | | |
| City, State, Zip Code | | | | | City, State, Zip Code | | | | | | | | | | | |
| n/a | | | | | | | | | NJ 07026 | | | | | | | |
| Project Manager for Mon | itoring Firm | | | Telepho | ne No. | | Teleph | | | - 3 | Licens | | | | | |
| n/a | | | | n/a | 16.12 | | | | 6026 | | 0125 | 5 | | | | |
| Start Date (10) | | | | pletion | Date (11) | | | | SHA Monitor | | | | | | | |
| 8/9/17 | | 8/11/17 | | | | | | | / Contracting | ng Inc | ; | | | | | |
| Occupancy Status During | g Abatement (Chec | k Only On | e) | | | | Street | | | | | | | | | |
| Facility Closed/Vaca | | | | | | | | | sade Ave | | 21211 | | | | | |
| Abatement Perform Other – Describe: | | al Facility | Hours | | | | | | Zip Code | | | | | | | 1 |
| Scope of Work (Check A | II That Apply | | | | | | Gan | ieia, | NJ 07026 | | | | | | | |
| Telepone . | ir Triat Apply) | Record . | | П | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | and the same of th | enovat emoliti | | | | F | F | ull Containme lini-Enclosure | tainment with Negative Pressure | | | | | | |
| | | | omond | 011 | | | 100 | G | lovebag Proc | Procedure | | | | | | |
| | | 1 | | | | | × | 1 N | on-Exempted | (*) and | Non-F | riable | | | | _ |
| | | | Location | | | | | | | | | | | Abate Ty | | |
| Location | | | ormall Solel | | | | scription | | | | 0.20 | | - | | | |
| Asbestos-Containing TO BE ABA | | Maii | ntenar | ice/ | | | aining iv | | al (ACM) | | mount | | R | | Enc | щ |
| In Facili | | Custo | odial S (12) | taff? | (| surfac | cing, VA | T, or | | | or LF) | | Remova | Repair | aps | clos |
| (13) | | | (/ | | | other n | niscellan | eous |) | | | | val | air | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | | | | | | | Ф | |
| Exterio | or | | | Х | | Wind | dow Ca | aulk | | 10 | 00 LF | | ĸ | | | |
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| | | | | - | | | -1-5- IU (14-51) | | | | | - | | | | |
| N | | | | | | | | | | | | 15 | | | | |
| Name of Registered Waste Hauler | | | | | aste No. | Cubic of Was | | | Name of F | | | dfill | | | | |
| Harmony Contracting Inc | | | | | | TBD | | | GROW | S Lan | dfill | | | | | |
| City, State | | | | | | | sal Date | | City, State | | | | | | | |
| Garfield, NJ | | | | | | TBD Morrisville, PA | | | | | | | | | | |
| Completed by | 200/2000 | | - | ignature | \sim | | | | Date | | | | | | | |
| Tina Caporino | 414 | etary | iry Una (| | | | | a Caperino 8/1/17 | | | | | | | | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Date of Notification (1) Name of Building Owner / Operator (2) 07-19-2017 Ridge Park Apartments, LLC Agencies Notified

EPA

DEP

DEP

DOL Type Notification Street Address ASBESTOS CONTROL & 1122 Clifton Ave Initial City, State & Zip Code LICENSING Amended Clifton, NJ 07013 \boxtimes DOH Emergency Name of Contact DCA Jerry Campbell Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) North Arlington Apartments-Bldg 40 Meter Room School (K-12) Street Address Subchapter 8 (Other than K-12) 20 - B Ridge Park Drive Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 7,550 2 70 North Arlington, NJ Bergen Current Use (Prior if being demolished) Apartment Bldg Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health and Safety Services Resource Management Group, LLC 117 Street Address Street Address P.O. Box 365 2115 Hamilton Ave, Suite 202 City, State & Zip Code City, State & Zip Code Berlin, NJ 08009 Trenton, NJ 08619 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Mr. Jim Proctor 856-452-1311 609-914-4279 01185 Scheduled Start Date (10) Name of OSHA Monitor Scheduled Completion Date (11) 8-1-2017 08-02-2017 J&S Environmental Laboratories, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West X Abatement Performed during Normal Hours: City, State & Zip Code Describe: 8:30am - 6:00pm Union, NJ 07083 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure >100 -4 >000 H

| ☐ ≥100 \$1 ≥200 II | Ц | Der | nolitic | on | ☐ Glove Bag Procedures ☐ Non-Exempted and Non-Friable Procedure | | | | | | | | | |
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| Location of | 1 2 2 | Locat | 250 | | Descriptio | n of | Amount | | atem | | | | | |
| Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | S Main Custo | olely tenar odial (12) | ice or Staff? | | Asbestos-Cor Material (A (i.e., thermal s insulation, surfa or other miscel | CM) systems cing, VAT | (Specify SF or LF) | Removal | Repair | Encapsulat | Enclosure | | | |
| Matas Dagge | Yes | No | N/A | - | | | | FZ | - | | - | | | |
| Meter Room | | | | Pipe | Insulation | | 222 LF | | Ш | Ш | | | | |
| Meter Room | | | | Elbo | WS | | 22 each | | | | | | | |
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| | | | | | Name of the same o | | | | | | | | | |
| Name of Registered Waste Hauler Resource Management Group, LLC | | На | | Waste D No. 3 | Cubic Yards of Waste TBD | Name of Regis | | | | | | | | |
| City, State Trenton, NJ 08619 | | | | | Disposal Date TBD | City, State Morrisville, PA | | | | | | | | |
| Completed By (Print or Type) Mr. Brian Haney | | Tit Pre | le esider | nt | Signature | MA | Date 07-19 | | 7 | | | | | |

| | anagement Group | 60991 | 44651 | E G PE [|
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| | State of N | ew Jersey | | E GPE I |
| OL# 2689 Date of Notification (1) | NOTIFICATION OF AS (Pursuant to N.J.A. | BESTOS ABATEMEN C. 8:60 and 12:120) | The second | AUG - 8 |
| Agencies Notified Type Nationalist | Tion. INVII SHACKER | Owner / Operator (2) | A | SBESTON GO |
| S SPA | Street Address | | · Landanie ov | LICENSII |
| EPA DEP DOL DOL DOH DOA Cancellation | City, State & Zip (Passaic, NJ Name of Contact Mr. Ron Shacham | | 1 | |
| Name of Facility Where Abatement is Ta | | | | |
| Sireei Address | | School (K-12) Subchapter 8 (Other to Other (i.e. private & co | ommercial building | the hames also |
| City (9) County Passetic, NJ Passet | (6) County Code (7) | 3.200 | S + has | Bidg. Age |
| Name of Monitoring Firm Hired by Buildin | - 1 | Current Use (Prior if being | demolished) | 100 |
| Street Address | ng Owner (8) ASCM No. | Name of Abatement Contra Resource Management Gr | ector (9) | |
| O. Box 365 Chy, State & Zip Code | The state of the s | Street Address 2115 Hamilton Ave. Suite 2 | | |
| Berlin, NJ 08000 | | Lily, Sible & Zip Corie | cuz | |
| roject Menager for Monitoring Firm fr. Jim Prector | Telephone Number 856-452-1311 | Tremon, NJ 08819 | License A | 1 |
| Scheduled Start Date (10) Schedule 6-2-2017 | ed Completion Date (11) | Name of OSHA Monitor | CICOLINE V | 01185 |
| Coupancy Status During About 1 | 08-7-2017 | J&S Environmental Laborat | ories, inc. | |
| Abatement Performed during Non | ntire Period of Abatement mai Hours: | 2333 Route 22 West | | |
| Facility Occupied During Abatems cape of Work (Check eli that apply) | ent | Union, NJ 07083 | | |
| ☐ 23 sf or 23 lf ☑ ≥160 sf ≥260 lf | Renovation Demolition | Person (A1111)_711 | GIUSUIS | egative Pressure |
| Location of | is Location | Non-Ex | ag Procedures empted and Non- | -Friable Procedur |
| Asbestos-Comaining Material (ACM) | Narmally Used | Asbestos-Containing | Amount (Specify | Abatement Ty |
| TO BE ABATED In Facility (13) | Maintenance or Custodial Staff? | Meterial (ACM) (I.e., thermal eyetems tulation, surfacing, VAT | SF or LF) | Encapsulat Repair Renoval |
| pof | Yea No NA | other miscellaneous) | | Salva Malus Malus |
| | Roofing | Material | 2,500 SF | |
| STATE OF THE PARTY | | THE SECOND SECON | | |
| | | | | |
| me of Registered Waste Hauler | NJDEP Waste C | bic Yards Name of Regis | stormd I on ADII | |
| y, State | Hauler ID No. of | Waste Grows Landfill | | |
| enlon, NJ 08619 | Di | eposal Date City, State | | |
| emplated By (Print or Type) | 112 | D 77 Marrisville, PA | | |

| Print F | |
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| No cr | | | CATION | ate of New NOF ASBES to NJAC 8: | STOS A | BATE | | Address of the second | | E C | E | W | E | | |
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| Date of Notification (1) | | 100 | Name of | f Building Ov G | wner/Op | perator | (2) | | | AUG | - 8 | 2017 | 7 | | |
| Agencies Notified Type Notification | | 140 | Street A | ddress | ROAD | 1 | | Life Control | | *************************************** | | | | الصيصا | |
| EPA Initial Amended Amendment # | | | | ate, Zip Code H PLAINF | | N.I.O | 7080 | | AS | BESTO | I GO NSII | | OL á | il. | |
| ☐ Emergency (in justification) | | - 20 | Name of | f Contact | 000000 | | | dening. | 7 | | MANUAL PROPERTY. | - | - | å | |
| DCA Cancellation | | | FACI | 49 MC | RMATIC |) R F | | | | | | | | | |
| Name of Facility Where Abatement is Taking | Place (3 | 3) | | | | | _ | f Facility of the facility of | | | | | | | |
| Street Address 2 ND ST. 4 MON | Ros | | Subchap | | | | | | r 8 (Oth | er than K-1: & commerci | | dings, | home | ∍s, | |
| City (5) HOBOKEN | | | | | | | Square | | # 01 | Floors | В | Ildg. A | | | |
| County (6) HUDSON | | | | Code (7) USE ONLY) | | | Curren | t Use (Pri | ior if bei | ng demolisi | ned) | | | | |
| Name of Monitoring Firm Hired by Building O ENVIRONMENTAL TACTICS | wner (8) | | ASCN 0045 | | | | | ement Cor | | | ř | | | | |
| Street Address 64 BROAD STREET | | | | | | | Address WHITE | ddress /HITEHEAD AVE. | | | | | | | |
| City, State, Zip Code MATAWAN, NJ 07747 | | | City, State, Zip Code SOUTH RIVER, | | | | | | J 0888 | 2 | | | | | |
| Project Manager for Monitoring Firm TOM GEIGER | | | 732-290-2217 732 | | | | one No. 132-83 | | | License N 01111 | 0. | | | | |
| Start Date (10) 8/11/2017 | Schedul | ed Con | | Date (11) | | | | A Monitor YSTEM | | AMERICA | 4 | | | | |
| Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Pe | | | Street Address 396 WHITEHEAU | | | | | | AVE. | | | | | | |
| Abatement Performed Outside of Normal Other – Describe: Out Dook S - 1 | I Facility | / Hours | City, State, Zip Code | | | | | | e , NJ 08882 | | | | | | |
| Scope of Work (Check All That Apply) | | / | 6 | 10 64 | | | | v = r v, r v | | - | | | | | |
| ≥3 sf or ≥3 If ≥160 sf or ≥260 If | | Renova Demoliti | | | | X | Mini- Glov | Enclosure ebag Pro | ontainment with Negative Pressure nclosure pag Procedure | | | | | | |
| | ls | Locati | on | | | | l Non- | Exempte | d (*) and | d Non-Friab | 1 | Abate | ment | | |
| Location of Asbestos-Containing Material (ACM) | Use | Normall d Solel | y by | Asbestos | | cription inina M | | ACM) | A | mount | | Ту | | | |
| TO BE ABATED In Facility (13) | 11 | intenar todial S (12) | | (i.e. th | nermal s | ystems ng, VA | insulati T, or | | | pecify or LF) | Remova | Repair | Encapsulate | Enclosure | |
| | Yes | No | N/A | | | | | | | | _ | | ate | e) | |
| OUTDOORS IN STREET | | X | | TRA | NS; | TE | Pip | É | 10 | 20 LF | X | | | | |
| | | | | | | | | | | | | | | | |
| Name of Decister-J.W. 5. U. J. | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler WASTE MANAGEMENT | | н | JDEP W auler ID 125 | No. | Cubic Y of Wast | e a | _ | Name of GROW | | red Landfill RTH | | | | | |
| City, State ELIZABETH, NJ | | | | | Disposa | BDate | | City, Stat MORRI | | E, PA | | | | | |
| CAROL RAIMO | Title OFFI | CE M | ANAG | ER | Sin | naturo | al | La | ·m | Da 7 | te /3 | 1/ | 201 | 7 | |

| OVIT 8349 | | | #0 | | | | | | | Р | rint |
|-------------------------------------------------------------------------------------------------------|--------------|------------------|----------------------|-------------------------------------|-----------------------|-------------------------------|-------------------------------------|----------------------|--------|--------------|-----------------------|
| CRA OSTI | | NOT | FICATIO | State of New Jerse N OF ASBESTOS | ey ARATE | MENT | | | - | | 285-0 |
| NOC | V | (| Pursuar | it to NJAC 8:60 ar | nd 12:12 | (0) | INEC | FI | \// | F | Janes Janes |
| Date of Notification (1) | 7 | | | of Building Owner/ | Operato | r (2) | TUPE " | | | 15 | patro. |
| Agencies Notified Type Notification | 'n | | PSE8 | Address | | | ALL ALL | C = 0 | 200 | 7 | Tables of the same of |
| ☑ EPA ☑ Initial | | | | HADLEY ROA | ,D | | AU | G - 8 | 201 | 11 | Les |
| DEP Amended Amendme | nt # | | | tate, Zip Code TH PLAINFIEL | D NI | 7000 | A CIPL 11 | mar Ker | | /^_ 2 | 0 |
| | y (including | 9 | 1 | of Contact | D, NJ (| 77080 | ASDEN | CENSI | NG | ا ساة الدودة | D4 |
| DCA Cancellation | | | Do | ug McG | | eity | | | | | |
| Name of Facility Where Abatement is Tak | ing Place (| (3) | FAC | ILITY INFORMAT | ION | Type of Facilit | y (4) | | | | |
| PSE4G Street Address | | | | | | School (F | | | | | |
| 2 ND ST. 4 MO | 118- | _ | 570 | SCT | | Subchapt Other (i.e | ter 8 (Other than private & comn | K-12) nercial bui | Idings | , hon | nes, |
| City (3) | 10 1-0 8 | | J/K | CEI | | etc.) Square Feet | # of Floors | | Bldg. | Age | |
| County (6) | | | | | | N/A | L N/ | | N | IA | |
| HUDSON | | | | Code (7) USE ONLY) | | Current Use (F | Prior if being dem | olished) | | | |
| Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS | Owner (8) |) | | M No. | | of Abatement C | | 2000 | | | |
| Street Address | | | 0045 | | | Address | MS OF AMER | RICA | | | |
| 64 BROAD STREET | | | | | | WHITEHEAD | AVE. | | | | |
| City, State, Zip Code MATAWAN, NJ 07747 | | | | | | tate, Zip Code TH RIVER, N | 1108882 | | | -200 | |
| Project Manager for Monitoring Firm | | | Telepho | | 1 | none No. | Licens | se No. | | | |
| TOM GEIGER Start Date (10) | Schedul | ed Co | | 90-2217 Date (11) | | 432-8350 of OSHA Monito | 0111 | 1 | | | |
| 8/11/2017 | 8 | 1.31 | 5/2 | | | | NS OF AMER | ICA | | | |
| Occupancy Status During Abatement (Che | | | | | | Address WHITEHEAD | ۸۷۶ | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: OUT Dook 5 | mal Facility | y Hour | e | _ | | tate, Zip Code | AVE. | | | _ | |
| Other - Describe: Out Dook S Scope of Work (Check All That Apply) | · NECE | S5AL | 106 | ERATORS | | TH RIVER, N | J 08882 | | | | |
| ≥3 sf or ≥3 If | Ø R | Renova | ation | | | 1 | | | | | |
| ≥160 sf or ≥260 lf | | Demoli | | | 0 | Mini-Enclosu | | e Pressu | re | | |
| | | | | | | Glovebag Pro Non-Exempte | ed (*) and Non-F | riable Pro | cedur | е | |
| Location of | | Locat | | _ | | | | | | ement pe | t |
| Asbestos-Containing Material (ACM) TO BE ABATED | | d Sole | | Asbestos Cont | scription aining M | aterial (ACM) | Amount | | | т | _ |
| In Facility (13) | Cust | todial ((12) | Staff? | (i.e. thermal surfac | ing, VA | Γ, or | (Specify SF or LF) | Remova | Repair | ncap | Enclosure |
| (13) | Yes | No | N/A | other m | niscellan | eous) | | oval | air | Encapsulate | sure |
| OUTDOORS IN STREET | | 7 | INIA | TRANS | ·+/ | Din = | 720 L | EX | | | |
| O-LI COURS TR OTREET | | / | | 111103 | 12 | TIPE | JAU L | /- / | | | |
| | | | | | | | | | | | |
| Name of Posist | | | | | | | | | | | |
| Name of Registered Waste Hauler WASTE MANAGEMENT | | Н | IJDEP W lauler ID | | | | Registered Land | Hill | | | |
| City, State | | 1 | 125 | APPX | 20 | / | /S NORTH | | | | |
| ELÍZABETH, NJ | | | | Dispos | BD | City, Sta MORR | te ISVILLE, PA | | | | |
| Completed by CAROL RAIMO | Title | OE 14 | IANIAG | Si | gnature | 1 | | Date 7/2. | | , | |
| | OFFIC | | IANAGI | | aro | el Ka | me | 1/2. | 7/ | 201 | 7 |

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| M | | AUG | - | 8 | 2017 | 弹 | W | i Virt |
| / | ASB | EST(| OS. | CO | NTR VG | OL 8 | 4 | |

| Data of Manifer III | -745 | | T 5/ | 45.00.00.00.00.00 | ~ | (A) | ASBESTO | | | HUL | ĞL, |
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| Date of Notification | | | | f Building Owner/o | | | | ENS | ING | | _ |
| 7/27/1 | | | 54 | SEX COL | الم الميدا | Technic | eal SCH | 001 | | | _ |
| Agencies Notified | Type Notification | | Street A | ddress | | | | | | | |
| EPA | Initial | | 103 | TV. CH | Urc | H KOA! |) | | | | |
| EPA DEP DOL | Amended | | City, St | ate, Zip Code | 2 | | CHI | | | | |
| DOL DOL | Amendment Emergency | | - SPA | ITA | N | TOI | 7871 | | | | |
| DOH DOH | justification) | | | | | | Tolorban Nur | nber | | | |
| DCA | Cancellation | 1 | MA | THEW 6 | FEAT | 7 | | | | | |
| i | | | FAC | LITY INFORMAT | ION | | | | | (4) | - 1 |
| | Vhere Abatement is Takir | | | | | Type of Facility (| 4) | Ca territoria | 7255 | | |
| Sussex | COUNTY Te | CHNi | CAI S | CHOOL | | School (K-1 | 2) | | | | - 1 |
| Street Address | | | | | | Subchapter | 8 (Other than K-1) | 2) | | | . |
| 105 N. | . CHUTCH 1 | ROAD | | 9 | - 1 | etc.) | rivate & commerci | ai bulio | ungs, | nome | s. |
| City (5) | | | | | | Square Feet | # of Floors | В | ldg. A | ge | \neg |
| SPA | INTA | | | | | +500 | a | 1 | 22 | 5 y c | 1 |
| County (6) | | | County | Code (7) | | | or if being demolish | ned) | | - | - |
| 514 | SSEX | | (STATE | USE ONLY) | | ScHoo | 1 | | | | |
| Name of Monitorin | 55€ ⅓ ng Flrm Hlred by Building | Owner (8) | ASCI | I No. | Name | of Abatement Cor | ntractor (9) | | | | - |
| | LATERMADAIN | | 10 | www. | | | | r | TO | - 1 | 1 |
| Street Address | NI WOMEN IN | 5100 | - | | Street | Address | un eutal | -0 M | IIA | C, 3 C | - 57 |
| | ick land | | | | | | ROAP | | | | |
| City, State, Zip Go | ick ROAD | | | | C C. | -b- 7:- M-J- | | | | | |
| MA h wit | on, PA | 1954 | 0 | | m | 7 h 1 70 h) | , Pa 1 | 95 | 40 | , | |
| Project Managarif | or Monitoring Firm | 1137 | Telepho | no No | Toloob | one No. | License N | ,,, | , ~ | | _ |
| | | | | | 1 | | | | | | |
| Start Date (10) | KrisHer | Cabadala | 610-8 | 56 7700 | | of OSHA Monitor | 0 011 | UX | | | _ |
| 9 - 7 - 1 | | ocueonie | Completion | Date (11) | | | ^ - | | | | - 1 |
| | | | 0-17 | | | EI L | 9125 | | | | |
| Occupancy Status | During Abatement (Che | ck Only One | , | | 1000 | Address | 0 1 1 1 | 0 | 0 | , | . |
| | d/Vacated During Entire | | | | 13 | 0 56 1 | MAYWAI | V | 140 | PAF | , |
| Other - Desc | erformed Outside of Norr cribe: | nai Facility i | nours | | City, St | ate, Zip Code | . ~ ~ ~ . | - 11 | | | 1 |
| | | | | | CA | ry, N | c 275 | // | | | _ |
| Scope of Work (Ci | heck All That Apply) | energy. | | | | | | | | | |
| ≥3 sf or ≥3 ff | | | novation | | | | ent with Negative F | ressu | ne | | |
| 2160 sf or ≥2 | 160 II | LJ DE | molition | | | Mini-Enclosure Glovebag Pro- | | | | | |
| | | | | | | | (") and Non-Friat | le Pro | œdure | 3 | |
| į į | | 181 | ocation | | | | | 1 | | ment | |
| į į | ocation of | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ormaily | De | scription | of | | | Ту | pe | |
| | | Used | Solely by | Asbestos Con | | | | | | m | |
| | taining Material (ACM) | | kaaaaaal | 713003103 001 | taining M | aterial (ACIVI) | Amount | | | > | Enc |
| TO | BE ABATED | Mair | itenance/ | (i.e. therma | systems | insulation. | (Specify | Re | Z. | 2 | 0 |
| TO | BE ABATED n Facility | Mair | itenance/ dial Staff? (12) | (i.e. therma surfa | systems cing, VA1 | insulation. | | Remov | Repa | capsı | <u>s</u> |
| TO | BE ABATED | Mair Custo | dial Staff? (12) | (i.e. therma surfa | systems | insulation. | (Specify | Removal | Repair | ncapsulate | Endosure |
| 101 | BE ABATED n Facility | Mair | dial Staff? | (i.e. therma surfa | systems cing, VA1 | insulation. | (Specify | Removal | Repair | capsulate | sure |
| 101 | BE ABATED n Facility (13) | Mair Custo | dial Staff? (12) | (i.e. therma surfa other | l systems icing, VAT miscelland | insulation. F, or eous) | (Specify SF or LF) | Removal | Repair | capsulate | sure |
| TO | BE ABATED n Facility | Mair Custo | dial Staff? (12) | (i.e. therma surfa | l systems icing, VAT miscelland | insulation. F, or eous) | (Specify | | Repair | capsulate | sure |
| 101 | BE ABATED n Facility (13) | Mair Custo | dial Staff? (12) | (i.e. therma surfa other | l systems icing, VAT miscelland | insulation. F, or eous) | (Specify SF or LF) | | Repair | capsulate | sure |
| 101 | BE ABATED n Facility (13) | Mair Custo | dial Staff? (12) | (i.e. therma surfa other | l systems icing, VAT miscelland | insulation. F, or eous) | (Specify SF or LF) | | Repair | capsulate | sure |
| 101 | BE ABATED n Facility (13) | Mair Custo | dial Staff? (12) | (i.e. therma surfa other | l systems icing, VAT miscelland | insulation. F, or eous) | (Specify SF or LF) | | Repair | capsulate | sure |
| Room | BE ABATED n Facility (13) | Mair Custo | dial Staff? (12) | Gi.e. thermal surfaction other in the surfaction of the surfaction of the surfaction of the surface of the surf | l systems icing, VAT miscelland | insulation. T, or Pous) MASTIC | (Specify SF or LF) | × | Repair | capsulate | sure |
| Room Name of Registers | BE ABATED In Facility (13) II 2 | Mair Custo Yes | dial Staff? (12) No N/A NJDEP V Hauler ID | Gi.e. thermal surfaction other in the control of th | systems oring, VAT miscelland | insulation, , or eous) MASTi < | (Specify SF or LF) | × | Repair | capsulate | sure |
| Room Name of Registers | BE ABATED n Facility (13) | Mair Custo Yes | dial Staff? (12) No N/A NJDEP V Hauler ID | (i.e. thermal surfaction of the restaurant of th | systems oring, VAT miscelland | insulation, , or eous) MASTi < | (Specify SF or LF) | × | | | sure |
| Room Name of Registers KAREDUS City, State | BE ABATED n Facility (13) II 2 ed Waste Hauler COWM e~TAL CO | Mair Custo Yes | dial Staff? (12) No N/A NJDEP V Hauler ID | (i.e. thermal surfactories of the residue) Alack Book State Vaste Cubic No. of Waste State Dispo | yards ste | Name of City, State | (Specify SF or LF) 40 SF Registered Landfill | X | OF | , 15 | sure |
| Room Name of Registers | BE ABATED n Facility (13) II 2 ed Waste Hauler COWM e~TAL CO | Mair Custo Yes | dial Staff? (12) No N/A NJDEP V Hauler ID | (i.e. thermal surfactories of the residue) Alack Book State Vaste Cubic No. of Waste State Dispo | systems cong. VAT miscelland | Name of City, State | (Specify SF or LF) 40 SF | X | | , 15 | sure |
| Room Name of Registers KAREDUS City, State | BE ABATED n Facility (13) II 2 ed Waste Hauler COWM e~TAL CO | Mair Custo Yes | dial Staff? (12) No N/A NJDEP V Hauler ID | Gi.e. thermal surfactories of the right of t | yards ste | Name of City, State | (Specify SF or LF) 40 SF Registered Landfill | × | OF | , 15 | sure |
| Room Name of Registers K=A Enui City, State Moh NTo Completed by | ed Waste Hauler | Yes Title | NO N/A NJDEP V Hauler ID | Vaste Cublc No. of Wa | Yards ete sal Date 20 -) | Name of City, State | (Specify SF or LF) 40 SF Registered Landfill 4 e y VA / e 10 e s (Syys) | X te | oF o+ | · 1> | |
| Room Name of Registers K=A Enui City, State Moh NTo Completed by | BE ABATED n Facility (13) II 2 ed Waste Hauler COWM e~TAL CO | Yes Title | dial Staff? (12) No N/A NJDEP V Hauler ID | Vaste Cublc No. of Wa | Yards ete sal Date 20 -) | Name of City, State | (Specify SF or LF) 40 SF Registered Landfill 4 e y VA / e 10 e s (Syys) | X te | oF o+ | , 15 | |

STALIT TOWN

UC# 9485

New Jersey Department of Health Consumer, Environmental and Occupational Health Service:

PO Box 369 Trenton, NJ 08625-0369

Telephone: 609-826-4950

Fax: 609-826-4975

DECEIVE

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITAES

Must be submitted 10 days prior to the beginning of work. Please type of print legibly.

| Date of Notification: 7 1 2 7 1 1 7 | Province. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| ☑ Initial | |
| Emergency (must include justification) | |
| Type of Work: Demolition Renovation | |
| | |
| II. BUILDING INFORMATION | |
| Name of Building Owner/Operator: | |
| Name of Building Owner/Operator: 54552x County Technical 50H001 Street Address: (05 0) (14 0 14 0 00 00 00 00 00 00 00 00 00 00 00 00 | _ |
| Street Address: 105 N. CHurch Read City: Sparta State: NT 7in: 17787 | |
| Name of Contact: MATISTEW GRACY Telephone No.: 2 | |
| III. FACILITY INFORMATION | -0.5 |
| Name of Facility Where Work Activity is to Take Place: 5452ex County Technical Scho | . i |
| Describe Facility Use: ScHool | _ 1 |
| Street Address: 105 14, CHUICH ROAD City: 5 PAVTA State: 147 Zip: 0787 | - |
| County Name: Sussex County Code (State Use Only): | - |
| County Name: Sussex County Code (State Use Only): Scheduled Start Date: Sussex Scheduled Completion Date: Sussex Scheduled Completion Date: Sussex Scheduled Completion Date: Sussex Sus | -: |
| Occupancy Status During Activity (check only one): | - 5 |
| Facility Closed/Vacated During Entire Activity | |
| Activity Performed Outside Normal Facility Hours—Describe: 3 VP SHIFT 330 pm To 11:00 | |
| Other—Describe: | - 1v- |
| Scope of Work (check all that apply): | |
| Floor Tile Square Footage: Percentage Asbestos: % | |
| Mastic Square Footage: 40 5 F Percentage Asbestos: A55 u and % | |
| 70 | |
| IV. CONTRACTOR INFORMATION | |
| Company Name: K + A ENVIRONMENTAL CONTRACTORS, INC Telephone No.: 610 - 856 - 3700 | |
| Street Address: 20 CAUEK HOAP City: Mohnton State: Pa 7in: 19540 | |
| New Jersey Aspestos License Number (if applicable): 0/10 2 | |
| Monitoring Firm (if applicable): KART ENDIFORMENTAL GUDAP Telephone No.: 610-956-7702 | |
| V. SIGNATURE | |
| Completed By | - |
| (type or print legibly): ANTHONY J SANTARE II. Title: Operation | |
| Signature: | |

State of New Jersey - Notification of Asbestos Abatement

| AV#12813 | | (Pursua | nt to <u>N.J.A.C</u> . 8 | 3:60-7 and 12:120-7) | TE | F | CE | ī W | F | 1 | | | | |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------|-------------|----------------|---------------|------------------------|--------------------|---------|--|--|--|--|
| Date of Notification (1) | | | | Name of Building Owner/Or | perator (2) | 1 | <u>u</u> | u w | - | Tunner. | | | | |
| August 4, 2017 | | | | Drew University | ara. | 1 | | | - 11 | 111 | | | | |
| Agencies Notified | Notification | Type | | Street Address 36 Madison Avenue | 1 | A | IIIG - | 8 201 | 1 1 | UI | | | | |
| | | al Notific | | City, State, Zip Code | 111 | 1 | .00 | 0 400 | 1 | | | | | |
| X EPA | | d Certifi | | Madison, NJ | | | | | | | | | | |
| x DCA x DOL | ⊠ Emerg | | | Name of Contact | | 100 | Sa Mariath Ac | Proceeding | OLa | | | | | |
| X DEP | justific | | | Greg Smith | L | | | | - | | | | | |
| x DOH | ☐ Cancel | lea | FACILITY INFO | | | , | | | | | | | | |
| Name of Facility Where Abatement is | Taking Place (3) | | | Type of Facility (4) | | | | | | | | | | |
| Drew University- Gilbert H | TAKING FIACE (3) | | 1 | School (K-12) | | | | | | | | | | |
| Diew oniversity- onberen | Ju00 | | | ☐Subchapter 8 (other than I | <-12) | | | | | 1 | | | | |
| Street Address | | | | Other (i.e. private & c | ommercial l | uildings, | homes, | etc.) | | | | | | |
| 36 Madison Avenue | | | | Sq. Feet: Unknown | # of Floo | rs: 2 <u>B</u> | Bldg. Ag | <u>je:</u> 60) | ears | | | | | |
| City (5) Count | (6) | County C | Code (7) | Current Use (prior if being | damolisher | n- | | | | | | | | |
| City (5) Count Madison Mor | the state of the s | (State Us | | Current Use (prior il bellig | demonshed | .,. | | | | | | | | |
| Madison | 10 | | | | | | | | | | | | | |
| Name of Monitoring Firm Hired by Blo | g. Owner (8) | ASCM N | 0. | Name of Contractor (9) | | | | | | - * | | | | |
| Briggs Associates, Inc. | | | 1 | GREENWOOD ABATI | EMENT | ONSU | LTAN | TS, INC. | | | | | | |
| | | | | Street Address | | | | | | | | | | |
| Street Address 3 Crosswicks Street | | | | | | | | | | | | | | |
| 3 Crosswicks Street | | | | 511 MAIN STREET | | | | | | | | | | |
| City, State, Zip Code | | | | City State, ZipCode | | | | | | | | | | |
| Bordentown, NJ | | | | Butler, NJ 07405 Telephone Number | | Licens | se Numb | er | | | | | | |
| Project Manager for Monitoring Firm | Telephone 1 609.298 | DESCRIPTION OF THE PROPERTY OF | | Telephone Number | | | | | | | | | | |
| Michael Hoodak | 609.290 | .5520 | | 973-492-0477 | | 0084 | 10 | | | | | | | |
| Scheduled Start Date (10) | Scheduled 0 | | Date (11) | Name of OSHA Monitor | | | | | | | | | | |
| August 5, 2017 | August 6 | 6, 2017 | | EMSL inc. | | | | | | | | | | |
| | 1 (0) 1 1 1 | | | Street Address | | | | | | | | | | |
| Occupancy Status During Abatem X Facility Closed/Vacated [| ent (Check only c | ine) ind of Ahat | tement | | | | | | | | | | | |
| Abatement Performed Outsi | de of Normal Fac | cility Hours | 5- | 1056 Stelton Road | | | | | | | | | | |
| Describe | | | | City, State, Zip Code | | | | | | | | | | |
| Other - Describe: | | | | Piscataway, NJ 088 | 354 | | | | | | | | | |
| | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | | | | |
| CIAL L (Ob all all that annih | | | | | | | | | | | | | | |
| Source of Work (Check all that apply | 1 | | | | Full Co | ntainmer | nt with N | legative P | ressure | 2 | | | | |
| ≥ 3 sf or ≥ 3 lf | | | | ion | Mini-End | | | | | | | | | |
| | | | Demolition | | Gloveba | g Proced | dure | Nan Friabl | la Droce | odura | | | | |
| 0=0 | | | | t - Ctaining Motorial | x Non-Ex | | (^) and | Non-Friab | e Proce | Edule | | | | |
| Location of Asbestos-Containing | Is Location Norma Solely by Maint./C | | (ACM) (i.e. therm | pestos Containing Material al systems insulation, surfaci | | cify SF | - | ve Repair E | | Enclose | | | | |
| Material (ACM) in Facility (13) | Staff? (12) | Justodiai | VAT, or other mise | cell.) | or Li | -) | Remov | ve Repail t | Ticap L | TICIOSC | | | | |
| | YES NO | NA | | | 40 | .5 | X | | | | | | | |
| 3 rd Floor Bathroom | X | | VAT & Masti | | 10: | | X | | | | | | | |
| 1 st Floor Bathroom & | X | | VAT & Masti | С | 100 | 51 | 1231 | | | | | | | |
| Foyer | 1 | | | | | | 1 | | | | | | | |
| 500 | | 1 | ID.# | Cubic Yards of Waste: | | Nam | e of Rec | istered La | ndfill | | | | | |
| Name of Reg. Waste Hauler | NJDEP Wa | | 1D# | 10 Cy.yds. | | | | Landfill | | | | | | |
| See Hauler Below # 1 & 2 | See Belo | · vv | | 10 Cy.yus. | | | .O.W.S | | | | | | | |
| Hauler #1) Greenwood Aba | ement Consul | Itants, In | c Butler, NJ (| 07405 | Disposal | | . 7 | City, Stat Route 2, | <u>e</u> Box 68 | | | | | |
| NJ DEP # 12561 | | Bridgeport, WVA | | | | | | | | | | | | |
| Hauler #2) Newark Carting, I | NJ DEP # 19551 | # 19551 304-842-2784 | | | | | | | | | | | | |
| 0.000 m | | | | Signature | | Date | 9 | | | | | | | |
| Completed by (Print or Type) | SENIOR I | PRO IEC | T. | Marin Graure | | | | , 2017 | | | | | | |
| Marin Graure | MANAGE | | | 10000000 Showing | | | | | | | | | | |
| | INIWIAMOL | | | | | | | | | | | | | |

19734920133 . 08/04/2017 10:49 #307 P.002/004

| From:GREENWOOD A | | | | | | | | | | | n • | | | \$3 |
|-----------------------------------------------------------------|---------------|----------|-----------|-------------------------|--------------------|----------------------------------------------------------------|---------|--------------------------------|----------|------------------|----------------------------------|-----------|-----------------------|------------------|
| · | Sta | te of | New | Jersey | - Notificat | tion of Asbestos Abs | atemo | ent | | | : | i Ž | | |
| | | | (P | ursuant | | :60-7 and 12:120-7) | | | | JUL | _ ! ! |] | | |
| Date of Notification (1) | | | | | 1 | Name of Building Owner/Ope Drew University | rator C | 2) | | | - | ~ 117 | - | |
| August 4, 2017 | IA | Intifice | tion Typ | 100 | - 1 | Street Address | | | T | AUY | 7AV | 1/1/1 | 1; | |
| Agencies Notified | 12 | THO | Initial I | Notifical | | 36 Madison Avenue | | +- | <u> </u> | | | 11- | | |
| X EPA | ١, | Am | ended | Centification (Inc.) | 11011 | Madison, NJ | | 1 | 1419 | ME | I | 4-7-7 | 7 | |
| x DCA x DOL | 1, | DI ETI | dificati | ion) | - | Name of Contact | | 1 | | A le s seri | 447 | | 1 | |
| X DEP x DOH | 1 | □ Će | ncelle | d | | Greg SmRh | | | | | - | | \exists | N |
| | | | 783 | | FACILITY INFO | Type of Encility (4) | | | | | | | 1 | , |
| Name of Facility Where Abstance Drew University- Gliber | nt le Takin | o Piec | 9 (3) | | | School (K-12) | | | | | | | | |
| DISM DUIABISITÀ- Gripar | | _ | | | | Subchapter 8 (other than K. Other (i.e. private & co | memer | lai buildin | na, ho | mes, et | C.) | | | |
| 36 Medison Avenue | | | | | | Sq. Feet: Unknown | # of F | <u> 0015;</u> 2 | Bldc | AQU. | 90 y | E | W | EF |
| CHv (5) | orrie | | 1 | County Co (State Use | ode (7) o Only) | Current Use (prior if being d | iemolis | hed): | | K | approximate a | | | Calle |
| Name of Monitoring Firm Hired b | w Aldra, Da | Niger (6 | 0 6 | ASCM No | | Name of Contractor (9) | | | 12.000 | 1 | AUG | - 8 | 201 | 7 |
| Briggs Associates, Inc | C, | | | | | GREENWOOD ABATE | MEN. | T CON | SULT | ANTE | , INC. | | _ | |
| Street Address | | | | | | Street Address | | | | 1 | BEST | N. 15 197 | | 101 8 |
| 3 Crosswicks Street | | | | | | 611 MAIN STREET | | | | AS | | CENS | | 5 C. P. L. S. M. |
| CITY, State, Zin Code | | | | | | CITY SIATE. ZIDCOGE | | | Research | Andrew Street, C | Name of Street, or other Persons | - | and or other the same | |
| Romantown, NJ | | | 11 | | | Butler, NJ 07405 | | П | 08046 | Number | | | | |
| Project Manager for Monitoring Michael Hoodak | Firm | 808 | .298.6 | 520 | | 973-492-0477 | | 0 | 0840 | | | | | |
| SECTION | | | | | Date (11) | Name of OSHA Monitor | | | | | | | | |
| Scheduled Sun Date (10) August 6, 2017 | | Aug | uet 6, | 2017 | | EMSL Inc. | | | | | | | | |
| Occupancy Status During Abs | bomant (| Check | poly on | a) | | Street Address | | | | | | | | |
| | And Durin | IN POR | TO PERIOR | 0 01 WOSH | ement | 1086 Stellon Road | | | | | | | | |
| Abatement Performed (| Outside o | 1 Nom | nel Fecil | ity Hours | - | City, State, Zio Code | | | | | | | | |
| Other - Describe: | | | | | | Placataway, NJ 088 | 154 | | | | | | | N/ |
| | | | | | | | | | | | | | _ | |
| Source of Work (Check all that | MDD(Y) | | | | | | | Contain | | with Ne | getive F | Leasinte |) I | |
| ≥ 3 a F or ≥ 3 lf | | | | | X Renova | | Olas | -Enclose lebag Pr | nadi II | te: | | | | |
| ≥ 160 at or ≥ 2 | 30 | | | | Demolition | | x No | п-Ехопф | und (") | and N | on-Friet | le Proc | adura | 1 |
| Location of Asbestos-Contains | ng Is L | ocalion | Normal | ly Used | Description of As | abeatos Containing Meterial mai systems insulation, surfaci | ing. | Amount (Specify : or LF) | SF | | Baset | | losione | |
| Material (ACM) in Facility (13) | Brate Bria | H? (12) | Maint./CX | ualodial | VAT, or other mi | scell.) | | or LF) | | | | | | |
| | AE | 8 | NO | NA | VAT & Mass | fic | - 1 | 10 af | | B | T | | | |
| 3 rd Floor Bathroom 4 st Floor Bathroom & | | - 1 | [2] | | VAT & Mast | | | 100sf | | X | | | | |
| Foyer | | - 1 | | | | | | | | | | | | |
| - | | | | 1 11- 1- | 10.5 | Cubic Yards of Waste: | | T | Name | of Regi | Mered L | ndfill | | 7 |
| Name of Rea. Wasta Hauler See Hauler Below # 1 & 2 | 2 | Pe NY | e Below | nte Hauler W | Ou e | 10 Cy.yda. | | | Mead | lowfill D.W.S | Landfill | | | |
| | | | | | B. (1) - 11 | 107405 | Cisor | sal Date | R | | City, St | de | | 7 |
| Hauler #1) Greenwood | | | | | | | Aus | just 8, | 2017 | 7 | Bridger | Box 68 | A | |
| NJ DEP # 12 Haules #2) Newark Cart | | | | | | | | | | | 304-84 | 2-2784 | | _ |
| | | | | | | Signature | | T | Date | | 2047 | | | |
| Completed by (Frint or Type) Marin Graure | | | | PROJE | CT | Maria Grance | | | Aug | u61 4 | , 2017 | | | |
| lating Atmost | | MA | NAGE | R | | | | | | | | | | _ |

| NO CK | . | I | | | | | | | [· | C | HECK # | # 24 | 442 | | | | | |
|--------------------------------------------|---------------------------------------------------------------------|-----------------|-----------------------------------------|------------------------|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------|---------------------------------------------|-------------------------|------------------|---------------|----------|-----------|--------------|-----------|--|--|
| Date of Notification (1) 08-03-17 | | | | Name o Con E | | Owner/C | Operator | (2) | Tro- | NE | C. | Ē N | <u>U</u> | 7 | 3 [| 1 | | |
| Agencies Notified | Type Notification | | | Street A 4 Irvin | ddress g Place | | | | 100 | 亿 | andrease vitaere | | 23.04% | - | Park Spinish | | | |
| DEP X DOL | Initial Amended Amendment | | | | ate, Zip Co ork, NY | | | | Andreas and S | Ц | AUG | - 8 | 20 | 17 | 100 | | | |
| DOH DCA | Emergency (i justification) Cancellation | ncluding | 1.00 | | f Contact Fullum | | | | OD | Tol | enhone l | Numb | er | | _ | | | |
| <u> Вох</u> | Caricellation | | | RECORD SERVICE FOR ALL | | ORMATI | ON | - | | | L. OL | _1401 | 140 | | | | | |
| Name of Facility Where Pole #59851/36050 | | Place (3 | 3) | 17101 | | , , , , , , , , , , , , , , , , , , , | | Туре | | | , | alarga saryas | | | | | | |
| Street Address 222 Westshore Roa | ad | | | | | | | × | Subchapte Other (i.e. | r 8 (Oth | | | ouild | ings, | home | es, | | |
| City (5) Harrington Park, No. | J | | | | 2 | / | | Squa | | # of | f Floors | Bldg. Ag | | | | | | |
| County (6) Bergen | | | County (STATE | Code (7) USE ONLY |) | | | | or if bei | ng demo | olished | 1) | | | | | | |
| Name of Monitoring Firm | Hired by Building C | Owner (8) | | ASCN | M No. | | | of Ab | atement Co | | | 7 | | | | | | |
| Street Address | | 1 | | | Street | et Address | | | | | | | | | | | | |
| City, State, Zip Code | | | | | | | | | | | | | | | | | | |
| Project Manager for Mor | nitoring Firm | 1 | Telepho | ne No. | | Telepi | none N | No. | | | | | | | | | | |
| Start Date (10) 08-04-17(1)Project | tart Date (10) Scheduled 0 08-04-17(1)Project Postponed 08-31-17 | | | | | | | | | | | | | | · | | | |
| Occupancy Status Durin | | c Only Or | ne) | | | | Street | Addre | ess | | | | - | | | | | |
| | ated During Entire P ned Outside of Norm | | | | | | City, S | State, Z | Zip Code | | AS COMPANY | | | | | | | |
| Scope of Work (Check A | II That Apply) | | | | | | Б | X Intact Removal | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | Renova Demoliti | | | | É | Fu Mi Gl | ull Containm ini-Enclosur lovebag Pro | ent with e cedure | 17.1 | | | | a | | | |
| | | Is | Locati | on | | | | | | xempled () and Hom | | | | Abatement | | | | |
| Location | n of | 1 7 | Normali | у | | De | scription | of | | | | - | _ | Ту | ре | | | |
| Asbestos-Containing TO BE AB In Facil (13) | ATED lity | Ma | ed Solel intenar todial S (12) | ice/ | | thermal surfa | system cing, VA | s insul T, or | lation, | (5 | Specify | | Removal | Repair | Encapsulate | Enclosure | | |
| | -0054/00050 | 168 | 140 | - sexteen | _ | | | | | | 001 F | - | - | | - | | | |
| Exterior: Pole #5 | 9851/36050 | | | X | _ | 1 | ransite | 9 | | | ULF | | х | | | | | |
| | - X | | | | | | | - | | | | - | - | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | | | 1 | | | | | |
| Name of Registered Was | ste Hauler | | 10.50 | JDEP W | | C 100 C 100 C 1 | | | Name of | Registe | red Lan | dfill | - | | | | | |
| ATC, Inc. / JBT (500 | 071) | | (10.00) | auler ID 1310 | No. | ORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-1) Other (i.e. private & commercetc.) Square Feet # of Floors Current Use (Prior if being demolise Utility Pole Name of Abatement Contractor (9) Pinnacle Environmental Corp. Street Address 200 Broad Street City, State, Zip Code Carlstadt, NJ 07072 Telephone No. 201-939-6565 Name of OSHA Monitor EMSL Analytical, Inc. Street Address 307 West 38th Street City, State, Zip Code New York, NY 10018 X Intact Removal Full Containment with Negative Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Fria Description of stos Containing Material (ACM) thermal systems insulation, surfacing, VAT, or other miscellaneous) Transite Cubic Yards of Waste TBD Name of Registered Landfi Minerva Enterprises Disposal Date Tity, State Waynesburg, OH 4466 Signature | | | | | 3 | | | | | | | |
| City, State Shirley, NY / Bronx, | NY | | | | B. CVCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC | sal Date | 10 | | | OH 44 | 4688 | | | | | | | |
| Completed by | | Title | | | | S | Signature | mature / / / | | | | Date 08-03-17 | | | | | | |
| Kevin Moriarty | | Project Manager | | | | | | | 100 101 | H | | 08-C | 13-1 | 1 | | | | |

| Date of Notification (1) | | | | Name o | of Building | Owner/ | Operato | r (2) | | 7 [| - 10° | E | Ī | 1/// | 2 | - | | | |
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| 8/04/2017 | | | | Audre | y Bellar | dita | | | San |)),[| | | | VY! | 5 | | | | |
| Agencies Notified Typ EPA DEP DOL | Initial Amended Amendment | | _ | City, St North | Address ate, Zip C Arlingto | | 07031 | | Constitution of the state of th | The second secon | AUG | • | | 017 | Chieve Anna (CC) - op nganange | IJ | | | |
| DOH DCA | justification) Cancellation | | | | of Contact by Bellar | dita | | | | weeps. | | | 1201 | run | 1 & | Town de l'annual d | | | |
| | ement is Taking | g Place (3 |) | FAC | ILITY INF | ORMAT | ION | Туре | of Facility | (4) | | | | | | | | | |
| Street Address | | | | | | | | × | School (K- Subchapter Other (i.e. petc.) | r 8 (Oth | | | build | dings, | hom | es, | | | |
| North Arlington | | | | | | | | Squa 1,85 | re Feet 0 | # o 2 | f Floors | | 8 8 | ldg. A | ge | | | | |
| County (6) Bergen | | | Code (7) USE ONLY |) | | | ent Use (Pri idential | or if bei | ing demo | olishe | d) | | | | | | | | |
| TBD | d by Building C | Owner (8) | | ASC | M No. | | | | tement Cor acting, LI | | (9) | | | | | | | | |
| Agencies Notified PA | | | | | | | 10 mm | Addre Valle | ss ey Road, | Suite | K | | | | | | | | |
| City, State, Zip Code | | | | | | | 7.33 | | ip Code ew Jerse | y 074 | 70 | | | | | | | | |
| Project Manager for Monitoring | g Firm | | | Telepho | ne No. | | T. STORT W. 520 | none N) 928- | o. -5040 | | License 00874 | | 2 | | | | | | |
| | | npletion | Date (11) | | 2000 | | HA Monitor acting, LL | _C | | | | | | | | | | | |
| | | 58 | 100 | | | | | Addres | 3.73 | 0 '' | 14 | | | | | | | | |
| Abatement Performed Ou | batem Hours | ent | | | City, S | tate, Z | ey Road, ip Code | | | | | | | | | | | | |
| Scope of Work (Check All Tha | t Apply) | | | | | | vvay | ne, N | ew Jerse | y 074 | 70 | | | | | | | | |
| | | - | enova emolit | | | | × | Mir Glo | I Containment- ni-Enclosure ovebag Prod n-Exempted | e cedure | | | | | 2 | | | | |
| | | -1 | Locati | | | | | | | | | Abatement Type | | | | | | | |
| Asbestos-Containing Mate TO BE ABATED In Facility | Used Mai Cust | ormali d Solei ntenar odial S (12) | y by nce/ | Asbes (i.e. | tos Cont thermal surfa | scription taining M systems cing, VA niscellar | faterial s insula T, or | (ACM) | (S | mount Specify or LF) | | Removal | Repair | Encapsulate | Enclosure | | | | |
| Basement | | | Х | | Pip | e Insul | lation 8 | & Fitti | ngs | 10 | 00 LF | | Х | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Name of Registered Waste Ha | uler | | N. | JDEP W | aste / | Cubic | Yards | | Name of I | Registe | red Land | -ffill | | | | | | | |
| | , Inc. | | | auler ID 1990 | No. | of Was | | | Minerva | | | | 0 | | | | | | |
| | 1000 | | | Dispos | sal Date | Sec. | City, State Waynes | | Ohio | | | | | | | | | | |
| Completed by Predrag Sarcev | | Title Vice F | Presid | dent | | S | ignature | ure | | | | | Date 8/04/2017 | | | | | | |

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT AN HILAGO

| UL# 4982 | | (Pi | | t to NJAC | | | | The state of the s | | CE | N N | 7 [5 | Tra | 7 | | | |
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| Date of Notification (1) 8-4-17 | | | Name o | of Building | Owner/0 | Operator | r (2) | 13 | | | <u>u v</u> | ط | Attonus, and a state of the sta | A CONTRACTOR OF THE PARTY OF TH | | | |
| Agencies Notified Type Notification | n | \top | | Address | | | | | | UG - 8 | 201 | 7 | ₩ | # | | | |
| X EPA X Initial | | | | | | OUTH | CORP | ORATE | CEN | TER | - | | Lucasi | | | | |
| ➤ DEP | | | | ate, Zip C | | | | L | on: | Mary St. St. St. St. | (5) | - | į | 1 | | | |
| Emergence | nt # y (including | | | IG, NJ (| | | | A | Still | STOS CI LICENS | ONT | 10L | Št. | Service Servic | | | |
| DOH justificatio | n) | 1.00 | | of Contact | | | | | - | anno Ni | mher | university of the second | (Automotion) | eppd . | | | |
| DCA Cancellati | on | | The second | ENT SH | TOTAL COLOR | | | | | | | | | | | | |
| Name of Facility Where Abatement is Tal | ing Place (3) | | FAC | ILITY INF | ORMAT | ION | T | · /- | | | | - 10 | | | | | |
| CITGO'S PETTY ISLAND TERM | INAL | | | | | | Type of | Facility (4 | F) | | | | | | | | |
| Street Address | | | | | | | | hool (K-12 | | er than K-1 | 12) | | | | | | |
| 105 PETTY ISLAND | | | | | | | × Ot | her (i.e. pr | ivate | commerce | ial bui | ldings | , home | es, | | | |
| City (5) | | | | | | | eto | -1 | Т 41 - | (= 1 | | | | | | | |
| PENNSAUKEN | | | | | | | Square 20000 | | 1 1 | f Floors | | 3ldg. / +/ - 50 | 175 | | | | |
| County (6) | | (| County | Code (7) | | | | | 1 | ng demolis | | , 00 | | - | | | |
| CAMDEN | | (| STATE | USE ONL | n | | VACA | | | | | | | | | | |
| Name of Monitoring Firm Hired by Buildin | Owner (8) | - | ASCN | ЛNo. | | Name | of Abate | ment Cont | ractor | (9) | | | | | | | |
| ATC | WILLIAM - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1 | | | | | PEP | PER E | VVIRON | IMEN | ITAL SE | RVIC | ES, | NC. | | | | |
| Street Address | | | | | | 3,535 | Address | | | | | | | | | | |
| 3 TERRI LANE, SUITE 4 | | | | | | 2251 | FRALI | EY STR | EET | | | | | | | | |
| City, State, Zip Code BURLINGTON, NJ 08016 | | | | | | | tate, Zip | | 1 74 SA | 8.5 | | | | | | | |
| Project Manager for Monitoring Firm | | | | | | | | PHIA, PA | 191 | 37 | | | | | | | |
| JOHN LUTZ | | | elepho | ne No. 86-8800 | , | | one No. | | | License N | No. | | | | | | |
| Start Date (10) | Scheduled | | | | | | 533-51 | | | 01166 | | | | | | | |
| 8/21/17 | 10/31/17 | | pietion | Date (11) | | ATC | of OSHA | Monitor | | | | | | | | | |
| Occupancy Status During Abatement (Che | | | | | | - www.coes | Address | | | | | - | | | | | |
| | venture contract to the contract of | | ant | | | | | NE, SUI | TE 4 | | | | | | | | |
| Abatement Performed Outside of No. | mal Facility F | Hours | 5111 | | 1 | | tate, Zip (| 78 | | | | | | | | | |
| Other – Describe: | ~ | | | | | | | ON, NJ | 0801 | 6 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf | × Re | novati | on | | | × | Full Containment with Negative Pressure | | | | | | | | | | |
| × ≥160 sf or ≥260 lf | ☐ De | molitic | on | | | X | Mini-Enclosure Glovebag Procedure | | | | | | | | | | |
| | | | | | | × | Non-E | | ole Procedure | | | | | | | | |
| | ls L | ocatio | n | | | | | | ement | 8 | | | | | | | |
| Location of | No | rmally | | | Des | cription | of | | | | | Ту | ре | | | | |
| Asbestos-Containing Material (ACM) | | Solely | | | tos Conta | aining M | aterial (A | | | nount | | | т | _ | | | |
| TO BE ABATED In Facility | Custo | dial St | | (i.e. | thermal | systems ing, VA | insulatio | n, | | pecify or LF) | Remova | Re | Encapsulate | Enclosure | | | |
| (13) | | (12) | | | | iscellan | | | O. | OI LI) | SVOC | Repair | lusc | uso | | | |
| | Yes | No | N/A | | | | | | | | = | | ate | Ф | | | |
| SEE ATTACHED TABLE | | | | | | | | | | | X | | | | | | |
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| | | | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | 10/03/20 | DEP Wa | | Cubic \ of Was | | N | lame of Re | egister | ed Landfill | | | | | | | |
| SERVICE TRANSPORT | | na | alei (D I | 140. | or was | re. | MINERVA LANDFILL | | | | | | | | | | |
| City, State | | | | | Dispos | al Date | | | | | | | | | | | |
| NEWARK, DE | | | | | / | | 27.2% | IBSON, | ОН | | | | | | | | |
| Completed by | Title | | | | Si | gnature | |) | | Da | ite | | | | | | |
| JENNIFER NIVEN | DID O | EOE | DEDAT | CIONIC | - 1 | 1/ . | 1 | | | | 2 11 | T. 12000 | 200 | | | | |

Check No. 4309

| Date of Notification (1) | | | | Nam | e of Build | ing Owner/Operato | or (2) | | | | | | | | |
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| August 01, 2017 | | | | | | k NJ, Newark | 740 V 50 V 5 | national Airno | ort | | | | | | |
| Agency Notified | Type Notification | | | | et Address | | Liberty Intell | | P | N/I | 72 [| - Common of the | | | |
| □ EPA | Initial | | | Bui | ilding 8 | 0 | and the second | n E C | | /M | | 1 | | | |
| Not equired per State Reg. 10:2004 | ☐ Amended | | | | State, Zip | | 1 | | | | 11 | 111 | | | |
| ⊠ DOL | Amendment # | | | | | J 07114 | Camera | 111 400 | 0 6 | PM | Service of the servic | | | | |
| ⊠ DOH | ☐ Emergency (included) justification) | uding | | - | e of Conta | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | AUG NI | - 0 € | 2017 | - - | | | | |
| □ DCA | ☐ Cancellation | | | Ral | ph Cam | pione | | | | | | | | | |
| | | | | | | FORMATION | | ASUES O | | | - 84 | | | | |
| Name of Facility Where Al | patement is Taking F | Place (| 3) | | | | Type of Facilit | v (4) | ENSIN | 3 | - | | | | |
| Parking Lot Buildin | | 8 | | | | | | | * | | | | | | |
| Street Address | | | | | | | ☐ School (K-1 | 12) 8 (Other than K-1 | 12) | | | | | | |
| 60 Earhart Drive | | | | | | | Other (i.e. phomes, etc. | private & commerc | ial buildi | ings, | | | | | |
| City (5) | - | | | | | | Square Feet | # of Floors | Bldg | . Age | | | | | |
| Newark | | | | | | | N/A | N/A | N/A | 4 | | | | | |
| County (6) | | | | | | 7) (STATE USE | Current Use (F | Prior if being demo | | | | | | | |
| Essex | | | | ONLY | ') | | Drainage L | | * | | | | | | |
| Name of Monitoring Firm F | lired by Building Ow | ner | ASC | M No. | | Name of Abaten | nent Contractor (| (9) | | | | | | | |
| PA of NY & NJ | | N/A | | | B&N&K Res | storation Co. | , Inc. | | | | | | | | |
| Street Address | | | | | | Street Address | | | | | | | | | |
| 241 Erie Street, Roo | m 236 | | | | | 223 Randol | ph Avenue | | | | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip (| | | | | | | | | |
| Jersey City, NJ 073 | | | | | | Clifton, NJ (| 7011 | | | | | | | | |
| | ring Firm | | Telepho | ne No. | | Telephone No. | | License No. | | | | | | | |
| Ralph Campione | | 24-68 | | 973-478-468 | 1 | 00120 | | | | | | | | | |
| Start Date (10) | Scheduled | | ate (11) | | Name of OSHA | | | | | | | | | | |
| August 14, 2017 | August 1 | 13, 20 | 18 | EMSL Analytical, Inc. | | | | | | | | | | | |
| Occupancy Status During A | Abatement (Check of | nly one | :) | Street Address | | | | | | | | | | | |
| ☐ Facility Closed/Vacated | During Entire Period | of Aba | atemen | t | | 200 Route 1 | | | | 1111-00117 | | | | | |
| ☐ Abatement Performed On ☐ Other - Describe: Exte | utside of Normal Fac crior work | cility He | ours | | | City, State, Zip C | | | | | | | | | |
| Scope of Work (Check all th | | | | | | Cinnaminso | n, NJ 08077- | 2892 | | | | | | | |
| ☐ ≥ 3 sf or ≥ 3 lf | at appry) | | | | | ☐ Full (| Containment with | Negative Pressu | re | | | | | | |
| ≥ 3 St 0f ≥ 3 ft ≥ 160 sf or ≥ 260 lf | | | | - V | ovation nolition | ☐ Mini- | Enclosure ebag Procedure | Statistics of the second secon | | | | | | | |
| | | | | | | ⊠ Non- | Exempted (*) and | d Non-Friable Pro | | | | | | | |
| | | 1 | s Locat | ion | | | | | | 10000000 | teme | ent | | | |
| Location | of | | Normal | | | Description of | ,, | | | Н | Гуре | $\overline{}$ | | | |
| Asbestos-Containing I | | | ed Sole aintena | | Asbes | tos Containing Ma | | Amount | | | m | | | | |
| TO BE ABA | | Custodi | 200 | (i.e. | , thermal systems i surfacing, VAT | | (Specify | | Rer | nca | Encl | | | | |
| (13) | | | Staff? (12) | | | other miscellane | | SF or LF) | | Removal | Encapsulate | Enclosure | | | |
| | | | T . | 1 | - | | | | | a | ate | re | | | |
| Parking lot of Bldg. | 60 | Yes | No | N/A | _ | | | | | | 1 | | | | |
| ranking lot or blug. | 00 | \triangle | | - | Tar-pap | er Coated Corrugate | ed Steel Pipe | 20 | 00 In ft | X | 1 | | | | |
| | | - | | - | | | | | | | | | | | |
| | | | | | | | | | | | | Ш | | | |
| Name of Registered Waste | Hauler | N/ | IDED " | Vacto !! | ouls: | Cubia Vanda d | No 15 | | | | | Ш | | | |
| | | 100000 | No. | Vaste H | auter | Cubic Yards of Waste | Name of Regist | tered Landfill | | | | | | | |
| Jimmy Byrne Truckii | ng | 1 | 8743 | | | 90 | Minerva Er | nterprises, Inc | . | | | | | | |
| City, State | W. | | | | | Disposal Date | City, State | | | | | - | | | |
| Bronx, NY | | | | | | 08/15/2017 - 08/20/2017 | Waynesbu | rg, OH | | | | | | | |
| Completed by | Title | | | | | Signature | 1 | | Date | | | | | | |
| G. Roger Woodman | Project M | anag | er | | | 11/1 | /-/ | | G. Roo | er Wo | odn | nan | | | |

| | | | | | * | | 000 | 9312141 | | | p.Z | | | | | | | | |
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| | | NO | TIFICAT | State of | of New Jen ASBESTO | SEY | MENT | all all the second and an artist the second | | | | The selection of | | | | | | | |
| | | | (Pursu | ant to N | JAC 8:50 a | and 12:12 | O) | | 10 | | AY | | | | | | | | |
| Date of Notification (1) 7/27/17 | | | Nam | ne of Buil | ding Owne | r/Operator | (2) | | | | | | | | | | | | |
| | V.P V. | | City | of Car | mden | | , , | | | | 1 | - | | | | | | | |
| | | | | et Addres | ss t Street | | | - die | | 201 | 7- | + | - 1 | | | | | | |
| EPA X Initia | al ended | | - | State, Zi | | | | | | V | | | - | | | | | | |
| ™ DOL Ame | endment #_ ergency (includ | 1 | Car | nden, N | VJ 08102 | | | MARIES | ADD | ne | 11// | D J | | | | | | | |
| justii | fication) | ing | | e of Cont | | | | 7 27 11 7 113 | ruf | NO | WI. | <u>D</u> | _ | | | | | | |
| D Carl | cellation | | | rew Ric | | | | | | | | | | | | | | | |
| Name of Facility Where Abatement | is Taking Place | e (3) | FF | CILITY | INFORMA" | TION | Type of Fa | cilibate 2 | (O) [r | - | 7 - 1 | П | 2 | | | | | | |
| Vacant Building Street Address | | | | | | | | 11 500 1 1 | | 3 | | <u> </u> | 듸 | | | | | | |
| 1219-1225 Broadway | | | | | | | Subd | ol (K-12) | han K-12 |) | | | And the Control of th | | | | | | |
| City (5) | | | | | | | etc.) | (i.e. private & c | ommercia A LLC | l bui | ding | 517° | mes | | | | | | |
| Camden | | | | | | | Square Fe | et LittofFi | oors | _ | DAY 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 20/7 2 | | | | | | | | |
| County (6) Camden | Count | y Code (| 7) | - | Current Us | e (Prior if helina | emediate. | DAY. | CAL | TRE | 8 | | | | | | | | |
| Name of Monitoring Firm Hired by Be | ulletie = C | (0) | | EUSEON | rly | | | 1 | LIC | ENS | SIN | G | J 144 C | | | | | | |
| a morntoning ruth ruled by Bi | (8) | ASC | ASCM No. Name of Abatement Contractor (9) Ricco Construction Corp | | | | | | | | | - | | | | | | | |
| Street Address | | | | | | Street A | | ction Corp | | SONTROL 8 ENSING | | | | | | | | | |
| The Charles To Co | | | | | | | oaress reek Roa | nd | | | | | | | | | | | |
| City, State, Zip Code | | | | | | City, Sta | te, Zip Coo | le | | | | | | | | | | | |
| Project Manager for Monitoring Firm | | | Talant | one No. | | | awr, NJ 0 | 8031 | | | | | | | | | | | |
| 7 11 % | | | releph | one No. | | Telephon 856.48 | ne No. 66.6452 | 1770000 | ense No. | | | | | | | | | | |
| Start Date (10) ASAP | Schedu | uled Co | mpletion | Date (1 | 1) | | me of OSHA Monitor | | | | | | | | | | | | |
| occupancy Status During Abatement | 9/8/17 | | | | | | v Ricco | | | | | | | | | | | | |
| | | | | 630.70 | | Street Ac | ldress eek Roar | | | | | | - | | | | | | |
| Facility Closed/Vacated During E Abatement Performed Outside o | f Normal Facility | Abater ty Hour | nent s | | - | | eek Road | | | | | | | | | | | | |
| Other - Describe: | | | | | | | wr, NJ 0 | | | | | | | | | | | | |
| cope of Work (Check All That Apply) | [rest] | | 50 | | | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | IX | Renova Demolit | ition ion | | | | Full Conta | inment with Neg | ative Pre | ssur | e | | | | | | | | |
| | | | 0.55550 | | | | Mini-Enclo Glovebag | Procedure | | | | | | | | | | | |
| | Is | s Locati | on | T | | _ LJ | Non-Exem | opted (*) and Nor | n-Friable | | 20V6 602 | | | | | | | | |
| Location of | | Normal | İy | | Desc | cription of | | | | , | | | | | | | | | |
| Asbestos-Containing Material (ACI TO BE ABATED | Ma | ed Sole aintenar | nœ/ | Asbe | stos Conta thermal s | ining Mate | rial (ACM) | | 5 To | | | ш | | | | | | | |
| In Facility (13) | Cus | dodial S (12) | itaff? | 1.0 | surfaci | ng, VAT, o | or | (Specif SF or Li | y F) | Rem | Rep | ncap | Enck | | | | | | |
| . N/35X.). | Yes | No | N/A | | otner mi | scellaneou | us) | | | oval | àir | sula | Sure | | | | | | |
| Garage - 3rd Floor | 163 | 140 | X | | | | | | | | | ė | | | | | | | |
| Garage - Roof | | | X | | | or Tile | | 9,400 S | - | 2 | | | | | | | | | |
| Garage - 2nd Floor | | | | | | shing | | 600 LF | | | 1 | | | | | | | | |
| Bank - 1st Floor | | | X | | Vindow F | | | 550 LF | × × | | | | | | | | | | |
| me of Registered Waste Hauler | | N | X IDEP W | acto | Aerosel | | -17.10 | 30 LF | 1 77 | | | | | | | | | | |
| co Construction Corp | •6 | Ha | iuler ID I 909 | | of Waste | • | - | of Registered La | | ı | | | | | | | | | |
| y, State Ilmawr, NJ | | | | | Disposal | | City, S | 0.000 | | - | | | | | | | | | |
| iiiawi, NJ | | | | | TBI |) | | sville. PA | | | | | - | | | | | | |

Signature

Title

Owner

Completed by

Andrew Ricco

Date

7/27/17

| | | | | | | | 7 | e-transfer | | | Print I | | | | | | |
|--------------------------------------------------------------------------------------------|----------------------------------------|--------------------|--------------------|----------------------------------------------|-----------------------------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------|----------------------|-----------------|--|--|--|--|--|--|
| CONTINUED | | NOT | IFICATI (Pursua | State of New ON OF ASBE ant to NJAC 8: | STOS ABATI | EMENT | | 17 | | | , | | | | | | |
| Date of Notification (1) 7/27/17 | | | Name | of Building O of Camden | wner/Operato | or (2) | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1 7 | 1017 | 1 | | | | | | | |
| Agencies Notified Type Notificati | on | | Street | Address Market Stre | | | La min and the transport of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the | | 1 | | | | | | | | |
| DEP Amended | | | - | State, Zip Code | | | WARRED A | DD | to | /Ch | | | | | | | |
| DOL Amendme | | | | den, NJ 08 | | | the Etherson of Americans becomes a section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the | | | The Lord | # 15 mm - 17 mm | | | | | | |
| DOH justification Cancellati | n) | ng | | of Contact ew Ricco | | | Telephone N | umbe | | 1 | | | | | | | |
| Norma of Facility 110 | - W | | 1 | CILITY INFOR | MATION | | | | | 111 | | | | | | | |
| Name of Facility Where Abatement is Tall Vacant Building | king Place | (3) | | | | Type of F | Chity (4) | | 11 | 111 | 1 | | | | | | |
| Street Address | | | | 74-74- | | Scho | on R 12) | | 1 | 14 | 1 | | | | | | |
| 1219-1225 Broadway | | | | | | X Other | hapter 8 (Other than K- (i.e. private & commen | fi2)*\ cial bu | ildina | hon | nes | | | | | | |
| City (5) | | | | | | Square Fe | 111 41117 | | | 7 | 100 | | | | | | |
| Camden | | | | | | 00000010 | " of Fidors | ONT | H109/ | Age | | | | | | | |
| County (6) Camden | | | County | Code (7) | | Current Us | se (Prior Theing demolis | hed) | - | | 1,0 | | | | | | |
| Name of Monitoring Firm Hired by Building | - 01 | 0) | | USE ONLY) | | 1 | ASO LICIA | | | | | | | | | | |
| Manie of Mothicital Paris Hara by Building | g Owner (| 8) | ASC | M No. | Name | of Abateme | nt Contractor (9) ction Corp | | mber ial buildings homes bidg Age o. Removal X X X | | | | | | | | |
| Street Address | | | | , | | Address | Clion Corp | | buildings homes Bildg Age Procedure Abstement Type Repair Repair | | | | | | | | |
| | | | | | | Creek Roa | ed | | | | | | | | | | |
| City, State, Zip Code | | | | | City, S Bellm | tate, Zip Con nawr, NJ (| de 08031 | | | | | | | | | | |
| Project Manager for Monitoring Firm | | | Telepho | one No. | | one No. | Liœnse N | No. | | | | | | | | | |
| Charl Data (40) | | | | | | 66.6452 | 01339 | | | | | | | | | | |
| Start Date (10) ASAP | 9/8/17 | 7 | mpletion | Date (11) | 100000000000000000000000000000000000000 | of OSHA Mo W Ricco | pnitor | | | | | | | | | | |
| Occupancy Status During Abatement (Che | | | | | | Address | | - | | | | | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: | Period of | Abater | nent | | | reek Roa | | | | | | | | | | | |
| Other – Describe: | mai racini | ty Hour | \$ | | | ate, Zip Cod awr, NJ 0 | | | | | | | | | | | |
| Scope of Work (Check All That Apply) | | | - | | Demin | iawi, NJ U | 70031 | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | PTT TOTAL | Renova Demoli | | | E | Mini-Encl Glovebag | Procedure | | | | | | | | | | |
| | 1 | s Locat | 00 | | | Non-Exer | mpted (*) and Non-Friat | le Pro | | Age Ire tement ype | | | | | | | |
| Location of | | Normal | ly | | Description of | nf | | | | | | | | | | | |
| Asbestos-Containing Material (ACM) TO BE ABATED | Ma | ed Sole aintena | nce/ | Asbestos (| Containing Ma mal systems | aterial (ACM | | | | Œ | _ | | | | | | |
| In Facility | Cus | stodial S (12) | Staff? | St | urfacing, VAT | , or | (Specify SF or LF) | Rem | Rej | ncap | nck | | | | | | |
| (13) | Yes | No | N/A | oth | er miscellane | ous) | | oval | pair | sulate | sure | | | | | | |
| Garage - 1st Floor | | | X | C | eiling Plas | ter | 9,400 SF | x | | | - | | | | | | |
| Garage - 2nd Floor | | | X | | Floor Tile | | 9,400 SF | | | | - | | | | | | |
| Garage - 1st Floor | | | X | Pi | pe Insulati | on | 100 LF | | | | - | | | | | | |
| | | | | | | | | - | | | | | | | | | |
| lame of Registered Waste Hauler | ************************************** | | JDEP W | | bic Yards | Name | e of Registered Landfill | | | | \dashv | | | | | | |
| icco Construction Corp | | 10000 | auler ID 1909 | | Naste TBD | G.R | O.W.S. North Land | dfill | | | | | | | | | |
| city, State ellmawr, NJ | | | | Dis | posal Date TBD | City, Mort | State risville, PA | | | | | | | | | | |
| completed by | Title | | | | Signature | | // Dat | te | | | | | | | | | |
| ndrew Ricco | Own | er | | | (pr | the | 1/ 2 ~ | 27/17 | | | | | | | | | |

CK#4768 (Pursuant to NJAC 8:60 and 5:16)

| Date of Notification (1) | | | | Name | of Building | Owner/Operator (2 | 2) | Frank E C | 0 E | Π | 1// | 匠 |
|-----------------------------------------------------------------------------|------------------------------|-----------------------|------|----------------|---------------|--------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------|---------------|-------------|-------------|-----------|
| 8/4/ | 17 | | | Mel | issa & Bı | rian Kirchner | / J | ob #1708-2215 | O Chi | (. #4 | 768 | |
| Agencies Notified | | | | | Address | odo | | | 1G - | 8 8 | 2017 | , |
| □ DHSS Amendme | ACTOR OF THE PERSON NAMED IN | | | | an, NJ 0 | | | | | | | |
| DCA Emergence [United Section 2018] | | ding | ł | | of Contact | | | ! | | 2 -1 | 1750 | 216 |
| (NJAC 5:23-8) justification Cancellation | | | | | issa | 13 | | | | | <u></u> | |
| | | | | FAC | CILITY IN | FORMATION | | • | | | | |
| Name of Facility Where Abatement is T | aking P | lace (| 3) | | | | Type of Facility | (4) | | | | |
| Residential Property | 270 | | | | | | School (K-12 | | 80 | | | |
| Street Address | (1) | | | | | | ☐ Subchapter ☐ Other (i.e., phomes, etc.) | 8 (Other than K-12 rivate and commen |) cial bu | ilding | 5, | |
| City (5) | | | | | | | Square Feet | # of Floors | Blo | ig. Ag | e | |
| Ocean | | | | | | | 2234 | 1 | 1 | 968 | | |
| County (6) | | | | Coun | ty Code (7 |)(STATE USE ONLY) | Current Use (Pr | ior if being demolis | shed) | | | |
| Monmouth | | | | | | | Residentail | | | | | |
| Name of Monitoring Firm Hired by Build | ling Ow | ner (8 |) | ASCM | No. | Name of Abateme | | | | | | |
| Tiger Environmental | | | | | | | d Mold Service | es, Corp. | | | | |
| Street Address | | | | | | Street Address | | | | | | |
| 16 W Elizabeth Ave # 2 | | | | | | 3859 Sylon B | | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Co | | | | | | |
| Linden, NJ 07036 | | | 70 | | | Hainesport, N | 4J 08036 | License No. | | | | |
| Project Manager for Monitoring Firm Kelly Walton | | | | phone | No. 2-4301 | Telephone No. 609-702-0400 | | 00862 | | | | |
| 150 | Schedule | ad Co | | (150) | | Name of OSHA M | | 00002 | | | | |
| _8_ / _17_ / _17_ | | | | | | EMSL Analyt | | | | | | |
| Occupancy Status During Abatement (6 | | | | | | Street Address | | | Ne. 11. 11. 1 | | | |
| ☐ Facility Closed/Vacated During Entire | | | | ment | | 200 U.S. Rou | te 130 North | | | | | |
| ☐ Abatement Performed Outside of No | | | | | | City, State, Zip Co | ode | | | | | |
| Time of Abatement:AM | PM/_ | | PM- | | AM | Cinnaminsor | n, NJ 08077 | | | | | |
| Scope of Work (Check all that apply) | | | | | | M = "0 | | gative Pressure | -a r 1 | en en a | ~ 600 | 20. |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | - | Ren | | | | ☐ Mini-End | losure g Procedure | on-Friable Procedu | | 021 | AIC | 9 |
| | | | ocat | | | | | | Ab | ateme | ent Ty | уре |
| Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13) | | Used Main Custo | tena | ely by nce/ | | Description of stos Containing Ma ., thermal systems surfacing, VAT other miscellane | iterial (ACM) insulation, , or | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| | ١ | r'es | No | N/A | | | | | | | | |
| Utility Room | | | | \boxtimes | Floor T | ile & Mastic | | 110 SF | | | | |
| 200 | | | | \boxtimes | | | | | | | | |
| | | | | | | | | | | | | |
| | Г | 5 | | | | | | | | | | |
| Name of Registered Waste Hauler | | | N | JDEP \ | Vaste | Cubic Yards of | Name of Regi | stered Landfill | | | | _ |
| Waste Management | | | Н | auler II | | Waste | Grand Cer | | | | | |
| City, State | | | | 17273 |) | 5 Disposal Date | City, State | | | - | | |
| Lafayette, NJ | | | | | | 8/18/17 | Penn Argy | rle, PA | | | | |
| Completed By (Print or Type) | Title | | | | | Signature / | | | ate | - | | |
| Kimberly A. Trumbetti | 0.000000 | ce C | oord | linato | • | X | | | 8-1 | engine 0 | 20 | 170 |

ASB-41 MAY 11 Page 1 of 2

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

PHase #2

| Date of Notification (1) | 1 | | | | 255 | AC 6:60 and | -7 | | | | | |
|-----------------------------------------|---------------------|----------|--------------------|-------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|------------------|----------|----------------|-------------|-------------------|
| 7 / | 18 / | 40 | | | | ing Owner/Operat | tor (2) | | (a) | - | | |
| | | 19 | _ | | A&H Partn | ership, LLC | 1. | ob #1612-2 | 144 | Chk. | NA | |
| Agencies Notified EPA | Type Notifica | tion | | St | reet Address | 3 | | 114 | | Y 27 MILLS WAY | - | 三 |
| ☑ DOLWD | ☐ Initial ☐ Amended | | | | 69 King St | reet | | | | | | - |
| ☑ DHSS | Amendme | nt #1 | | Ci | ty, State, Zip | Code | | H A | UG - | 8 20 | 117 | - |
| ☐ DCA | ☐ Emergenc | y (inclu | dina | | Dover, NJ | 07801 | | | | | | 1 |
| (NJAC 5:23-8) | Justification | n) | g | | me of Conta | | | Tellaphinna | NESSE F | 173 17 | | لِ |
| | ☐ Cancellation | on | | | Kirk Harpe | II | I | 1 discurre | MILIMORI | 16 31-3 [| MUI | - Ö. |
| N- 4- | | | | 1 | FACILITY I | NFORMATION | | | - | | 3 | Department |
| Name of Facility Where Al | patement is Ta | king Pl | ace (3) | | | THE THIRD WATER | Type of Facility | . (4) | | | | |
| Commercial Propert | У | | | | | | School (K-1 | | | | | |
| Street Address | | | | | | | Subchapter | 8 (Other than | K-12) | | | |
| 69 King Street | Section 1 | | | | | | Other (i.e., | private and con | mmercia | l buildi | ngs, | |
| City (5) | | | | | | | homes, etc | , | | | | |
| Dover | | | | | | | 217,800 | # of Floors | 5 | Bldg. | | |
| County (6) | | | | Co | ounty Code (7 | 7)(STATE USE ONLY | | 4 | | 107 | | |
| Morris | | | | | ,, | MONNE OOF ONE! | () Current Use (P Warehouse | rior if being de | molished | i) | | |
| Name of Monitoring Firm H | ired by Buildin | g Owne | er (8) | ASC | M No. | Name of Abator | ment Contractor (9 | | | | | |
| Criterion Laboratorie | s | | 70162 | | | | | | | | | 100000 |
| Street Address | | | | | | Street Address | nd Mold Service | es, Corp. | | | | |
| 3370 Progress Drive, | Suite J | | | | | 3859 Sylon | David-out | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip (| | | | | | |
| Bensalem, PA 19020 | | | | | | and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t | | | | | | |
| Project Manager for Monitor | ring Firm | | Te | lephon | e No | Hainesport, | NJ 08036 | | | | | |
| Mike Panepresso | | | 1 | | 4-1300 | Telephone No. 609-702-040 | • | License No |). | | .25 | V. |
| Start Date (10) | Sch | eduled | Compl | etion D | Date (11) | Name of OSHA | | 00862 | | | | |
| <u>7</u> / <u>31</u> / _ | 17 | 8 | / 3 | | 17 | | | | | | | |
| Occupancy Status During Al | patement (Che | ck only | one) | | | EMSL Analy | tical, inc. | | | | | |
| △ Facility Closed/Vacated F | During Entire D | م امسام | | ment | | Street Address | | | | | | |
| - Uparement Lenotwed Of | itside of Norma | al Facil | ity Hou | rs - De | scribe | | ite 130 North | | | | | |
| DAY SHIFF | 0-4-10 | JVI/ | PM | - | AM | City, State, Zip C | | | | | | |
| Scope of Work (Check all the | at apply) | exct | LNC | Sth | 41. | Cinnaminsor | n, NJ 08077 | | | | | |
| ⊇ ≥3 sf or ≥3 lf | | - | | | | ⊠ Full Con | tainment with Neg | ativa D | | | | trice in |
| ☑ ≥160 sf or ≥260 lf | | | enovat emolitic | | | ☑ Mini-Enc | closure | auve Pressure | | | | |
| | | | Strionth | JII | | ⊠ Gloveba | g Procedure | | | | | |
| | | Is | Locat | ion | 1 | LI NOTI-EXE | mpted (*) and Non | -Friable Proce | | | | |
| Location of Asbestos-Containing Mate | orial (ACRA) | He | Norma ed Sole | lly | | Description o | f | | Al | pateme | ent T | уре |
| TO BE ABATED | O (ACIVI) | Ma | intena | nce/ | Asbest | os Containing Mai | terial (ACM) | Amount | Re | Re | En | E |
| IN Facility | | Cus | todial 3 | Staff? | (I.e., | thermal systems i surfacing, VAT, | insulation, | (Specify | Removal | Repair | Сар | Enclosure |
| (13) | | - | (12) | Г | 1 | other miscellaned | ous) | SF or LF) | <u>a</u> | | Encapsulate | enne |
| EE ATTACHED SCOPE | 051110-11 | Yes | No | N/A | | | | | | | ē | |
| THE SCOPE | OF WORK | | | \boxtimes | SAVE | b clan | A'reh'a |) | | | | |
| | | | | \boxtimes | Oral | C CIMI | -0 0 600 1 1 0 L | | | | | П |
| | | | | \boxtimes | AWA | the l | amenil | | | | | |
| | | | | | As a select | CINU C | A STATE SES | " _ / | | | П | П |
| me of Registered Waste Ha | ula : | | | | | | | | | × | | $\overline{\Box}$ |
| Waste Management | luler | | NJ | DEP V | 1927/03/1970/19 | ubic Yards of | Name of Register | red Landfill | | | | ш |
| y, State | | | | 17273 | NO. W | /aste 5 | Grand Centra | | | | | |
| afayette, NJ | | | | | Di | isposal Date | City, State | | | | | |
| | | | | | 1 | 8/31/17 | Penn Argyle, | ΡΔ | | | | |
| mpleted By (Print or Type) | Title | | | | | Signature | · ····· rugyle, | | | | | |
| imberly A. Trumbetti | Of | fice C | oordi | nator | | | | D | ate | | -9 | |
| 41 | | - | | | | ENL | | | 8-3 | -11 | | |

State of New Jersey

| NO OK | _> | I | NOT | | TION | | BES | lersey STOS ABA :60 and 5: | | | DE | | | | <u>W</u> | E |
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| Date of Notification (1) | 20 / | 17 | | | | of Building | | ner/Operator | r (2 | | #1707-2208 | AU | G - | - 8 # NA | 201 | 7 |
| Agencies Notified EPA | Type Notifica | | | | | Address 0 East 9 ^t | ^h Stı | reet, Room | 2 | 179 | AS | BEST | OF | OC. | NG | ₹GL |
| ☑ DOLWD ☑ DHSS | | | | | City, S | state, Zip C | ode | | | | Legisland | Deliver Deliver | and in the | 1001 | 1 5 04 | |
| □ DCA | ☐ Emergend | | oc pec | | Cle | veland, C | OH 4 | 4199 | | | | | | | | |
| (NJAC 5:23-8) | justification | on) | _ | | THE OWNER THE PARTY | of Contac | | | | | Telephone N | umber | | | | |
| | ☐ Cancellat | ion | | | LT | an Ashn | er | | | | | | | | | |
| | | | | | FAC | CILITY IN | FOF | RMATION | | | | | | | | |
| Name of Facility Where A | | aking | Place | (3) | | | | | 1 | Type of Facility | | | | | | |
| USCG Station Atlar | ntic City | | | | | | 4000 | | | ☐ School (K-12 ☐ Subchapter 8 | | ′-12\ | | | | |
| Street Address | | | | | | | | | | Other (i.e., p | | | al bu | ilding | S, | |
| 900 Beach Thorofa | re | | | | | 100 mm | | | 1 | homes, etc.) | | | | | | |
| City (5) | | | | | | | | | | Square Feet | # of Floors | | | ig. A | ge | |
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| ☐ Facility Closed/Vacate | | | | | | - 7- | | • | | e 130 North | | | | | | |
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| | | | 2 | | | | C | innaminso | on, | , NJ 08077 | | | | | | |
| Scope of Work (Check all ≥3 sf or ≥3 lf | that apply) | | ⊠ Re | novati | on | | | ☐ Full Co | | ainment with Neg | gative Pressure | à | | | | |
| ⊠ ≥160 sf or ≥260 lf | | | | molitio | | | | ☐ Gloveb | ag | Procedure npted (*) and No | n-Friable Proc | edure | | | | |
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| Location Asbestos-Containing | \$15511.00 mm and a second and a second | . | | Normal d Sole | | Asho | ctoc | Description Containing N | | | Amount | | Re | Re | En | En |
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| IN Facili (13) | ty | | Cus | todial ((12) | staπ? | | | surfacing, VA her miscellar | | | SF or LF) | | /al | | Encapsulate | ure |
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| Throughout | | | | | \boxtimes | Floor T | ile 8 | Mastic | | | 480 SF | | | | | |
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| Name of Registered Was | te Hauler | | | 1000 | JDEP \ | | 10000000 | oic Yards of | | Name of Regis | tered Landfill | | | | | |
| Asbestos and Mold | Services, C | orp. | | Н | auler II 00356 | | Wa 5 | | | | ounty Utilitie | s Aut | hor | ity | | |
| City, State Hainesport, NJ | | | | | | | 323 | posal Date /3/17 | | City, State | r Township, | N.I | | | | |
| Completed By (Print or Ty | vne) | Title | D. | | | | | Signature | 1 | | | | _ | | | |
| Kimberly A. Trumbe | | 1/// | | Coord | linato | f 8 | | Signature | X | | | Date | -2 | -21 | 117 | |

(Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) State of New Jersey Department of Military and Veterans Affairs 08 / 17 04 Agencies Notified Type Notification Street Address AUG - 8 2017 **⊠** EPA Initial P.O. Box 340 ☑ DOLWD ☐ Amended City, State, Zip Code ☑ DOH Amendment # Trenton, NJ 08625 ASBESTOR CONTROL & ☐ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number ENSING ☐ Cancellation William Garron **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Commercial School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 1 Camp Drive, Building #8 homes, etc.) City (5) Square Feet # of Floors Bldg. Age Sea Girt County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Monmouth Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **Bio Terra Solutions** ALL PRO MANAGEMENT LLC Street Address Street Address P.O. Box 1224 27 Outwater Lane City, State, Zip Code City, State, Zip Code Union, NJ Garfield, NJ 07026 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Rick Eustaquio 973-494-3762 973-928-4888 1188 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor <u>8</u> / <u>14</u> / <u>17</u> __10__ / _ 14 _ / _ 17 ALL PRO MANAGEMENT LLC Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 27 Outwater Lane ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-__ Garfield, NJ 07026 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf ⊠ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf □ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Remova Encapsulate Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes N/A No Windows П \boxtimes Caulking 2.825 LF \boxtimes П П Fire Doors П П X Caulking 100 I F X П Name of Registered Waste Hauler **NJDEP** Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Century Waste IESI Bethlehem Landfill As Needed 32797 City, State Disposal Date City, State Elizabeth, NJ TBD Bethlehem, PA Completed By (Print or Type) Allen Monchik **Project Manager**

ASB-41 JAN 13

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

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| | - 10 | | | | F | ACILITY I | NFORMATION | | _ | | - | - | |
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| Street Address | | | | | | | | ☐ Subchapter | 8 (Other than K- | | | | |
| 2455 Princeton Pike | | | | | | | | homes, etc. | private and comm | nercial i | ouildin | gs, | |
| City (5) | | | | | | | | Square Feet | # of Floors | 1 | Olda / | | _ |
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| Street Address | | | | | | | Street Address | | | | | | |
| 120 North Warren Stree | et | | | 37,100 | | | 30 Maple Ave | e. PO Box 25 | | | | | |
| City, State, Zip Code | | | | | | | City, State, Zip Co | ode | | | | | |
| Trenton, NJ 08625 | | | | | | | Lumberton, I | NJ 08048 | | | | | |
| Project Manager for Monitoring | g Firm | | | Te | ephone | e No. | Telephone No. | | License No. | | | | |
| Rollie Jones | | | | 1 | 09-39 | 2-4200 | 609-265-2107 | F) | 00529 | | | | |
| Start Date (10) | | Sched | luled C | ompl | etion D | ate (11) | Name of OSHA N | fonitor | | | | | |
| _8 / _14 / _17 | 7 | { | 8 / | 1 | 4_ / | 17 | EMSL Analyt | ical | | | | | |
| Occupancy Status During Aba | tement (| Check | only | one) | | | Street Address | | | | | - | - |
| ☐ Facility Closed/Vacated Du | | | | | ement | | 200 Route 13 | 0 North | | | | | |
| ☐ Abatement Performed Outs | side of N | ormal | Facilit | у Ног | rs - De | scribe | City, State, Zip Co | | | | | | - |
| Time of Abatement: | _AM | PN | // | _PM | | _AM | Cinnaminson | | | | | | |
| Scope of Work (Check all that | apply) | | | | | | | , 110 00011 | | | | | |
| | 11.77 | | | | | | ☐ Full Cont | ainment with Neg | gative Pressure | | | | |
| ≥3 sf or ≥3 If ≥160 sf or ≥260 If | | | ⊠ Re □ De | | | | ☐ Mini-Encl | osure | | | | | |
| | | | Пре | monu | OH | | ☐ Glovebag |) Procedure noted (*) and No | n-Friable Proced | ure | | | |
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| TO BE ABATED IN Facility | | | | | Staff? | (i.e. | thermal systems is surfacing, VAT, | | (Specify | SVOL | a: | aps | losu |
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| Lumberton, NJ | | | | | | | Disposal Date 8/14/17 | City, State Tullytown, | PA | | | | |
| Completed By (Print or Type) | | Title | | | | | Signature | | | ate | | nyes der | |
| Gwendolyn Trumbetti | | | eratio | ons (| Coord | inator | oignature / | n. A | 0 | ate | 41 | 17 | |

ASB-41 MAY 11

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) 8 HPF VIII 700 Union LLC c/o Hampshire Companies / Check #9307 &9308 9309 PG 1 4 Agencies Notified Type Notification Street Address **⊠** EPA ASBESTOS CONTROL ☐ Initial 22 Maple Avenue **⊠** DOLWD CENSING City, State, Zip Code **⊠** DHSS Amendment #5 Morristown, NJ 07960 ☐ DCA ☐ Emergency (including) (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Hoon Lee **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Former Pharmaceutical Building School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 700 Union Blvd. homes, etc.) City (5) Square Feet # of Floors Bldg. Age Totowa, NJ 07512 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Passaic Private Building Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Detail Associates, Inc. 16-0085 AbateTech, Inc. Street Address Street Address 300 Grand Avenue 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code Englewood, NJ 07631 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Stephen Jaraczewski 201-569-6708 609-265-2107 00529 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __6__ / __19__ / __17 8 / 11 / 17 **EMSL Analytical** Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-___AM Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure □ Renovation Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition ☑ Glovebag Procedure ☑ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Removal Repair Enclosure Asbestos-Containing Material (ACM) Encapsulate Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Throughout \boxtimes Elbows 1,000 total M П П Atrium Area M Plaster 5.000 SF X 1st Floor \boxtimes Single Layer Floor tile & Mastic 7,810 SF M П П 2nd Floor X Double Layer Floor tile & Mastic 7.875 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. AbateTech, Inc. Waste G.R.O.W.S. Landfill 18750 40 City, State Disposal Date City, State

Lumberton, NJ

Completed By (Print or Type)

Gwendolyn Trumbetti

Operations Coordinator

8/11/17

Signature

Tullytown, PA

Date

ASB-41 MAY 11

| MOON | | N | ΟI | | | | | ESTOS ABA 8:60 and 5:1 | | | | | | | |
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| Date of Notification (1) | | | | | Mar | no of Buildi | na l | Owner/Operator | (2) | giorne. | NE P | Ę. | I I | | I Prisery |
| 8/ | 1 / | 17 | - | | F | | | Union LLC | | -51 | Check# | | & 9 | | 930 |
| | Type Notific | cation | | | | et Address | | | | | All | G - 8 | 20 | 17 | 111 |
| | ☐ Initial | | | | 22 | 2 Maple A | ve. | | | | AU AU | J (| , 20 | 2 // | - |
| ☑ DOLWD | Amende Amendm | | | | City | , State, Zip | Co | de | | | | | | | |
| | ☐ Emergen | | ding | | M | orristown | ı, N | J 07960 | | | ASBEST | 05 0 | CHI | ROL | _ & |
| (NJAC 5:23-8) | justificati | ion) | | | Nan | ne of Conta | ct | | 7 (E.) | _ ' | - I-shana N | umber | <u> </u> | sentina entra | |
| | Cancellat | tion | | | H | oon Lee | | | | - | | | | | |
| | | | | | F | ACILITY II | NF | ORMATION | | | | | | 1122 | |
| Name of Facility Where Ab | | | ace | (3) | | | | | Type of Facility | y (4) | | | | | |
| Former Pharmaceuti | cal Buildir | ng | | | | | | | School (K-1 | | o., ., ., | | | | |
| Street Address | | | | | | | D'ANI- | | ☐ Subchapter ☑ Other (i.e., | priv | Other than Ka ate and comi | -12) nercial | buildir | ias. | |
| 700 Union Blvd. | | | | | | | | | homes, etc | .) | | | | 3-, | |
| City (5) | | | | | | | | | Square Feet | | # of Floors | | Bldg. | Age | |
| Totowa, NJ 07512 | | | | | | | | | | | | | | | |
| County (6) | | | | | Cou | inty Code (7 | 7)(S | TATE USE ONLY) | Current Use (P | | 970 | olished |) | | |
| Passaic | | | | | | | _ | | Private Bu | | ng | | | | |
| Name of Monitoring Firm Hi Detail Associates, Inc | | ding Own | er (8 |) | ASCN | l No. | | ame of Abateme | - |) | | | | | |
| Street Address | | | | | | | - | AbateTech, Ir | nc. | | | | | | |
| | | | | | | | 1 | treet Address | DO D 05 | | | | | | |
| 300 Grand Avenue 30 Maple Ave. PO Box 25 City, State, Zip Code City, State, Zip Code | | | | | | | | | | | | | | | |
| Englewood, NJ 07631 | | | | | | | 1 | | | | | | | | |
| Project Manager for Monitor | | | _ | Tolo | phone | No | - | Lumberton, Nelephone No. | IJ 08048 | _ | Harry Ma | | | | |
| Stephen Jaraczewski | | | | | | 9-6708 | | 609-265-2107 | | | License No. 00529 | | | | |
| Start Date (10) | | cheduled | Cor | | | | _ | ame of OSHA M | onitor | | 00529 | | | | |
| _6_/_19_/_ | 17 | 8 | 1 | 11 | | 17 | 10000 | EMSL Analyti | | | | | | | |
| Occupancy Status During Al | | | | | | | St | reet Address | 7 | | | | | | |
| ☐ Facility Closed/Vacated [| During Entire | e Period | of Al | oater | ment | page C | 1 | 200 Route 130 | North | | | | | | |
| Abatement Performed Ou Time of Abatement: | utside of Nor | rmal Faci | lity I | Hour DM | s - Des | scribe | Ci | ty, State, Zip Co | de | | | | | | |
| | | | | L IVI- | | AW | 1 | Cinnaminson, | NJ 08077 | | | | | | |
| Scope of Work (Check all that | at apply) | | | | | | | П | | | | | | | |
| ≥3 sf or ≥3 lf | | ⊠ F | Reno | vatio | on | | | ☑ Full Conta | ainment with Ne | gativ | e Pressure | | | | |
| ≥160 sf or ≥260 lf | | |)em | olitio | n | | | ☐ Glovebag | Procedure | _ | | • | | | |
| | | | le I | ocati | on | | _ | ⊠ Non-Exen | npted (*) and No | n-i- | nable Proced | | | | |
| Location of | | | | rmal | | | | Description of | 9 | | | | batem | 1 | T |
| Asbestos-Containing Mat | | | | Sole enar | ly by | | | Containing Mate | erial (ACM) | | Amount | Remova | Repair | Encapsulate | Enclosure |
| TO BE ABATEI IN Facility | <u>D</u> | 5.4 | stoc | lial S | Staff? | (i.e. | | ermal systems ir surfacing, VAT, | | | (Specify SF or LF) | lova | a- | apsu | nso |
| (13) | | | | 12) | | 1 | | ther miscellaneo | | | 01 01 21) | - | | ulate | Ге |
| | | Yes | | No | N/A | | | | | | | | | | |
| Hallway | | | - | | | Pipe Ins | ula | ition | | | 900 LF | | | | |
| 1st Floor Mechanical Roo | om | | | | | Tank Ins | sula | ation | | | 250 SF | | | | |
| Office attached to Atriun | n | | | | | Plaster (| Cei | ling | | | 300 SF | | | | |
| Cafeteria | | | | | \boxtimes | Triple la | yer | floor tile & m | astic | | 1,820 SF | | | | |
| Name of Registered Waste H | auler | | | 110000 | DEP V | | | bic Yards of | Name of Regis | tere | d Landfill | | | | |
| AbateTech, Inc. | | | | 1 10000 | uler ID 18750 | | | ste 0 | G.R.O.W.S | . La | ındfill | | | | |
| City, State | | | | | | | | posal Date | City, State | ,107 | | | | | |
| Lumberton, NJ | | | | | | | 7 | /31/17 | Tullytown, | PA | | | | | |
| Completed By (Print or Type) | | Title | | | | | _ | Signature | 1. | _ | 1 | Date , | 1 | | |
| Gwendolyn Trumbetti | | Opera | tion | s C | oordi | nator | | Con | W | | | 81 | 111 | 7 | |

ASB-41 **MAY 11**

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

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| Date of Notification (1) | | | | | Nar | me of Buildi | ng | Owner/Operator | (2) | | 4 | | | | |
| | 1/ | - | | | I | HPF VIII | 70 | 0 Union LLC | | -5141 Ch | eck#93 | PO G | & _93 | 982 | (p 3 09 |
| | 「ype Notii □ Initial | ficatio | n | | 110000 | eet Address | | | | İ | | | | | |
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| |] Emerge | | - | ng | M | lorristown | ı, N | IJ 07960 | | L | MANAGEMENT STREET | | ALCOHOLD CHECK | | |
| (NJAC 5:23-8) | justifica | ation) | ************* | | Nan | ne of Conta | ct | | | l Talanho | ne Num | ber | | | |
| | Cancel | lation | | | Н | oon Lee | | | | | | | | | |
| | | | | | F | ACILITY II | NF | ORMATION | | | | | | | |
| Name of Facility Where Aba | | | ng Plac | ce (3) | | | | | Type of Facilit | y (4) | | | | | |
| Former Pharmaceutic | al Build | ling | | | | | | | School (K- | | | | | | |
| Street Address | | | | | | That were to | | | ☐ Subchapte ☐ Other (i.e., | | | | wildin | ae | |
| 700 Union Blvd. | | | | | Control of the | | | | homes, etc | | 0011111101 | Oldi b | unun | 90, | |
| City (5) | | | | | | | | | Square Feet | # of Flo | ors | В | ldg. A | \ge | |
| Totowa, NJ 07512 | | | | | | | | | | | | | | | |
| County (6) | | | | | Cou | unty Code (7 | 7)(S | TATE USE ONLY) | Current Use (F | rior if being | demolis | hed) | | | |
| Passaic | | | | | | | | | Private Bu | ilding | | | | | |
| Name of Monitoring Firm Hir | | ilding | Owner | (8) | ASCN | / No. | N | lame of Abateme | | 9) | | | | | |
| Detail Associates, Inc. | | | | | | | | AbateTech, In | nc. | | | | | | |
| Street Address | | | | | | | S | treet Address | | 1000 | | | | | |
| 300 Grand Avenue | | | | | | | | 30 Maple Ave | . PO Box 25 | | | | | | |
| City, State, Zip Code | | | | | | | C | ity, State, Zip Co | ode | | | | | | |
| Englewood, NJ 07631 | | | | | | | | Lumberton, N | IJ 08048 | | | | | | |
| Project Manager for Monitorin | ng Firm | | | | ephone | | Te | elephone No. | | License | No. | | | | |
| Stephen Jaraczewski | | | | | | 9-6708 | | 609-265-2107 | | 0052 | 9 | | | | |
| Start Date (10) | - 1 | | | 115 | | ate (11) | N | ame of OSHA Mo | onitor | | | | | | |
| 6/19/1 | | | | | 1_/ | 17 | | EMSL Analytic | cal | | | | | | |
| Occupancy Status During Aba | | | | | | | St | treet Address | | | | | | | |
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| Abatement Performed Out Time of Abatement: | tside of N | ormal | Facilit | y Hou | rs - Des | scribe | Ci | ity, State, Zip Coo | de | | -5 | | | | |
| | ev Berritt | | VI/ | FIVI | - | AW | | Cinnaminson, | NJ 08077 | | | | | | |
| Scope of Work (Check all that | t apply) | | | | | | | Пежен | | | n-var-s | | | | |
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| ≥160 sf or ≥260 lf | | | ☐ De | emolitie | on | | | ⊠ Glovebag | Procedure | | | | | | |
| | | | la la | | · · | | _ | ĭ Non-Exem | npted (*) and No | n-Friable Pr | ocedure | T - | W: | 200750 | |
| Location of | | | 100000 | Local Norma | | | | Description of | | | | Ab | | ent T | уре |
| Asbestos-Containing Mate | | 1) | Use | d Sole | ely by | Asbes | tos | Description of Containing Mate | | Amou | nt | Rei | Repair | En | E |
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| Garden Hall West Room | | | | | | Floor tile | е | | | 308 S | F | \boxtimes | | | |
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| Name of Registered Waste Ha | uler | | | | JDEP V | Vaste | Cui | bic Yards of | Name of Regis | tered Landf | ill | | | | - |
| AbateTech, Inc. | | | | 11200 | auler IC | No. | Wa | aste | G.R.O.W.S | | *** | | | | |
| City, State | | | | | 18750 | | | posal Date | City, State | | | | | | |
| Lumberton, NJ | | | | | | | | 8/11/17 | Tullytown, | PA | | | | | |
| Completed By (Print or Type) | | Title | | | | | | Signature - | 1 | | Date | 9 . | i | Dilete | - |
| Gwendolyn Trumbetti | | 0 | perati | ons (| Coordi | nator | | Ch | wt | | 5 | | | 17 | 7 |

ASB-41 MAY 11

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

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| Agencies Notified | | | | | | | realisburg | | 3 | | | | Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction o |
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| □ DOH | Amendm | | | | | State, Zip (| | | | | | | |
| ☐ DCA | ☐ Emergen | | cluding | g | | | NJ 07734 | | ASBESTOS | | | . & | - 1 |
| (NJAC 5:23-8) | justificati | | | | enderskiert. | of Contac | 7 | L | | NAME | 1 | - (3)(5)(3) | - |
| | ☐ Cancellat | tion | | | Kin | n Gonzal | ez | | | | | | |
| | | | | | FA | CILITY IN | IFORMATION | | 20 | | | | |
| Name of Facility Where A | batement is 1 | Taking | g Place | (3) | | | | Type of Facility | | | | | |
| Residential | | | | | | | | School (K-12 | 2) | | | | |
| Street Address | | | | | | | | ☐ Subchapter | 8 (Other than K- private and comm | 12) nercial bi | ildina | S | |
| | | | | | | | | homes, etc.) |) | ici ciai bi | manig | 3, | |
| City (5) | | | | | | 8 | 3 | Square Feet | # of Floors | BI | dg. Ag | ge | |
| Keansburg | | | | | | | | | | | | | |
| County (6) | | | | | Cour | ity Code (7 |)(STATE USE ONLY) | Current Use (Pr | ior if being demo | olished) | | | 7 |
| Monmouth | | | | | | | | Schedule fo | or demolition | | | | |
| Name of Monitoring Firm | 0.000 | ding (| Owner | (8) | ASCM | No. | Name of Abateme | ent Contractor (9) | | | | | |
| Bio Terra Solutions | | | | | 0615 | 995 | ALL PRO MA | NAGEMENT L | .LC | | | | |
| Street Address | | | | | | | Street Address | | | | | 1.000.00 | |
| P.O. Box 1224 | | | | | | | 27 Outwater I | Lane | | | | | |
| City, State, Zip Code | | | | | | | City, State, Zip Co | ode | | | | | |
| Union, NJ | | | | | | | Garfield, NJ 0 | 7026 | | | | | |
| Project Manager for Moni | toring Firm | | | Tele | phone | No. | Telephone No. | | License No. | | | UI PS | |
| Rick Eustaquio | | | | 97 | 3-494 | -3762 | 973-928-4888 | | 1188 | | | | |
| Start Date (10) | | Sched | uled C | omple | tion Da | te (11) | Name of OSHA M | lonitor | | | | | |
| 08 /14 / | 17 | | 9_ / | 14 | _ / _ | 17 | ALL PRO MA | NAGEMENT L | LC | | | | |
| Occupancy Status During | Abatement (0 | Check | only o | one) | 11- | | Street Address | | | | | | |
| □ Facility Closed/Vacate | | | | | | | 27 Outwater I | Lane | | | | | |
| Abatement Performed | | | | | | | City, State, Zip Co | ode | | | | | |
| Time of Abatement: | AM | P | Л/ | PM- | | AM | Garfield, NJ 0 | 7026 | | | | | |
| Scope of Work (Check all | that apply) | | | | | | | | | | | | |
| ☐ ≥3 sf or >3 lf | | | ПР | novati | on. | | ☐ Full Cont ☐ Mini-Encl | ainment with Neg | gative Pressure | | | | |
| ≥160 sf or ≥260 lf | | | | molitic | 2011 | | ☐ Glovebac | | | | | | |
| | | | | | | | Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer Non-Exer | mpted (*) and No | n-Friable Proce | dure | | | |
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| Location Asbestos-Containing N | | n | 57700-KSS | d Sole | | Acho | Description o stos Containing Mar | D | Amount | Z | Re | m | Щ |
| TO BE ABA | | ') | | intena | 167.535 | | , thermal systems i | | Amount (Specify | Removal | Repair | ıcar | ıclo |
| IN Facilit | у | | Cus | todial ((12) | Staff? | | surfacing, VAT, | or | SF or LF) | val | - | Encapsulate | Enclosure |
| (13) | | | Yes | No | N/A | | other miscellane | ous) | | | | ate | |
| Commercial Space - 3 | 3 Layers | | | | | Floor ti | les | | 1,700 SF | | | | |
| 2 nd Level Apartment - | Hallway | | | | | Floor til | les | | 110 SF | | | | |
| Ext Commercial Space | e East Side | | | | | Transite | e Siding Shingle | s | 800 SF | | | | |
| North Side - Flat Roof | F | | | | | Built-up | Roofing & Tar | | 400 SF | | | | |
| Name of Registered Wast | e Hauler | | | 0.00 | JDEP \ | | Cubic Yards of | Name of Regis | stered Landfill | | | | |
| ATC/ Century Waste | LLC | | | H | auler II | No. | Waste As Needed | | | | | | |
| City, State | | - | | | | | Disposal Date | City, State | | | | | |
| Shirley, NY/ Elizabe | th, NJ | | | | | | TBD A | | rg, OH/ Bethl | ehem, I | PA | | |
| Completed By (Print or Ty | pe) | Title | | | | | Signature / | | | Date | 1 | | U-E-S |
| Allen Monchik | | | roject | Mana | ager | | Oll | 1 | —————————————————————————————————————— | 8/ | 2/ | 17 | , |

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8-60-7 AND 12:120-7) CONTINUATION SHEET

| | Abatem | nent Type | | , |
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| Bio Terra Solutions | | | | | 0618 | 5995 | ALL PRO MA | | | | | | | | |
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| Union, NJ | | | | | | | Garfield, NJ 0 | 7026 | | | | | | | |
| Project Manager for Monit | toring Firm | | | Tele | phone | No. | Telephone No. | | Lie | cense N | lo. | | | | |
| Rick Eustaquio | | | | 1 | 73-494 | | 973-928-4888 | | | 1188 | | | | | |
| Start Date (10) | | Schedule | | | | | Name of OSHA M | onitor | | Williams | | | 5111 | | |
| 08 /14 / . | 17 | 09 | _ / | 14 | 1_/_ | 17 | ALL PRO MA | NAGEMENT | LLC | | | | | | |
| Occupancy Status During | | | | | | | Street Address | | | | | | | | |
| ☐ Facility Closed/Vacated | d During Entir | re Perio | d of A | Abater | ment | | 27 Outwater L | _ane | | | | | | | |
| Abatement Performed | Outside of No | ormal Fa | acility | Hour | s - Des | cribe | City, State, Zip Co | ode | | | | | - | - | |
| Time of Abatement: | | PIVI/_ | | _PIVI- | | AM | Garfield, NJ 0 | 7026 | | | | | | | |
| Scope of Work (Check all | that apply) | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf | | |] Rer | novatio | on | | ☐ Full Conta | ainment with No | egative | Pressur | re | | | | |
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| | | - | - le | Locat | ion | | Non-Exer | mpted (*) and N | lon-Fria | ble Prod | cedure | | | | |
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| TO BE ABAT | | | | ntenai | nce/ Staff? | | , thermal systems is | nsulation, | | (Specify | y | Removal | Repair | Encapsulate | Enclosure |
| IN Facility (13) | 1 | | Oubit | (12) | Juli: | | surfacing, VAT, other miscellaned | | 8 | SF or LF | .) | <u>a</u> | | sula | ure |
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| Name of Registered Waste | e Hauler | | | | JDEP V | Masta | Cubic Yards of | Name of Pen | istared | Landfill | | | | | |
| ATC/ Century Waste | | | | 873 | lauler IE | | Waste | Name of Reg | istered | Lanomii | | | | | |
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| Shirley, NY/ Elizabet | th, NJ | | | | | | Disposal Date | City, State Waynesb | ura O | H/ Reti | hleher | n F | Δ | | |
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| Allen Monchik | 50) | 1 | ject i | Mana | ager | | W Un | | THE RESERVE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE | - | Bate | 4 | //- | 7 | |

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| | ☐ Cancella | tion | | | Kin | Gonzale | ez | | | | | | esencial . |
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| Name of Facility Where A | batement is | Taking | Place | (3) | | | | Type of Facility | (4) | | | | |
| Residential | | | | | | | | School (K-1) | 047120 | | | | |
| Street Address | | | | | | | | ☐ Subchapter | 8 (Other than K-12) | | | | |
| | | | | | | | | homes, etc. | rivate and commer | cial bu | uilding | IS, | |
| City (5) | | | | | | | | Square Feet | # of Floors | BI | dg. A | ae | |
| Keansburg | | | | | | | | • | | | -3··· | 9- | |
| County (6) | | | | | Cour | nty Code (7 |)(STATE USE ONLY) | Current Use (Pr | ior if being demolis | hed) | | | |
| Monmouth | | | | | | | | Schedule fo | or demolition | | | | |
| Name of Monitoring Firm | Hired by Build | ding O | wner (| 8) | ASCM | No. | Name of Abateme | ent Contractor (9) | | | | | |
| Bio Terra Solutions | | | | | 0615 | 5995 | ALL PRO MA | NAGEMENT L | LC | | | | |
| Street Address | | | | - 1. | | | Street Address | | | | | - 1.5 | |
| P.O. Box 1224 | | | | | | | 27 Outwater I | Lane | | | | | |
| City, State, Zip Code | | 0.000000 | | | | | City, State, Zip Co | ode | | | | | |
| Union, NJ | | | | | | | Garfield, NJ 0 | 7026 | | | | | |
| Project Manager for Monit | oring Firm | | | Tele | phone | No. | Telephone No. | | License No. | | | | |
| Rick Eustaquio | | | | 9 | 73-494 | -3762 | 973-928-4888 | | 1188 | | | | |
| Start Date (10) | | | | | tion Da | | Name of OSHA M | onitor | | | | | |
| 08 /14 / _ | | | | | _ / _ | | ALL PRO MA | NAGEMENT L | LC | | | | |
| Occupancy Status During | | | | | | | Street Address | - 5.75 | | | | | |
| ☐ Facility Closed/Vacated | d During Entir | re Per | iod of / | Abate | ment | | 27 Outwater I | _ane | | | | | |
| Abatement Performed Time of Abatement: | Outside of No | ormal | Facility | Hou! | s - Des | cribe | City, State, Zip Co | ode | | | - 1212 | 185-5 | |
| | | | " | _PIVI- | | AIVI | Garfield, NJ 0 | 7026 | | | | | |
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| ≥3 sf or ≥3 lf | | | Re | novati | on | | ☐ Mini-Encl | ainment with Neg | gative Pressure | | | | |
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| Location | of | ļ | | Iorma | | | Description of | f | | - | ateme | ent T | ype |
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| TO BE ABAT | | | | | Staff? | (i.e. | thermal systems i surfacing, VAT, | | (Specify | Nov | air | aps | losi |
| (13) | | | | (12) | | | other miscellane | | SF or LF) | <u>a</u> | | Encapsulate | ure |
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| ATC/ Century Waste | LLC | | | 1 | lauler IE |) No. | Waste As Needed | | | | | | |
| City, State | | | | | | | Disposal Date | City, State | | | | | |
| Shirley, NY/ Elizabet | h, NJ | | | | | | TBD | Waynesbu | rg, OH/ Bethleh | em, F | PA | | |
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| Allen Monchik | | Pr | oject | Man | ager | | Illh | 1 | - 8 | 3/- | 4/ | 17 | |

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| Date of Notification (1) | | | | | Name | e of Buildin | g Owner/Operator (| (2) | In) E G | | W | E | |
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| | ☐ Cancella | | | | Kin | n Gonzal | ez | | 1 Telerinine such | | | | |
| | | | | | FA | CILITY IN | IFORMATION | | | | | - | |
| Name of Facility Where A | batement is | Taking I | Place | (3) | | 5 A. P. C. W. WILLIAM S. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. S. C. | 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 TO 100 T | Type of Facilit | ty (4) | | | | |
| Residential | | | | | | | | School (K- | | | | | |
| Street Address | | | | | | | | Other (i.e., | r 8 (Other than K-1 private and comm | I2) iercial bi | uilding | js, | |
| City (5) | | | | | | | | homes, etc | # of Floors | | Ide A | | |
| Keansburg | | | | | | | | Square reet | # 01 F10015 | BI | ldg. A | ge | |
| County (6) | | | | | Cour | nty Code (7 |)(STATE USE ONLY) | Current Use (F | Prior if being demo | lished) | | | |
| Monmouth | | | | | | | A) | | for demolition | nonou) | | | |
| Name of Monitoring Firm I | Hired by Buil | ding Ov | vner (| 8) | ASCM | No. | Name of Abateme | The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon | | | | | |
| Bio Terra Solutions | | | | | 0615 | 5995 | ALL PRO MA | | | | | | |
| Street Address | | | -12.5 | | | | Street Address | | | | | | |
| P.O. Box 1224 | | | | | | | 27 Outwater I | Lane | | | | | |
| City, State, Zip Code | | | | | | | City, State, Zip Co | ode | | | | _ | |
| Union, NJ | | | | | | | Garfield, NJ 0 | 7026 | | | | | |
| Project Manager for Monitor | oring Firm | (4 | | Tele | phone | No. | Telephone No. | | License No. | | | V_1 | - |
| Rick Eustaquio | | | | 97 | 3-494 | -3762 | 973-928-4888 | | 1188 | | | | |
| Start Date (10) | | Schedul | led Co | mple | tion Da | te (11) | Name of OSHA M | lonitor | | | | | |
| 08/14/_ | 17 | 09 | _ / | 14 | _ / _ | 17_ | ALL PRO MA | NAGEMENT | LLC | | | | |
| Occupancy Status During | | | | | | | Street Address | | | | | | - |
| ☐ Facility Closed/Vacated | During Enti | re Perio | d of A | bate | ment | | 27 Outwater L | Lane | | | | | |
| Abatement Performed | Outside of No | ormal F | acility | Hour | s - Des | cribe | City, State, Zip Co | ode | | | | | |
| Time of Abatement: | | PIVI/ | | _PIVI- | | AM | Garfield, NJ 0 | 7026 | | | | | |
| Scope of Work (Check all t | hat apply) | | | | | | Пело | | | | | | |
| | | | Rer | ovati | on | | ☐ Mini-Encl | | egative Pressure | | | | |
| ≥160 sf or ≥260 lf | | | ☑ Der | nolitic | n | | ☐ Glovebag | Procedure | | | | | |
| | | | Is | Locat | ion | T | ⊠ Non-Exer | mpted (*) and N | Ion-Friable Proced | | | | |
| Location o | f | | N | orma | lly | | Description of | f | | 1000000 | ateme | | |
| Asbestos-Containing M | | 1) | | l Sole | - | Asbes | stos Containing Mat | terial (ACM) | Amount | Removal | Repair | Encapsulate | Enclosure |
| TO BE ABAT IN Facility | | | | | Staff? | (i.e. | , thermal systems i surfacing, VAT, | | (Specify | Nov | air | aps | losi |
| (13) | | | | (12) | | | other miscellane | | SF or LF) | <u>a</u> | | ula | лге |
| .AV 59 | | , | Yes | No | N/A | | | 70700 | | | | te | |
| Exterior Siding | | [| | | | Transite | Siding Shingle | s | 1,200 SF | | | | |
| | | [| | | | | | | | | | | |
| | | Г | 7 | П | | | | | | П | | | |
| | | _ | 5 | | | | | | | | | | |
| Name of Registered Waste | Hauler | | | | JDEP V | Naste | Cubic Yards of | Name of Reg | istered Landfill | | ш | П | |
| ATC/ Century Waste | | | | 100,000 | auler IE | | Waste | Traine of reg | istered Landilli | | | | |
| City, State | | | | | | | As Needed Disposal Date | City, State | | | | | |
| Shirley, NY/ Elizabeti | n, NJ | | | | | | TBD | | urg, OH/ Bethle | hem F | Α | | |
| Completed By (Print or Typ | e) | Title | 10000 | | | | Signature | 00.00 | | Date / | 1 | | |
| Allen Monchik | | 10000 | ject l | Mana | ager | | 1 8 1/1 | 1 | | B/4 | 11 | 7 | |

| (1/#PHI03 | (F | (Pursuant to NJAC 8:60 and 12:120) | | | | | NE | P | F | | 7 [5 | | |
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| Date of Notification (1) 8/7/17 | | Name of Building Owner/Operator (2) Princeton University, Trustees of Princeton University | | | | | | | | | | | |
| Agencies Notified Type Notification | | | Street A | Address cMillan Buildin | | | AUG | - 8 | 20 | 17 | | | |
| ■ EPA ■ Initial ■ DEP ■ Amended ▼ DOL ■ Amendmen | ŀ | City, State, Zip Code | | | | | | | | | | | |
| Emergency (including | | | Princeton, NJ 08544 Name of Contact | | | | Thu | ASE | ESTC | ENS | ONT | ROL | |
| DOH justification) Cancellation | | | | rt Ortego | | | | | | | acido terministra | | |
| Name of Facility Where Abatement is Tak | ing Place (| 3) | FAC | ILITY INFORMAT | ION | Type of Facil | ity (4) | | | | | | |
| Princeton | | | | | | School (K-12) | | | | | | | |
| Street Address 11 University Place | Subchapter Other (i.e. p etc.) | | | | | er 8 (Other than K-12) private & commercial buildings, homes, | | | | | | | |
| City (5) Princeton | | | | | | Square Feet ~6,000 | # of | Floors | 1728 | 8ldg. <i>A</i> 60+ | \ge | | |
| County (6) Mercer | | | | Code (7) USE ONLY) | | Current Use (Prior if being demolished) Residential | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ATC Associates | | | | | | | of Abatement Contractor (9) services, LLC | | | | | | |
| Street Address 3 Terri Lane | | | | | t Address B National Road | | | | | | | | |
| City, State, Zip Code Burlington, NJ | | | | City, State, Zip Code Exton, PA 19341 | | | | | | | | | |
| Project Manager for Monitoring Firm Mike Keehn | | | | ne No. 86-8800 | none No. License No. 872-8884 01161 | | | | | | | | |
| Start Date (10) Scheduled Con 8/17/17 9/8/17 | | | | Date (11) | Name EMS | e of OSHA Monitor SL | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | | | | Street Address | | | | | | | |
| Facility Closed/Vacated During Entire Period of Abatem Abatement Performed Outside of Normal Facility Hours Other – Describe: | | | | 200 Route 130 North City, State, Zip Code Cinnaminson, NJ | | | | | th | | | | |
| Scope of Work (Check All That Apply) | | | | | Ciriri | aminson, N | J | | | ****** | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | ition tion | | | | | | | | | | | | |
| | ls | Locati | ion | | | | | <u> </u> | | Abatement | | | |
| Location of Asbestos-Containing Material (ACM) | | | ly by | | Description of Containing Material (ACM) | | | Amount | | Type | | | |
| TO BE ABATED In Facility (13) | | aintena todial S (12) | | (i.e. thermal surfa other r | s insulation, T, or | (S | (Specify SF or LF) | | Repair | Encapsulate | Enclosure | | |
| | Yes | No | N/A | | 2-2 | | | | X | | fe | 1.0 | |
| Basement | | | X | Duct W | | | 15 SF | | | | | | |
| Exterior | | | X | Window Caulking | | ilking | 97 | 2 LF | X | | | | |
| | - 0 | | | | | | | | + | | | | |
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| City, State Trenton, NJ | | | | Dispo: TBD | sal Date | e City, State Morrisville, PA | | | | | | | |
| Completed by Joseph White | nager | 1 2 | Signature | | +10 | D | ate /7/17 | | | | | | |