| CHCLIC # 24167   |                        |            | NC           |                   | CATIO            | N OF AS      | ew Jersey<br>BESTOS ABATE<br>AC 8:60 and 5:16  | STATE OF STA | J                                       | PA        | I           | D      |                      |           |
|--|------------------------|------------|--------------|-------------------|------------------|--------------|--|--|---|-----------|-------------|--------|----------------------|-----------|
|  |                        |            |              | (٢                |                  |              |  |  | ) E C                                   |           | D           |        |                      | 1         |
| Date of Notification (1)   |                        | 17         |              |                   | DE               | CO Ener      | g Owner/Operator (   | 2)   | Aug                                     | 1 6       | 201         | 17     | and the state of the |           |
| Agencies Notified Type   | pe Notific             | ation      |              |                   | Street           | Address      |  | 14   | L AUG                                   | 1 0       | 20          | 1 /    | leur                 | musch     |
|  | Initial                | 74         |              |                   | 100              | Lenox D      | Drive  | 1  |   |           |             |        |                      |           |
|  | Amende<br>Amendm       |            |              |                   | City, S          | State, Zip 0 | Code   | - Carrier  | ASBESTO                                 | S CO      | NTI         | ROL    | - &                  |           |
|  | Emerger                |            |              | 1                 | Lav              | vrencevi     | lle, NJ 08460  |  | LICE                                    | ENSIN     | VG.         |        |                      |           |
| □ DCA  | justificat<br>Cancella | ion)       |              |                   |                  | of Contac    | t<br>r Project Manage  | er   | Telephone N                             | umber     | -           |        |                      |           |
|  |                        |            |              |                   | 200              |              | FORMATION  |  |   |           |             | -1135  |                      |           |
| Name of Facility Where Abate   | ement is               | Taking     | Place        | (3)               |                  |              | A CONTRACTOR OF THE STATE OF TH | Type of Facility (   | 4)                                      |           |             |        |                      |           |
| Marie Katzenbach Sch   | ool for t              | the D      | eaf          |                   |                  |              |  | School (K-12   | )                                       |           |             |        |                      |           |
| Street Address   |                        |            |              |                   |                  |              |  | ☐ Subchapter 8   | (Other than K-                          | -12)      |             |        |                      |           |
| 320 Sullivan Way Bui   | ildina 8               | Cott       | age 1        |                   |                  |              |  | Other (i.e., pr<br>homes, etc.)  | ivate & comme                           | ercial bu | uildi       | ngs,   |                      |           |
| City (5)   |                        |            | -3           |                   |                  |              |  | Square Feet  | # of Floors                             |           | Bld         | g. Ag  | ae                   |           |
| Ewing  |                        |            |              |                   |                  |              |  | 4000   | 3                                       |           |             | 0+     | <b>4</b> 000         |           |
| County (6)   |                        |            |              |                   | Cour             | nty Code (7  | )(STATE USE ONLY)  | Current Use (Prid  | or if being dem                         | olished   | i)          |        |                      |           |
| Mercer   |                        |            |              |                   |                  |              |  | Prior use sc   | hool being d                            | lemoli    | ish         | ed     |                      |           |
| Name of Monitoring Firm Hire   | ed by Buil             | lding (    | Owner        | (8)               | ASCM             | No.          | Name of Abatem   | ent Contractor (9)   |   |           |             |        |                      |           |
| Environmental Connec   | tion, In               | С          |              |                   |                  |              | Diamond Hu   | ntbach Constru   | ction Corpo                             | ration    | 1           |        |                      |           |
| Street Address   |                        |            |              |                   |                  |              | Street Address   |  |   |           |             |        |                      |           |
| 120 North Warren Stree   | et                     |            |              |                   |                  |              | 500 East Luz   | erne Street  |   |           |             |        |                      |           |
| City, State, Zip Code  |                        |            |              |                   |                  |              | City, State, Zip C   | ode  |   |           |             |        |                      |           |
| Trenton, NJ 08608  |                        |            |              |                   |                  |              | Philadelphia   | PA 19124   |   |           |             |        |                      |           |
| Project Manager for Monitorin  | ng Firm                |            |              | Tele              | phone            | No.          | Telephone No.  | 58 31  | License No.                             |           |             |        |                      |           |
| Rollie Jones   |                        |            |              | 60                | 9-273            | -1396        | 215-739-8166   | 3  | 00646                                   |           |             |        |                      |           |
| Start Date (10)  |                        | Sched      | luled C      | omple             | tion Da          | te (11)      | Name of OSHA N   | Monitor  |   |           |             |        |                      |           |
| 08/28/1  | 100                    |            |              |                   | _ / _            |              | SAME AS AE   | BOVE   |   |           |             |        |                      |           |
| Occupancy Status During Aba  | atement (              | (Chec      | c only o     | one)              |                  |              | Street Address   |  |   |           |             |        |                      |           |
| <ul><li>☐ Facility Closed/Vacated Do</li><li>☐ Abatement Performed Out</li></ul> | side of N              | lormal     | Facility     | y Hour            |                  | cribe        | City, State, Zip C   | ode  |   |           |             |        |                      |           |
| Time of Abatement: 7AM-  | <u>5</u> PM/           | PI         | Λ            | _AM               |                  |              |  |  |   |           |             |        |                      |           |
| Scope of Work (Check all that  | t apply)               |            |              |                   |                  |              | ☐ Full Con   | tainment with Neg  | ative Pressure                          |           |             |        |                      |           |
| $\square \ge 3$ sf or $\ge 3$ If $\square \ge 160$ sf or $\ge 260$ If            |                        |            | ☐ Re<br>☑ De | novati<br>molitic |                  |              |  | closure<br>g Procedure<br>empted (*) and Nor   | n-Friable Proce                         | edure     |             |        |                      |           |
|  | S-970-1-1-1-1          |            | 00000        | Locat             |                  |              |  |  |   |           | Aba         | teme   | ent T                | уре       |
| Location of  |                        |            |              | Norma<br>d Sole   |                  |              | Description of   |  | 200000000000000000000000000000000000000 |           | n T         | 7      | m                    | m         |
| Asbestos-Containing Mate   |                        | M)         |              | intena            |                  | Asbe         | stos Containir g Ma<br>rmal systems insula   | iterial (ACM)  | Amount (Specify                         |           | Removal     | Repair | nca                  | Enclosure |
| IN Facility  | 2                      |            | Cus          | todial            | Staff?           | (1.6., 116   | VAT, or  | ation, surfacing,  | SF or LF)                               | 3         | SVO         | air    | sqe                  | uso       |
| (13)   | Yes                    | (12)<br>No | N/A          |                   | other miscellane | ous)         |  | 1  | -                                       |           | Encapsulate | re     |                      |           |
| See Attached Listing   |                        |            | П            |                   |                  |              |  |  |   |           | <b>3</b>    | П      | П                    | П         |
|  |                        |            |              | П                 |                  |              |  |  |   | -         | 5           |        |                      |           |
|  |                        |            |              |                   |                  |              |  |  |   |           | =           |        |                      |           |
|  |                        |            |              |                   |                  |              |  |  |   | L         | 4           |        |                      |           |
| Name of Registered Waste Ha  | auler                  |            |              |                   | JDEP \           | Nacto        | Cubic Yards of   | Name of Regist   | ered Landfill                           |           |             |        | Ц                    | Ш         |
| Service Transport Grou   |                        |            |              | 1 1 7 7 3         | auler II         |              | Waste 80   | Minerva La   |   |           |             |        |                      |           |
| City, State New Castle, DE   |                        |            |              | 2011/00           |                  |              | Disposal Date<br>12/31/17  | City, State<br>Waynesbur   | g, OH                                   |           |             |        |                      |           |
| Completed By (Print or Type)   |                        | Title      | 2            |                   |                  |              | Signature  |  |   | Date      |             |        |                      |           |
| Wayne Huntbach   |                        |            | roject       | Man               | ager             |              | (1)  |  |   | Date      | 14          | 11     | 17                   | 1         |

Building 8

| Code* | Description of material | Location of material (room/floor/area) | Amount of ACM       | AUG 1<br>Code<br>** | ***   | Code<br>**** |
|-------|-------------------------|--|---------------------|---------------------|-------|--------------|
| FRI   | Nailcrete               | 1st Floor                              | 3500 <sup>ASB</sup> | ESTOS (             | SIREM | L&           |
| FRI   | Vapor Barriers          | 1st Floor                              | 3500                | SF                  | REM   |              |
| FRI   | Fire Door               | 1st Floor                              | 1                   | Ea                  | REM   |              |
|       |                         |  |                     |                     |       |              |
|       |                         |  |                     |                     |       |              |
|       |                         |  |                     |                     |       |              |
|       |                         |  |                     |                     |       |              |
|       |                         |  |                     |                     |       |              |
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|       |                         |  |                     |                     |       |              |
|       |                         |  |                     |                     |       |              |
|       |                         |  |                     |                     |       |              |
|       |                         |  |                     |                     |       |              |

CHECK # 2416 M

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

| C1 - 127410                                  |                         |               | (Pursuant to NJAC 8:60 and 5:16) |   |                    |                    |   |                 |            |                  | <u>L</u>                                |           |        |             |                   |
|--|-------------------------|---------------|----------------------------------|---|--------------------|--------------------|---|-----------------|------------|------------------|---|-----------|--------|-------------|-------------------|
| Date of Notification (1)                     |                         |               |                                  |   | Name               | of Building        | g Owner/Operator (                        | 2)              | mi.        |                  |   |           |        |             | 1                 |
| 08 /   | 14 /                    | 17            |                                  |   |                    | CO Energ           |   | Perita series   | 0.00       | AUG              | 16                                      | 201       | 7      |             | /                 |
| Agencies Notified                            | Type Notifica           | ation         |                                  |   | Street             | Address            |   | - Partie        | ied bais ( |                  |   |           |        | hermon      | +                 |
| ⊠ EPA  | □ Initial               |               |                                  |   |                    | Lenox D            | Drive                                     |                 | L          | ODCOTO           | 0.00                                    | A 1-7-7-7 | 01 1   |             |                   |
| ☑ DEP  | Amended                 | d             |                                  |   |                    | State, Zip C       |   |                 | A          | SBESTO           | ENSI                                    |           | OLZ    | 4           | +                 |
| DCA (NJAC 5:16)                              | Amendm                  | 1000117611111 |                                  |   |                    |                    | lle, NJ 08460                             | L               |            |                  |   | A .~c     |        |             |                   |
| ☐ DCA  | ☐ Emergen justification |               | ing                              | -   |                    | of Contac          |   |                 | - 1        | Talanha          | k t t.                                  |           |        |             |                   |
| (NJAC 5:23-8)                                | ☐ Cancellat             |               |                                  |   | Chr                | is Moser           | Project Manage                            | er              |            |                  |   |           |        |             |                   |
|  |                         |               |                                  |   | FAG                | CILITY IN          | IFORMATION                                |                 |            |                  |   |           |        |             |                   |
| Name of Facility Where A                     | batement is 7           | Taking Pla    | ice (3                           | )   |                    |                    |   | Type of Fa      | cility (4  | )                |   |           |        |             |                   |
| Marie Katzenbach S                           | chool for t             | he Deaf       |                                  |   |                    |                    |   | ⊠ School        |            |                  |   |           |        |             |                   |
| Street Address                               |                         |               |                                  |   |                    |                    |   | Subcha          |            |                  |   | build     | lings  |             |                   |
| 320 Sullivan Way                             | Building 9              | - Health      | Cen                              | ter   |                    |                    |   | Other (i homes, |            | ate & COIII      | mercial                                 | Dulic     | ings,  |             |                   |
| City (5)                                     |                         |               |                                  |   |                    |                    |   | Square Fee      |            | # of Floor       | s                                       | Ble       | dg. Ag | ge          | -                 |
| Ewing  |                         |               |                                  |   |                    |                    |   | 4000            |            | 3                |   |           | 50÷    |             |                   |
| County (6)                                   |                         | (1)           |                                  |   | Cour               | ty Code (7         | )(STATE USE ONLY)                         | Current Us      | e (Prior   | r if being de    | emolish                                 | ed)       | 2000   |             |                   |
| Mercer                                       |                         |               |                                  |   |                    |                    |   | Prior us        | se sch     | ool being        | g dem                                   | olish     | ed     |             |                   |
| Name of Monitoring Firm I                    | Hired by Build          | ding Own      | er (8)                           | -   | ASCM               | No.                | Name of Abateme                           | ent Contracto   | or (9)     |                  |   |           |        |             |                   |
| Environmental Con                            | nection, Inc            |               |                                  |   |                    |                    | Diamond Hur                               | ntbach Co       | nstruc     | ction Corp       | porati                                  | on        |        |             |                   |
| Street Address                               |                         |               |                                  |   |                    |                    | Street Address                            |                 |            |                  |   |           |        |             |                   |
| 120 North Warren S                           | treet                   |               |                                  |   |                    |                    | 500 East Luz                              | erne Stree      | t          |                  |   |           |        |             |                   |
| City, State, Zip Code                        |                         |               | - 0                              |   |                    |                    | City, State, Zip Co                       | ode             |            |                  |   |           |        |             |                   |
| Trenton, NJ 08608                            |                         |               |                                  |   |                    |                    | Philadelphia,                             | PA 19124        |            |                  |   |           |        |             |                   |
| Project Manager for Monit                    | oring Firm              |               | 1                                |   | phone              |                    | Telephone No.                             |                 |            | License N        | .0.000                                  |           |        |             |                   |
| Rollie Jones                                 |                         |               | N                                |   | 9-273              |                    | 215-739-8166                              |                 |            | 00646            |   |           |        |             |                   |
| Start Date (10)                              |                         | Scheduled     |                                  |   |                    |                    | Name of OSHA M                            |                 |            |                  |   |           |        |             |                   |
|  | 17_                     | 12            | / _                              | 31  | _ / -              | 17_                | SAME AS AB                                | OVE             |            |                  |   |           |        |             |                   |
| Occupancy Status During                      | Abatement (             | Check on      | y one                            | )   |                    |                    | Street Address                            |                 |            |                  |   |           |        |             |                   |
| ☐ Facility Closed/Vacated                    | 0                       |               |                                  |   |                    |                    |   |                 |            |                  |   |           |        |             |                   |
| ☐ Abatement Performed Time of Abatement: 7/4 |                         |               |                                  |   | s - Des            | cribe              | City, State, Zip Co                       | ode             |            |                  |   |           |        |             |                   |
| _  |                         |               |                                  |   |                    |                    |   |                 |            |                  |   |           |        |             |                   |
| Scope of Work (Check all                     | that apply)             |               |                                  |   |                    |                    | ☐ Full Cont                               | ainment with    | n Nega     | tive Pressu      | ıre                                     |           |        |             |                   |
| ≥3 sf or ≥3 lf                               |                         |               | Reno                             |   |                    |                    | ☐ Mini-Enc                                | losure          |            |                  |   |           |        |             |                   |
| ≥160 sf or ≥260 If                           |                         | $\boxtimes$   | Demo                             | olitio  | n                  |                    | ☐ Glovebag  Non-Exe                       | g Procedure     |            | Friable Pro      | ocedure                                 | 4         |        |             |                   |
|  |                         |               | Is Lo                            |   |                    |                    | EA HOH EXO                                | mptod ( ) dir   | 1077       | 1 110010 1 10    | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 10000     | ateme  | ent Tv      | vpe               |
| Location of                                  |                         |               |                                  | mal   | lly<br>ely by      | 00 10              | Description o                             |                 |            |                  |   |           |        |             |                   |
| Asbestos-Containing N<br>TO BE ABA           |                         |               | Maint                            |   |                    |                    | stos Containing Ma<br>rmal systems insula |                 |            | Amour<br>(Specif |   | Removal   | Repair | inca        | Enclosure         |
| IN Facility                                  |                         | C             |                                  |   | Staff?             | (1.6., 116         | VAT, or                                   | auori, suriaci  | rig.       | SF or L          |   | BAOI      | air    | sde         | nso               |
| (13)   |                         | 100           |                                  | 12)   | N1/A               |                    | other miscellane                          | ous)            |            |                  |   | =         |        | Encapsulate | re                |
|  |                         | Ye            |                                  | No  | N/A                |                    |   |                 | _          |                  |   |           |        |             |                   |
| See Attached Listing                         |                         |               |                                  |   |                    |                    |   |                 |            | $\boxtimes$      |   | Ш         | Ш      |             |                   |
|  |                         |               |                                  |   |                    |                    |   |                 |            |                  |   |           |        |             |                   |
|  |                         |               |                                  | 7   |                    |                    |   |                 |            |                  |   | П         | П      | П           | П                 |
|  |                         |               |                                  | _   |                    |                    |   |                 |            |                  |   |           |        |             | $\overline{\Box}$ |
| N  | - 111                   |               | L                                |   |                    | 0/                 | O. bis Vanda of                           | Nome of         | Zaminto    | rod Loodfl       |   | Ш         | Ш      | Ц           | Ц                 |
| Name of Registered Waste                     |                         |               |                                  | 1300  | JDEP V<br>auler ID |                    | Cubic Yards of Waste                      | Minery          |            | red Landfil      | 1                                       |           |        |             |                   |
| Service Transport G                          | ιουμ                    |               |                                  |   |                    | <sup>‡</sup> 20990 | 80  |                 |            | MIIII            |   |           |        |             |                   |
| City, State                                  |                         |               |                                  | Disposal Date City, State 12/31/17 Waynesburg, OH |                    |                    |   |                 |            |                  |   |           |        |             |                   |
| New Castle, DE                               |                         |               |                                  |   |                    |                    | 12/31/17                                  | vvayne          | Suurg      | , UП             | 1-                                      |           |        |             |                   |
| Completed By (Print or Ty                    | oe)                     | Title         | _,                               |   |                    |                    | Signature                                 |                 |            |                  | Date                                    | -         | 11     |             | 1                 |
| Wayne Huntbach                               |                         | Proje         | ct M                             | ana   | ager               |                    | Wan                                       |                 |            |                  | 1                                       | 2.1       | 4,     | (/          |                   |
| A CD 41                                      |                         |               |                                  |   |                    |                    | _   |                 |            |                  |   |           |        |             |                   |

### **Building 9 Health Center**

DEGELVE

| Code* | Description of material | Location of material (room/floor/area) | Amount of<br>ACM | ASBEST | Code | Code |
|-------|-------------------------|--|------------------|--------|------|------|
| FRI   | Nailcrete               | 1st Floor                              | 3500             | SF     | REM  | 4    |
| FRI   | Vapor Barriers          | 1st Floor                              | 3500             | SF     | REM  | Y    |
| FRI   | Fire Door               | 1st Floor                              | 1                | Ea     | REM  |      |
| NF1   | Window Caulk            | Throughout                             | 350              | LF     | REM  |      |
|       |                         |  |                  |        |      |      |
|       |                         |  |                  |        |      |      |
|       |                         |  |                  |        |      |      |
|       | a 8                     |  |                  |        |      |      |
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|       |                         |  |                  |        |      |      |
|       |                         |  |                  |        |      |      |
|       |                         |  |                  |        |      |      |

| CHECHE 24167  NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)  EGEIVED   |                 |         |           |                |                |                        |   |  |                    |  |        |             |           |
|--|-----------------|---------|-----------|----------------|----------------|------------------------|---|--|--------------------|--|--------|-------------|-----------|
|  |                 |         |           | (,             | ursua          | 111 10 1407            | 40 0.00 and 0.10  | , and the same of  | ال الله            | ⊐ U  | J (    |             |           |
| Date of Notification (1)   |                 |         |           |                | Name           | of Buildin             | g Owner/Operator (  | 2)   |                    |  |        | 111         |           |
|  | 14/             | 17      |           |                | DE             | CO Ener                | gу  | Translate property   | AUG 1              | 6 20   | 17     |             | 1         |
| Agencies Notified  | Type Notific    | ation   |           |                | Street         | t Address              |   | - Indiana  |                    |  |        |             |           |
|  |                 |         |           |                | 100            | Lenox I                | Drive   |  | ASBESTOS           | CONT   | POL    | ٥           |           |
| The state of the s | Amende          |         |           |                | City, S        | State, Zip (           | Code  | - Annual Control of the Control of t |                    | NSING  |        | Q           |           |
| DCA (NJAC 5:16)  | Amendm  Emerger |         | duding    | 1              | Lav            | vrencevi               | lle, NJ 08460   |  |                    | MCCOOK LAC AND ADDRESS OF THE PARTY NAMED IN |        |             |           |
| ☐ DCA  | justificati     |         | , adam ig |                | Name           | of Contac              | at  |  | T-1 NI             | ·mhar  |        |             |           |
| (NJAC 5:23-8)  | ☐ Cancella      | tion    |           |                | Chi            | ris Mose               | r Project Manage  | er   |                    |  |        |             |           |
|  |                 |         |           |                | FA             | CILITY IN              | NFORMATION  | 710  |                    |  |        |             |           |
| Name of Facility Where Ab  | atement is      | Taking  | Place     | (3)            |                |                        |   | Type of Facilit  | y (4)              |  |        |             |           |
| Marie Katzenbach Sc  | chool for t     | he De   | af        |                |                |                        |   | School (K-   | 12)                |  |        |             |           |
| Street Address   |                 | N.      |           |                |                |                        |   |  | r 8 (Other than K  |  |        |             |           |
| 320 Sullivan Way B   | uilding 10      | ) - Co  | ttage     | 3              |                |                        |   | ☐ Other (i.e.,<br>homes, etc   | private & comme    | ercial bui                                   | dings, |             |           |
| City (5)   |                 |         |           |                |                |                        |   | Square Feet  | # of Floors        | E  | ldg. A | ge          |           |
| Ewing  |                 |         |           |                |                |                        |   | 4000   | 3                  |  | 50+    |             |           |
| County (6)   |                 | -       |           | - 110.5-51     | Cour           | nty Code (7            | 7)(STATE USE ONLY)  | Current Use (F   | Prior if being dem | olished)                                     |        |             |           |
| Mercer   |                 |         |           |                |                |                        | .,  |  | school being d     |  | hed    |             |           |
| Name of Monitoring Firm H  | ired by Build   | ding O  | wner (    | 8)             | ASCM           | No.                    | Name of Abateme   |  |                    |  |        |             | -         |
| Environmental Conn   |                 |         |           |                |                |                        |   |  | ruction Corpo      | ration                                       |        |             |           |
| Street Address   |                 |         |           |                |                |                        | Street Address  |  |                    |  |        |             |           |
| 120 North Warren Str   | reet            |         |           |                |                |                        | 500 East Luz  | erne Street  |                    |  |        |             |           |
| City, State, Zip Code  |                 |         |           |                |                |                        | City, State, Zip Co   |  |                    |  |        |             |           |
| Trenton, NJ 08608  |                 |         |           |                |                |                        | Philadelphia,   |  |                    |  |        |             |           |
| Project Manager for Monito   | rina Firm       |         |           | Tele           | phone          | No.                    | Telephone No.   |  | License No.        |  | -      |             |           |
| Rollie Jones   |                 |         |           | C.5.150A       | 9-273          |                        | 215-739-8166  |  | 00646              |  |        |             |           |
| Start Date (10)  | 15              | Schedu  | ıled C    | omple          | tion Da        | te (11)                | Name of OSHA M  | lonitor  |                    |  |        |             |           |
| 08/28/   | 100000          |         |           |                | _ /            |                        | SAME AS AB  |  |                    |  |        |             |           |
| Occupancy Status During A  | Abatement (     | Check   | only c    | ne)            |                |                        | Street Address  |  |                    |  |        |             | -         |
| □ Facility Closed/Vacated  | During Enti     | re Peri | od of     | Abate          | ment           |                        |   |  |                    |  |        |             |           |
| ☐ Abatement Performed O  |                 |         |           |                | s - Des        | cribe                  | City, State, Zip Co   | ode  |                    |  |        |             |           |
| Time of Abatement: 7AM   | м- <u>5</u> РМ/ | PM      |           | _AM            |                |                        |   |  |                    |  |        |             |           |
| Scope of Work (Check all the   | nat apply)      |         | V10       |                |                |                        |   |  |                    |  |        |             |           |
| ☐ >3 sf or >3 lf   |                 |         | □Re       | novati         | on             |                        | ☐ Full Cont   |  | egative Pressure   |  |        |             |           |
| ≥160 sf or ≥260 lf   |                 | 100     | ⊠ De      |                |                |                        | ☐ Glovebag  | Procedure  |                    |  |        |             |           |
|  |                 |         | la.       | 1              |                |                        | Non-Exe     Non-Exe | mpted (*) and N  | on-Friable Proce   |  |        |             |           |
| 1  |                 |         |           | Locat<br>Jorma |                |                        | 5   |  |                    | A  | oatem  | ent T       | ype       |
| Location of<br>Asbestos-Containing Ma  |                 | 1)      | Use       | alc3 b         | ely by         | Asbe                   | Description o<br>stos Containing Ma   |  | Amount             | R  | R      | Щ           | Ш         |
| TO BE ABATE  |                 |         |           | intena         | nce/<br>Staff? |                        | rmal systems insula   |  | (Specify           | Remova                                       | Repair | ıcar        | Clos      |
| IN Facility<br>(13)  |                 |         | Ousi      | (12)           | otan:          |                        | VAT, or<br>other miscellane   | one)   | SF or LF)          | val  | 7      | Encapsulate | Enclosure |
| (13)   |                 |         | Yes       | No             | N/A            |                        | Other miscellane  | Jusj   |                    |  |        | ate         |           |
| See Attached Listing   | П               |         |           |                |                |                        |   |  | П                  | П  | П      |             |           |
|  | П               |         |           |                |                |                        |   |  |                    |  |        |             |           |
|  |                 |         |           |                |                |                        |   |  |                    |  |        |             |           |
|  |                 |         | Ц         |                |                |                        |   |  |                    |  |        | Ш           | Ш         |
|  |                 |         |           |                |                |                        |   |  |                    |  |        |             |           |
| Name of Registered Waste   |                 |         |           | 100            | JDEP V         |                        | Cubic Yards of  |  | istered Landfill   |  |        |             |           |
| Service Transport Gre  | oup             |         |           | П              | auler II A901# | 7 No.<br><b>720990</b> | Waste<br>80   | Minerva L  | andfill            |  |        |             |           |
| City, State  |                 |         |           | -              |                |                        | Disposal Date   | City, State  |                    |  |        |             |           |
| New Castle, DE   |                 |         |           |                |                |                        | 12/31/17  | Waynesb  | urg, OH            |  |        |             |           |
| Completed By (Print or Type  | e)              | Title   |           |                |                |                        | Signature   |  |                    | Date   |        |             | -         |
| Wayne Huntbach   |                 | Pro     | oject     | Mana           | ager           |                        | 1,50  |  |                    | 8-1  | 1/-1   | 7           |           |

State of New Jersey

Building 10 - Cottage 3

| Code* | Description of material | Location of material (room/floor/area) | Amount of ACM | **               | ***   | Code<br>**** |
|-------|-------------------------|--|---------------|------------------|-------|--------------|
| FRI   | Nailcrete               | 1st Floor                              | 3500          | ESTOS C<br>LÆFEN | SIREM | Lå           |
| FRI   | Vapor Barriers          | 1st Floor                              | 3500          | SF               | REM   |              |
| FRI   | Fire Door               | 1st Floor                              | 1             | Ea               | REM   |              |
| NF1   | Floor Tile & Mastic     | 1st Floor                              | 350           | SF               | REM   |              |
|       |                         |  |               |                  |       |              |
|       |                         |  |               |                  |       |              |
|       |                         |  |               |                  |       |              |
|       |                         |  |               |                  |       |              |
|       |                         |  |               |                  |       |              |
|       |                         |  |               |                  |       |              |
|       |                         |  |               |                  |       |              |
| 11    |                         |  |               |                  |       |              |
|       |                         |  |               |                  |       |              |
|       |                         |  |               |                  |       |              |
|       |                         |  |               |                  |       |              |

CHECK # 24167

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

| Date of Notification (1)  |                      |                |        |                 | Nome               | of Buildin | 20 (11    | ·mar/Operator                          | (2)                                     | 1) 1 4                 | - W L  | li L                 | J          | 느,     | 111         |           |
|---------------------------|----------------------|----------------|--------|-----------------|--------------------|------------|-----------|--|---|------------------------|--|----------------------|------------|--------|-------------|-----------|
| 08 /                      | 14 /                 | 17             |        |                 |                    | CO Ener    |           | wner/Operator                          | (2)                                     | M                      |  |                      |            | 1 100  |             | -         |
| Agencies Notified         | Type Notific         |                |        |                 | 1                  |            | -         |  | 1                                       |                        | AUG 1  | 6 20                 | 17         | - 1    | 1           | -         |
| ⊠ EPA                     | A September 1        | Jauon          |        |                 |                    | t Address  | D.:       | _                                      |   | and brail              |  |                      |            | 1      |             |           |
| Ø EPA<br>Ø DEP            |                      | ed             |        |                 |                    | Lenox      |           |  |   |                        | 5,7000   | C C 2 151            | april pr   | 1 0    |             |           |
| ☐ DCA (NJAC 5:16)         | Amendm               |                |        |                 | Parameter Street   | State, Zip |           |  |   | AS                     | BESTOS<br>LICEN  |                      |            | )L a   |             |           |
| ☐ DHSS                    | ☐ Emerger            |                | luding | 3               |                    |            |           | NJ 08460                               | L                                       | *****                  | AMERICAN PROPERTY AND ADDRESS OF THE PARTY O | PARTE DESCRIPTION OF | The second |        |             | _1        |
| (NJAC 5:23-8)             | justificat  Cancella |                |        |                 |                    | of Conta   |           |  |   | 1                      | Talanhana 1  | Viimbei              |            |        |             |           |
| ,                         |                      | 20011          |        |                 | Ch                 | ris Mose   | r Pr      | oject Manag                            | er                                      |                        |  |                      |            | 10     |             |           |
|                           |                      |                |        |                 | FA                 | CILITY II  | VFO       | RMATION                                |   |                        |  |                      |            |        |             |           |
| Name of Facility Where    | Abatement is         | Taking         | Place  | (3)             |                    |            |           |  | Type of F                               | acility (4             | 1)   |                      |            |        |             |           |
| Marie Katzenbach          | School for t         | the De         | af     |                 |                    |            |           |  | ⊠ School                                |                        |  |                      |            |        |             |           |
| Street Address            |                      |                |        |                 |                    |            |           |  |   |                        | (Other than I  |                      |            |        |             |           |
| 320 Sullivan Way          | Building 1           | 1 - Cot        | ttage  | 4 Pl            | us Doi             | rm         |           |  |   | (i.e., pri<br>s, etc.) | vate & comm  | ierciai t            | oulid      | lings, |             |           |
| City (5)                  |                      |                |        |                 |                    | W          |           |  | Square F                                |                        | # of Floors  |                      | Blo        | dg. A  | ge          |           |
| Ewing                     |                      |                |        |                 |                    |            |           |  | 4000                                    |                        | 3  |                      |            | 50+    |             |           |
| County (6)                |                      |                |        |                 | Cour               | nty Code ( | 7)(ST     | ATE USE ONLY)                          | Current U                               | Jse (Prio              | r if being der   | nolishe              | d)         |        | 1-20        |           |
| Mercer                    |                      |                |        |                 |                    |            |           | ************************************** |   |                        | ool being  |                      |            | ed     |             |           |
| Name of Monitoring Firm   | Hired by Buil        | Iding Ov       | wner ( | (8)             | ASCM               | No.        | Na        | me of Abatem                           |   |                        |  |                      |            |        |             |           |
| Environmental Cor         | nection, In          | С              | ,      |                 |                    |            | 1 3       | Diamond Hu                             |   |                        | ction Corp   | oratio               | n          |        |             |           |
| Street Address            |                      | 1017           |        |                 |                    |            |           | reet Address                           |   |                        | - III - II - II - II - II - II - II -  |                      |            |        |             |           |
| 120 North Warren S        | Street               |                |        |                 |                    |            |           | 500 East Luz                           | erne Stre                               | et                     |  |                      |            |        |             |           |
| City, State, Zip Code     |                      |                |        |                 |                    |            | - 2       | ty, State, Zip C                       |   |                        |  |                      |            |        |             |           |
| Trenton, NJ 08608         |                      |                |        |                 |                    |            |           | Philadelphia                           |   | 4                      |  |                      |            |        |             |           |
| Project Manager for Mon   | itorina Firm         | - Daniel Marie |        | Tele            | phone              | No         |           | lephone No.                            | , , , , , , , , ,                       |                        | License No   | ,                    |            |        |             |           |
| Rollie Jones              |                      |                |        | 1000000000      |                    | -1396      | 1         | 215-739-8166                           | 5                                       |                        | 00646  |                      |            |        |             |           |
| Start Date (10)           |                      | Schedu         | led C  |                 |                    |            |           | me of OSHA N                           |   |                        | 00010  |                      |            |        |             |           |
| 08 / 28 /                 |                      |                |        |                 |                    | 17         | 100000    | SAME AS AE                             |   |                        |  |                      |            |        |             |           |
| Occupancy Status During   |                      |                |        |                 |                    |            |           | eet Address                            |   |                        |  |                      |            |        |             |           |
| ☐ Facility Closed/Vacate  |                      |                |        |                 | ment               |            | Su        | eet Address                            |   |                        |  |                      |            |        |             |           |
| ☐ Abatement Performed     |                      |                |        |                 |                    | cribe      | Cit       | Ctota 7ia C                            | a da                                    |                        |  |                      |            |        |             |           |
| Time of Abatement: 7      |                      |                |        |                 |                    |            | CIL       | y, State, Zip C                        | ode                                     |                        |  |                      |            |        |             |           |
| Scope of Work (Check al   | I that apply)        |                |        |                 |                    |            |           |  |   |                        |  |                      |            |        |             |           |
| Scope of Work (Offeck at  | i tilat apply)       |                |        |                 |                    |            |           | ☐ Full Con                             | tainment w                              | ith Nega               | tive Pressure  | 9                    |            |        |             |           |
| ≥3 sf or ≥3 lf            |                      |                |        | novati          |                    |            |           | ☐ Mini-End                             | losure                                  |                        |  |                      |            |        |             |           |
| ≥160 sf or ≥260 If        |                      | L              | ☑ Dei  | molitic         | n                  |            |           | ☐ Gloveba                              | g Procedur                              | e<br>and Non-          | Friable Proc   | edure                |            |        |             |           |
|                           |                      |                |        | Locat           |                    |            |           | <u> </u>                               | mptod ( ) c                             | 110 11011              | T TIGOTO T TOO   |                      | Ahs        | teme   | ent T       | vne       |
| Location                  | 177 (1)              |                |        | lorma           |                    |            |           | Description of                         | of                                      |                        |  | H                    | 7.00       |        |             | ,pc       |
| Asbestos-Containing       |                      | 4)             |        | d Sole<br>ntena |                    |            |           | Containing Ma                          |   |                        | Amount   |                      | Rer        | Repair | Enc         | Enc       |
| TO BE ABA<br>IN Facilit   |                      |                | Cust   |                 | Staff?             | (i.e., the | rmai      | systems insula<br>VAT, or              | ation, surra                            | cing,                  | (Specify<br>SF or LF)  |                      | Removal    | air    | aps         | Enclosure |
| (13)                      | 5                    | H              |        | (12)            | T                  | -          | ot        | her miscellane                         | ous)                                    |                        | ,  |                      | <u>a</u>   |        | Encapsulate | ıre       |
|                           |                      |                | Yes    | No              | N/A                |            |           |  |   |                        |  |                      |            |        | е           |           |
| See Attached Listing      | See Attached Listing |                |        |                 |                    |            |           |  |   |                        |  | [                    | X          |        |             |           |
| *****                     |                      | 1              |        | П               |                    |            |           |  |   |                        |  | ī                    | 7          | П      | П           | П         |
|                           |                      | 1              |        |                 |                    |            |           | -                                      |   |                        | <del>c=55u=</del>  | -                    | _          |        |             | H         |
|                           |                      | -   1          | =      |                 |                    |            |           |  |   |                        |  |                      | _          |        |             |           |
|                           |                      | L              |        | Ц               |                    |            |           |  |   |                        |  | Ш                    | Ш          | Ш      |             |           |
| Name of Registered Wast   |                      |                |        |                 | JDEP V<br>auler ID |            | Cut<br>Wa | oic Yards of                           | 2.                                      |                        |  |                      |            |        |             |           |
| Service Transport G       | roup                 |                |        |                 |                    | 20990      | 8         | 0                                      | Minerva Landfill                        |                        |  |                      |            |        |             |           |
| City, State               |                      |                |        |                 |                    |            |           | posal Date                             | City, State                             |                        |  |                      |            |        |             |           |
| New Castle, DE            |                      |                |        |                 |                    |            | 1         | 2/31/17                                | Wayn                                    | esburg                 | burg, OH   |                      |            |        |             |           |
| Completed By (Print or Ty | rpe)                 | Title          |        |                 |                    |            |           | Signature                              | -                                       |                        |  | Date                 |            |        |             |           |
| Wayne Huntbach            |                      | Pro            | ject   | Mana            | ger                |            |           | 100                                    | ~ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ |                        |  |                      |            |        |             |           |

Building 11 - Cottage 4 Plus Dorm

| Code* | Description of material | Location of material (room/floor/area) | Amount of ACM | **              | Code<br>*** | Code |
|-------|-------------------------|--|---------------|-----------------|-------------|------|
| FRI   | Nailcrete               | 1st Floor                              | 3500 AS       | BESTOS<br>EICEI | CONTRI      | DL & |
| FRI   | Vapor Barriers          | 1st Floor                              | 3500          | SF              | REM         |      |
| FRI   | Fire Door               | 1st Floor                              | 1             | Ea              | REM         |      |
| NF1   | Window Caulk            | Trhoughout                             | 350           | LF              | REM         |      |
| FRI   | Sink Undercoating       | 1st Floor in conjuction with nailcrete | 4             | SF              | REM         |      |
|       |                         |  |               |                 |             |      |
|       |                         |  |               |                 |             |      |
|       |                         |  |               |                 |             |      |
|       | ***                     |  |               |                 |             |      |
| 1     |                         |  |               |                 |             |      |
|       | ) <del>)</del>          |  |               |                 |             |      |
|       |                         |  |               |                 |             |      |
|       |                         |  |               |                 |             |      |
|       |                         |  |               |                 |             |      |
|       |                         |  |               |                 |             |      |

| Date of Notification (1)   0   | CHECKFOU   | le T   |         | N       |          | CATIC    |              | BES    | Jersey<br>STOS ABATE<br>3:60 and 5:16  |  | n E C                                   |           | Ŋ     |            | 3 [   |     |
|--|--|--|---------|---------|----------|----------|--------------|--------|--|--|---|-----------|-------|------------|-------|-----|
| Agencies Notified   Type Notification   Street Address   Street Address   DOLA (NUAC 5:16)   DOLA (NUAC 5:   | Date of Notification (1)   |  |         |         |          | Nam      | e of Buildir | ng Ov  | wner/Operator  | (2)  | 3                                       |           |       |            | 711   | 111 |
| Page      | 08/  | 14 /   | 17      |         |          |          |              |        | e (min a min a sin a sin a min a | The state of the s | Alig                                    | 1.6       | 201   | 7          |       |     |
| Amended  | Agencies Notified  | Type Notific   | cation  |         |          | Stree    | t Address    |        |  | 1 200  | 1                                       | 10        | CU.   | 1          | 1     | #   |
| Distance   Control   Cancellation   Chris Moser Project Manager   FACILITY INFORMATION   | ⊠ EPA  |  |         |         |          | 10       | 0 Lenox      | Driv   | е  | 1  |   |           |       |            | 1     |     |
| Distance   Control   Cancellation   Chris Moser Project Manager   Telephone Number   Cancellation   Chris Moser Project Manager   Telephone Number   Cancellation   Cance   |  |  |         |         |          | City.    | State, Zip   | Code   | 9  |  | ASBESTO                                 | SCO       | VTF   | 105        | 2     | +   |
| DATE      |  |  |         |         |          | 1 1500   |              |        |  | L  | LIC                                     | ENSIN     | G     | .0_        | G     | 1   |
| Chris Moser Project Manager   FACILITY INFORMATION   | The state of the s |  |         | iciuain | g        |          |              |        |  |  | Telephone                               | Numbo     | r     | The second |       |     |
| Name of Facility (Mere Abatement is Taking Place (3)   | (NJAC 5:23-8)  |  |         |         |          |          |              |        | oject Manag  | er   | , |           |       |            |       |     |
| Street Address   Stre   |  |  |         |         |          | FA       | CILITY II    | NFO    | RMATION  |  |   |           |       |            |       |     |
| Street Address   Subapage 18 (Other than K-12)   Other (Le., private & commercial buildings, homes, etc.).   | Name of Facility Where A   | Abatement is   | Taking  | g Place | e (3)    |          |              | 200    | Street, T. regilier sectors are self-  | Type of Facilit  | tv (4)                                  |           |       |            |       |     |
| Street Address   Stre   | Marie Katzenbach S   | School for t   | the D   | eaf     | 888      |          |              |        |  | - 12 h   | 7.07.62                                 |           |       |            |       |     |
| South   Sout   | Street Address   |  |         |         |          |          |              |        |  | ☐ Subchapte  | er 8 (Other than                        |           |       |            |       |     |
| County (6)   |  | Building 1   | 2 - C   | ottage  | 5        |          |              |        |  |  |   | mercial I | ouilo | lings,     |       |     |
| County (6)   Mercer   County Code (7)(STATE USE ONLY)   Current Use (Prior if being demolished)   Prior use school being demolished   Street Address    |  |  |         |         |          |          |              |        |  | Square Feet  | # of Floors                             | S         | Bl    | dg. A      | ge    |     |
| Mercer   Mane of Monitoring Firm Hired by Building Owner (8)   ASCM No.   Name of Abatement Contractor (9)   Diamond Huntbach Construction Corporation   | Ewing  |  |         |         |          |          |              |        |  | 4000   | 3                                       |           |       | 50+        |       |     |
| Name of Monitoring Firm Hired by Building Owner (8) Erivironmental Connection, Inc  Street Address 320 North Warren Street City, State, Zip Code Trenton, NJ 08608  Project Manager for Monitoring Firm Rollie Jones Stard Date (10)   | County (6)   |  | 2       |         |          | Cou      | nty Code (   | 7)(ST  | ATE USE ONLY)  | Current Use (I   | Prior if being de                       | emolishe  | ed)   |            |       |     |
| Environmental Connection, Inc   Diamond Huntbach Construction Corporation  | Mercer   |  |         |         |          |          |              |        |  | Prior use  | school being                            | demo      | lish  | ned        |       |     |
| Street Address    City, State, Zip Code   Trenton, NJ 08508   Telephone No.   Comparation   Telephone No.   Comparation   No.   N  | Name of Monitoring Firm  | Hired by Buil  | Iding ( | Owner   | (8)      | ASCM     | No.          | Na     | me of Abatem   | ent Contractor (   | 9)                                      |           |       |            |       |     |
| Street Address   120 North Warren Street     | Environmental Con  | nection. In  | С       |         | 57./2    |          |              | 100    |  |  | COLUMN TO THE REAL PROPERTY.            | oratio    | n     |            |       |     |
| 120 North Warren Street  |  | _  |         |         |          |          |              |        |  |  |   |           | -     |            |       |     |
| City, State, Zip Code  | 120 North Warren S   | treet  |         |         |          |          |              |        |  | erne Street  |   |           |       |            |       |     |
| Philadelphia, PA 19124   | City State Zin Code  |  |         |         |          |          |              |        |  |  |   |           |       |            |       |     |
| Telephone No.  |  |  |         |         |          |          |              | - 1    |  |  |   |           |       |            |       |     |
| Rollie Jones   |  | toring Firm  |         |         | Tol      | nhono    | No           |        |  | , FA 15124   | Liganga N                               | lo.       |       |            |       |     |
| Same As Above   Status During Abatement (Check only one)   Street Address   Street Address   |  | tolling Fillin   |         |         |          |          |              | 100000 |  | ;  | Constitution (1975)                     | 10.       |       |            |       |     |
| Occupancy Status During Abatement (Check only one)    Facility Closed/Vacated During Entire Period of Abatement     Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement ? AM-5PM/_PMAM     Scope of Work (Check all that apply)     23 sf or >3 lf   | Start Date (10)  |  | Sched   | uled C  | omple    | etion Da | ite (11)     | Na     | me of OSHA N   | 1onitor  |   |           |       |            | _     |     |
| Secondary Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-5PW PM- AM   PM- AM  | 08 /28 /   | 17   | _1      | 2 /     | _ 3      | 1_ /     | 17           | 5      | SAME AS AB   | OVE  |   |           |       |            |       |     |
| Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-5PM   |  | and the second s |         |         |          |          |              | Str    | eet Address  |  |   |           |       |            |       |     |
| Time of Abatement: 7AM-5PM/ PM- AM  Scope of Work (Check all that apply)    Scope of Work (Check all that apply)   Mini-Enclosure   Moni-Enclosure   Moni-Enclosure   Abatement Type   Abatement Type   Asbestos Containing Material (ACM)   Amount   Abatement Type   Abatement Type   Abatement Type   Abatement Type   Abatement  |  |  |         |         |          |          |              |        |  |  |   |           |       |            |       |     |
| □ ≥3 sf or ≥3 lf □ Renovation □ Demolition □ Pull Containment with Negative Pressure □ Mini-Enclosure □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Normally Used Solely by Maintenance/ Custodial Staff's (12)   |  |  |         |         |          | rs - Des | scribe       | Cit    | y, State, Zip Co   | ode  |   |           |       |            |       |     |
| See Attached Listing   Renovation   Demolition   Mini-Enclosure   Glovebag Procedure   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non    | Scope of Work (Check all   | that apply)  |         |         |          |          |              |        |  |  |   | -         |       |            |       |     |
| See Attached Listing   See Attached Listing   See Attached Waste Hauler   Service Transport Group   Nome of Registered Waste Hauler   Service Transport Group   Nome of Registered Waste, DE   Nome of Registered Waste, DE   Nome of Registered Waynesburg, OH   None-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Abatement Type   Asbestos Containing Material (ACM)   Amount (Specify VAT, or other miscellaneous)   None-Friable Procedure   Abatement Type   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Abatement Type   Abatement Type   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Abatement Type   Abatement Type   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Abatement Type   Abatement Type   Non-Exempted (*) and Non-Friable Procedure   Non-Exempted (*) and Non-Friable Procedure   Abatement Type   Abatement Type   Abatement Type   Non-Exempted (*) and Non-Friable Procedure   Normally   Description of   Asbestos Containing Material (ACM)   Amount (Specify SF or LF)   Non-Exempted (*) and Non-Friable Procedure   Abatement Type   Abat    | □ >3 ef or >3 If   |  |         | ПР      | novat    | ion      |              |        |  |  | egative Pressur                         | re        |       |            |       |     |
| Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  See Attached Listing  Nome of Registered Waste Hauler Service Transport Group  Nome Asbestos Containing Material (ACM) Maintenance/ Custodial Staff? (12) Yes No N/A  N/A  Nome of Registered Waste Hauler Service Transport Group  Name of Registered Waste, DE  Nome of Registered Waste, DE  Nome of Registered (*) and Non-Friable Procedure  Abatement Type  Abatement Type  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  NAME of Registered Waste Hauler  NJDEP Waste Hauler ID No. A901#20990  Name of Registered Landfill  Minerva Landfill  Waynesburg, OH  |  |  |         |         |          |          |              |        |  |  |   |           |       |            |       |     |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Yes No N/A  See Attached Listing  Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A  See Attached Listing  Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A  Custodial Staff? (12) Yes No N/A  See Attached Listing  Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A  See Attached Listing  Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A  See Attached Listing  Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A  See Attached Listing  Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A  See Attached Listing  Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A  See Attached Listing  Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A  Cubic Yards of Waste Maintenance/Custodial Staff? (12) Waste Minerva Landfill  Normally Used Solely by Maintenance/Custodial Staff? (Specify SF or LF)  No N/A  See Attached Listing  Normally Used Solely by Maintenance/Custodial Staff? (Specify SF or LF)  Normally Used Solely by Maintenance/Custodial Staff? (Specify SF or LF)  Normally Used Solely by Maintenance/Custodial Staff? (Specify SF or LF)  Normally Used Solely by Maintenance/Custodial Staff? (Specify SF or LF)  Normally Used Solely by Maintenance/Custodial Staff? (Specify SF or LF)  Normally Used Solely by Maintenance/Custodial Staff? (Specify SF or LF)  Normally Used Solely by Maintenance/Custodial Staff? (Specify SF or LF)  Normally Used Solely by Maintenance/Custodial Staff? (Specify SF or LF)  Normally Used Solely by Maintenance/Custodial Staff? (Specify SF or LF)  Normally Used Solely by Maintenance/Custodial Staff? (Specify SF or LF)  Normally Used Solely by Maintenance/Custodial Staff? (Specify SF or LF)  Normally Used Solely By Maintenance/Custodial Staff? (Specify SF or LF)  Normally Used Solely By Maintenance/Custodial Staff? (Specify SF or LF)  Normally Used Solely By Maintenance/Custodial Staff? (S |  |  |         |         |          | 320      |              |        |  |  | Ion-Friable Prod                        | cedure    |       |            |       |     |
| Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Yes No N/A  See Attached Listing  Name of Registered Waste Hauler Service Transport Group  Name of Registered Waste Hauler Service Transport Group  Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A  VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (Specify SF or LF)  Asbestos Containing Material (ACM) (Specify SF or LF)  NATIONAL Set In the mal systems insulation, surfacing, VAT, or other miscellaneous)  NATIONAL Set In the mal systems insulation, surfacing, VAT, or other miscellaneous)  NATIONAL SET IN THE MAINTENANCE (Specify SF or LF)  NATIONAL SET IN THE MAINTENANCE (Specify SF or LF)  NATIONAL SET IN THE MAINTENANCE (Specify SF or LF)  NATIONAL SET IN THE MAINTENANCE (Specify SF or LF)  NATIONAL SET IN THE MAINTENANCE (Specify SF or LF)  NATIONAL SET IN THE MAINTENANCE (Specify SF or LF)  NATIONAL SET IN THE MAINTENANCE (Specify SF or LF)  NATIONAL SET IN THE MAINTENANCE (Specify SF or LF)  NATIONAL SET IN THE MAINTENANCE (Specify SF or LF)  NATIONAL SET IN THE MAINTENANCE (Specify SF or LF)  NATIONAL SET IN THE MAINTENANCE (Specify SF or LF)  NATIONAL SET IN THE MAINTENANCE (Specify SF or LF)  NATIONAL SET IN THE MAINTENANCE (Specify SF or LF)  NATIONAL SET IN THE MAINTENANCE (Specify SF or LF)  NATIONAL SET IN THE MAINTENANCE (Specify SF or LF)  NATIONAL SET IN THE MAINTENANCE (SPECIFY |  |  |         |         |          |          |              |        |  |  |   |           | Aba   | ateme      | ent T | уре |
| (12)   |  |  | 4)      |         |          |          | A = h =      |        |  |  |   |           | TI    | TI         | Ш     | m   |
| (12)   |  |  | ")      |         |          |          |              |        |  |  |   | ,         | èm    | lepa       | nca   | ncl |
| See Attached Listing    Ves   No   N/A     N/A       N/A   | IN Facility  |  |         | Cus     |          | Staff?   |              |        | VAT, or  |  |   | )         | ova   | #          | psu   | uso |
| See Attached Listing   | (13)   |  |         | Von     | _        | NI/A     |              | ot     | her miscellane   | ous)   |   |           | =     |            | ılatı | œ.  |
| Name of Registered Waste Hauler Service Transport Group  City, State New Castle, DE  No D D D D D D D D D D D D D D D D D D D  | See Attached Listing   |  |         |         |          |          |              |        |  |  |   |           | Ø     | П          |       |     |
| Name of Registered Waste Hauler Service Transport Group  City, State New Castle, DE  Name of Registered Waste Hauler  NJDEP Waste Hauler ID No. A901#20990  Disposal Date 12/31/17  Waynesburg, OH   | - Coo / Machine Library  |  |         |         | 0.000000 | -        |              |        |  |  |   |           |       |            |       |     |
| Name of Registered Waste Hauler Service Transport Group  City, State New Castle, DE  NJDEP Waste Hauler ID No. A901#20990  Disposal Date 12/31/17  Name of Registered Landfill Waste Minerva Landfill  City, State  New Castle, DE  Name of Registered Landfill Waste Waste State Minerva Landfill  Minerva Landfill  Minerva Landfill  Minerva Landfill  Maynesburg, OH   |  |  |         |         |          | -        |              |        |  |  | -                                       |           |       |            |       |     |
| Service Transport Group         Hauler ID No.<br>A901#20990         Waste<br>80         Minerva Landfill           City, State         Disposal Date<br>12/31/17         City, State<br>Waynesburg, OH   |  |  |         |         |          | 1        |              |        |  |  |   |           | 믬     | 밁          |       |     |
| Service Transport Group         Hauler ID No.<br>A901#20990         Waste<br>80         Minerva Landfill           City, State         Disposal Date<br>12/31/17         City, State<br>Waynesburg, OH   | Name of Pasistand W. 1   | o Harrier  |         | П       | Ц.       | LDE2:    | 0/           | Ιο.    | ala Warde II   | No. 15   | 1-1                                     |           | _     | Ш          |       | Ц   |
| City, State  New Castle, DE  Disposal Date 12/31/17  Waynesburg, OH  Tity, State Waynesburg, OH  | and the second second  |  |         |         |          | auler II | No.          | Wa     | ste  | The second second second second second   |   |           |       |            |       |     |
| New Castle, DE 12/31/17 Waynesburg, OH   | 50-40-40-40-40-40-40-40-40-40-40-40-40-40  |  |         |         |          | A901     | 720990       |        |  | City State   | -74-64411-1-1-1-1-1                     |           |       |            |       |     |
|  |  |  |         |         |          |          |              |        |  |  | urg, OH                                 |           |       |            |       |     |
| Wayne Huntbach Project Manager Wc \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \  | Completed By (Print or Tvi   | pe)  | Title   |         |          |          |              |        | Signature  |  |   | Date      |       |            |       |     |
|  |  |  |         |         | Man      | ager     |              |        | Wc-  | 2  |   | 8         | -/    | 4-         | 1)    | 7   |

Building 12 - Cottage 5

| Code* | Description of material | Location of material (room/floor/area) | Amount of | **                | ***     | Code<br>**** |
|-------|-------------------------|--|-----------|-------------------|---------|--------------|
| FRI   | Nailcrete               | 1st Floor                              | 3500 ASBE | STOS CO<br>LICENS | DNEEW L | &            |
| FRI   | Vapor Barriers          | 1st Floor                              | 3500      | SF                | REM     |              |
| FRI   | Fire Door               | 1st Floor                              | 1         | Ea                | REM     |              |
| NF1   | Window Caulk            | Thoughout                              | 350       | LF                | REM     |              |
| FRI   | Sink Undercoating       | 1st Floor in conjuction with nailcrete | 4         | SF                | REM     |              |
| NF1   | Window Glazing          | Throughtout                            | 350       | LF                | REM     |              |
|       |                         |  |           |                   |         |              |
|       |                         |  | 2         |                   |         |              |
|       |                         |  |           |                   |         |              |
|       |                         |  |           |                   |         |              |
|       |                         |  |           |                   |         |              |

CHOOK K 24167

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

| Che v av.  |  |              | (Pursuant to NJAC 8:60 and 5:16) |                           |                |                             |  |  |                   |        | 11   |           |
|--|--|--------------|----------------------------------|---------------------------|----------------|-----------------------------|--|--|-------------------|--------|--|-----------|
| Date of Notification (1)  08 /   | 14 /   | 17           |                                  |                           | of Buildin     | g Owner/Operator (          | (2)  | AUG 1 6  | 201               | 7      | And the second s |           |
| Agencies Notified  | ype Notification   | on           |                                  | Street                    | t Address      | 1100000                     |  | AUG 1 0  | - 201             | -      | Tub. repo  | 1         |
| ⊠ EPA □  | ✓ Initial  |              |                                  | 100                       | Lenox I        | Drive                       |  | no.  |                   |        |  |           |
|  | Amended  |              |                                  | City, S                   | State, Zip     | Code                        |  | ASBESTOS C                                       | ONTE              | OL     | 8  | -         |
| DCA (NJAC 5:16)  | Amendment<br>Emergency   |              | ,                                | Lav                       | vrencevi       | lle, NJ 08460               |  | LICENS   |                   |        |  | -         |
| □ DCA  | justification)   |              | 3                                |                           | of Contac      |                             |  | Talaskasa Ni.                                    | hor               |        |  |           |
| (NJAC 5:23-8)  | Cancellation   |              |                                  |                           | 191 - 1000 Ca. | r Project Manage            | er   |  |                   |        |  |           |
|  | -  |              |                                  |                           |                | NFORMATION                  |  |  |                   | -      |  |           |
| Name of Facility Where Aba   | atement is Tak   | ing Place    | (3)                              |                           |                |                             | Type of Facility   | (4)  |                   |        |  |           |
| Marie Katzenbach Sc  |  |              | 8 6                              |                           |                |                             | School (K-12   |  |                   |        |  |           |
| Street Address   |  |              |                                  |                           |                |                             | Subchapter 8   | (Other than K-12                                 |                   |        |  |           |
| 320 Sullivan Way B   | uildina 13 C   | ottage 6     | 3                                |                           |                |                             | Other (i.e., pr<br>homes, etc.)  | ivate & commerc                                  | ial build         | lings, |  |           |
| City (5)   |  |              |                                  |                           |                |                             | Square Feet  | # of Floors                                      | BI                | dg. A  | ge.  |           |
| Ewing  |  |              |                                  |                           |                |                             | 4000   | 3  |                   | 50+    | 90   |           |
| County (6)   |  |              |                                  | Cour                      | nty Code (7    | 7)(STATE USE ONLY)          | Current Use (Pri   | or if being demoli                               |                   |        |  |           |
| Mercer   |  |              |                                  | 000,                      | , oodo (.      | /(07717 2 30E 37/E7/        | The state of the s | hool being de                                    | 1115-11-07 (1007) | har    |  |           |
| Name of Monitoring Firm Hi   | red by Building  | a Owner (    | (8)                              | ASCM                      | No             | Name of Abateme             |  | noor being de                                    | 1101131           | - Cu   |  |           |
| Environmental Conne  | 1500   | 9 0 111101 ( | -                                | , 100111                  |                |                             | ntbach Constru   | ction Corpora                                    | tion              |        |  |           |
| Street Address   |  | - #          |                                  |                           |                | Street Address              | TIBUON CONOTIC   | otion oorpord                                    | CIOII             |        |  |           |
| 120 North Warren Str   | eet  |              |                                  |                           |                | 500 East Luz                | erne Street  |  |                   |        |  |           |
| City, State, Zip Code  |  | _            |                                  |                           |                | City, State, Zip Co         |  |  |                   |        |  |           |
| Trenton, NJ 08608  |  |              |                                  |                           |                | Philadelphia,               |  |  |                   |        |  |           |
| Project Manager for Monitor  | ing Firm   |              | Tele                             | phone                     | No.            | Telephone No.               |  | License No.                                      |                   | -      |  |           |
| Rollie Jones   |  |              | 60                               | 9-273                     | -1396          | 215-739-8166                | 5  | 00646  |                   |        |  |           |
| Start Date (10)  | Sch  | eduled C     | omple                            | tion Da                   | te (11)        | Name of OSHA M              | Monitor  |  |                   |        |  |           |
| _08 / 28 /   | An artist and the second secon | 12 /         |                                  |                           |                | SAME AS AB                  | BOVE   |  |                   |        |  |           |
| Occupancy Status During A  | batement (Che  | eck only o   | ne)                              |                           |                | Street Address              |  |  |                   |        |  |           |
| ☐ Facility Closed/Vacated  | During Entire F  | Period of    | Abater                           | nent                      |                |                             |  |  |                   |        |  |           |
| ☐ Abatement Performed O  |  |              |                                  | s - Des                   | cribe          | City, State, Zip Co         | ode  | <del>7771111111111111111111111111111111111</del> |                   |        |  |           |
| Time of Abatement: 7AN   | 1- <u>5</u> PM/  | PM           | _AM                              |                           |                |                             |  |  |                   |        |  |           |
| Scope of Work (Check all th  | at apply)  | <u> </u>     |                                  |                           |                | П = 110                     | to to one of the Alice   |  |                   | 20-000 |  |           |
| ≥3 sf or ≥3 lf   |  | □ Rei        | novatio                          | on                        |                | ☐ Full Cont                 | tainment with Neg<br>Josure  | ative Pressure                                   |                   |        |  |           |
| ≥160 sf or ≥260 lf   |  | ⊠ Der        | 10773                            |                           |                | ☐ Glovebag                  | g Procedure  |  |                   |        |  |           |
| ·  |  | le           | Locati                           | on                        |                |                             | mpted (*) and Nor  | n-Friable Procedu                                | 1 0000            | 70     |  |           |
| Location of  |  | 1000         | lormal                           | 3767676 1 H               |                | Description o               | , f  |  | Aba               | atem   | ent T  | ype       |
| Asbestos-Containing Ma   | terial (ACM)   | 54127573     | d Sc!e                           |                           | Asbe           | stos Containing Ma          |  | Amount   | 70                | Z,     | ш  | Ф         |
| TO BE ABATE  | D  |              | ntenal<br>odial S                |                           |                | rmal systems insula         |  | (Specify   | Removal           | Repair | cap  | iclo      |
| IN Facility (13)   |  |              | (12)                             |                           |                | VAT, or<br>other miscellane | ous)   | SF or LF)  | val               | 7      | Encapsulate  | Enclosure |
| (,,,,  |  | Yes          | No                               | N/A                       |                | ouror moodiano              | 000)   |  |                   |        | ate  |           |
| See Attached Listing   |  |              | $\boxtimes$                      |                           |                |                             |  |  | $\boxtimes$       |        |  |           |
|  |  |              |                                  |                           |                |                             |  |  | П                 | П      | П  | П         |
|  |  |              |                                  |                           |                |                             |  |  |                   |        | $\exists$  |           |
|  |  |              |                                  |                           |                |                             |  |  |                   |        |  |           |
| Name of Registered Waste I   | Hauler   |              | IN                               | JDEP V                    | Vacta          | Cubic Yards of              | Name of Regist   | ered Landfill                                    |                   | Ш      |  |           |
| Service Transport Gro  |  |              | 100000                           | auler ID                  |                | Waste                       | Minerva La   |  |                   |        |  |           |
| 1905 (1904 (1904 (1905 (1904 ( | ~P   |              |                                  | A901#                     | 20990          | 80                          | 100000000000000000000000000000000000000  |  |                   |        |  |           |
| City, State  |  |              |                                  | Disposal Date City, State |                |                             |  |  |                   |        |  |           |
| New Castle, DE   |  |              | Despie 100-10                    |                           |                | 12/31/17                    | Waynesbur  | 7. B   |                   |        |  |           |
| Completed By (Print or Type  |  | tle          |                                  |                           |                | Signature                   |  | Di   | ate - / 0         | ,      | ~  |           |
| Wayne Huntbach   |  | Project      | Mana                             | ger                       |                | ( ) = V                     |  | X  | 5-10              | 1-     | ()   |           |

CHCC+ # 24167

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

|                                |               |        |         |           | ,            |              |            |                           |   | 1000     | -                    |             | 5 1              | W                     | 12       | 17"            | 11   |           |
|--------------------------------|---------------|--------|---------|-----------|--------------|--------------|------------|---------------------------|---|----------|----------------------|-------------|------------------|-----------------------|----------|----------------|--|-----------|
| Date of Notification (1)  08 / | 14 /          | 17     |         |           |              | of Buildin   | 7          | wner/Operator (           | (2)   |          | <u> </u>             | <u>U</u>    |                  |                       |          |                | Action of the Control |           |
| Agencies Notified              | Type Notific  | ation  |         |           | Stron        | t Address    |            |                           |   |          | L                    | 110         | 16               | 2017                  |          | 111            | 11   |           |
| ⊠ EPA                          |               |        |         |           | 100/10/10/00 | Lenox [      | Drive      | е                         |   |          |                      | AUG         | 1 0              | 2011                  |          |                |  |           |
| DEP     DCA (NJAC 5:16)        | Amende Amendr |        |         |           | City,        | State, Zip ( | Code       | 9                         |   | 1        | ASBE                 | OTO         | 00.00            | TAITE                 | OI.      | 2.             | Ì  |           |
| DHSS                           | Emerger       |        | cluding | 3         | Lav          | vrencevi     | lle, l     | NJ 08460                  |   |          | ASBE                 | 110         | た<br>に<br>NS     | ING                   | -        | <b>-</b> 2     | 1  |           |
| DCA                            | justificat    | ion)   |         | ,         | Name         | of Contac    | t          |                           |   | 1        |                      | Tele        | phone            | Numb                  | or       | and the Oliver |  |           |
| (NJAC 5:23-8)                  | ☐ Cancella    | ition  |         |           | Ch           | ris Mose     | Pro        | oject Manage              | er  |          |                      |             |                  |                       |          |                |  |           |
|                                |               |        |         |           | FA           | CILITY IN    | IFO        | RMATION                   |   |          |                      |             |                  | -100                  |          |                |  |           |
| Name of Facility Where A       |               |        |         | (3)       |              |              |            |                           | Тур   | e of Fa  | acility (4           | 4)          |                  |                       |          |                |  |           |
| Marie Katzenbach S             | School for t  | the De | af      |           |              |              |            |                           |   |          | (K-12)               |             |                  |                       |          |                |  |           |
| Street Address                 |               |        |         |           |              |              |            |                           |   |          | apter 8<br>i.e., pri |             |                  |                       | huile    | linas          |  |           |
| 320 Sullivan Way               | Tunnels Be    | eneath | n Bui   | dling     | s 7,8,9      | 9,10,11, 1   | 2 ar       | nd 13                     |   | homes    |                      | vale c      | x COIIII         | ii <del>c</del> i Gia | Dunc     | miys,          |  |           |
| City (5)                       |               |        |         |           |              |              |            |                           | Squ   | are Fe   | et                   | # of        | Floors           | S                     | BI       | dg. A          | ge   |           |
| Ewing                          |               |        |         |           |              |              |            |                           | 7   | 50       |                      | 1           |                  |                       |          | 50+            |  |           |
| County (6)                     |               |        |         |           | Cour         | nty Code (7  | )(STA      | ATE USE ONLY)             | Curi  | rent Us  | e (Prio              | r if be     | eing de          | molish                | ned)     |                |  |           |
| Mercer                         |               |        |         |           |              |              |            |                           | P   | rior u   | se sch               | loor        | being            | dem                   | olish    | red            |  |           |
| Name of Monitoring Firm        | Hired by Buil | ding O | wner (  | (8)       | ASCM         | No.          | Na         | me of Abateme             | ent Co  | ontract  | or (9)               |             |                  |                       |          |                |  |           |
| Environmental Con              | nection, In   | С      |         |           |              |              | 1          | Diamond Hui               | ntba  | ch Co    | nstru                | ction       | Corp             | orati                 | on       |                |  |           |
| Street Address                 |               |        |         |           |              |              | Str        | eet Address               |   |          |                      |             | (3)              | 172217                | =        |                |  |           |
| 120 North Warren S             | treet         |        |         |           |              |              | 5          | 500 East Luz              | erne  | Stree    | et                   |             |                  |                       |          |                |  |           |
| City, State, Zip Code          |               |        |         |           |              |              | Cit        | y, State, Zip Co          | ode   |          |                      |             |                  |                       |          |                |  |           |
| Trenton, NJ 08608              |               |        |         |           |              |              | 100        | Philadelphia,             |   | 19124    |                      |             |                  |                       |          |                |  |           |
| Project Manager for Moni       | torina Firm   |        |         | Tele      | phone        | No.          |            | lephone No.               |   |          |                      | Lice        | ense N           | lo                    |          |                |  |           |
| Rollie Jones                   | 3             |        |         |           | 9-273        |              |            | 215-739-8166              | ;   |          |                      | 3404        | 0646             |                       |          |                |  |           |
| Start Date (10)                | 19            | Schedu | iled C  | 15 63     | tion Da      |              | 1          | me of OSHA M              |   | r        |                      |             | 00.10            |                       |          |                |  |           |
| 08 / 28 /                      | 2000-200-2    |        |         |           | /            |              | 0.00000000 | SAME AS AB                |   |          |                      |             |                  |                       |          |                |  |           |
| Occupancy Status During        |               | 1/-    |         |           |              |              |            | eet Address               |   |          |                      |             |                  |                       |          |                | -03.43   |           |
| ☐ Facility Closed/Vacate       |               |        | - 50    | 52        | mont         |              | Sui        | eet Address               |   |          |                      |             |                  |                       |          |                |  |           |
| ☐ Abatement Performed          |               |        |         |           |              | cribe        | 0:4        | 01-1- 7:- 0               |   |          |                      |             |                  |                       |          |                |  |           |
| Time of Abatement: 7/          |               |        |         |           | 0 000        | 01100        | City       | y, State, Zip Co          | oae   |          |                      |             |                  |                       |          |                |  |           |
| Soons of Work (Chook all       | that apply)   |        |         |           |              |              |            |                           |   |          |                      |             |                  |                       |          |                |  |           |
| Scope of Work (Check all       | triat apply)  |        |         |           |              |              |            | ☐ Full Cont               | ainm  | ent wit  | h Nega               | tive P      | ressur           | re                    |          |                |  |           |
| ≥3 sf or ≥3 lf                 |               |        | Re      |           |              |              |            | ☐ Mini-Enc                | losure  | е        |                      |             |                  |                       |          |                |  |           |
| ≥160 sf or ≥260 If             |               | 2      | Der     | molitic   | n            |              |            | ☐ Glovebaç ☑ Non-Exe      |   |          |                      | Eriah       | la Pro           | codura                | NS.      |                |  |           |
|                                |               |        | Is      | Locat     | ion          |              |            | M HOIT EXC                | mpto  | a ( ) ai | IG TYOTT             | Hab         | 10 1 100         | cedure                | 1 - 1    | otom           | ent Ty   | vno.      |
| Location                       | of            |        |         | lorma     |              |              |            | Description o             | f   |          |                      |             |                  |                       |          |                | SIIC (   |           |
| Asbestos-Containing N          |               | 1)     |         | d Sole    |              |              |            | Containing Ma             |   |          |                      |             | mount            |                       | Removal  | Repair         | Enc  | Enclosure |
| TO BE ABA                      |               |        |         | odial     | Staff?       | (i.e., the   | mai        | systems insula<br>VAT, or | ation,  | surfaci  | ng,                  |             | Specify<br>or LF |                       | vou      | oair           | aps  | sols      |
| (13)                           | ,             |        |         | (12)      |              |              | ot         | her miscellane            | ous)  |          |                      | O.          | OI LI            | ,                     | <u>a</u> |                | Encapsulate  | ure       |
|                                |               |        | Yes     | No        | N/A          |              |            |                           |   |          |                      |             |                  |                       |          |                | te   |           |
| See Attached Listing           | $\boxtimes$   |        |         |           |              |              |            |                           |   |          |                      | $\boxtimes$ |                  |                       |          |                |  |           |
|                                |               |        |         |           |              |              |            |                           |   |          |                      |             | П                | П                     | П        |                |  |           |
|                                |               |        | $\Box$  | $\Box$    |              |              |            |                           |   |          | -                    |             |                  |                       |          |                |  | $\Box$    |
|                                |               |        |         |           |              |              |            |                           |   |          | -                    |             |                  |                       |          |                | 님  | ㅁ         |
| Name of Registered Waste       | o Haular      |        |         |           | JDEP V       | Mosts        | Cul        | sia Varda of              | No  | of I     | Jaminta              | 20 d l      | - 4EII           |                       | Ш        | ш              | ш  | Ш         |
| Service Transport G            |               |        |         | 100000    | auler I      |              | Was        | oic Yards of<br>ste       | f Name of Registered Landfill  Minerva Landfill |          |                      |             |                  |                       |          |                |  |           |
| City, State                    | 1             |        |         |           | A901#        | 20990        | 8<br>Dist  |                           |   |          |                      |             |                  |                       |          |                |  |           |
| New Castle, DE                 |               |        |         |           |              |              |            | posal Date<br>2/31/17     | City, State Waynesburg, OH                      |          |                      |             |                  |                       |          |                |  |           |
|                                | 201           | Title  |         |           |              |              | - 1        |                           |   |          |                      |             |                  |                       |          |                |  |           |
| Completed By (Print or Ty      |               |        |         | Signature |              |              |            |                           |   | Date     |                      | ,           |                  |                       |          |                |  |           |
| Wayne Huntbach                 |               | Pro    | oject   | Mana      | ager         |              |            | 11.)00                    | 8-14-17   |          |                      |             |                  |                       |          |                |  |           |

Tunnels Beneath Buildings 7,8,9,10,11,12 and 13

| Code* | Description of material  | Location of material (room/floor/area) | Amount of | **     | Code<br>*** | Code<br>**** |
|-------|--------------------------|--|-----------|--------|-------------|--------------|
| NF1   | Glassblock Windows Caulk | Throughout                             | 30ÔSBE    | STOS C | CINERPL     | &            |
| FR1   | Pipe & Pipe fittings     | Throughout                             | 20        | LF     | REM         |              |
|       |                          |  |           |        |             |              |
|       |                          |  |           |        |             |              |
|       |                          |  |           |        |             |              |
|       |                          |  |           |        |             |              |
|       |                          |  |           |        |             |              |
|       |                          |  |           |        |             |              |
|       |                          |  |           |        |             |              |
|       |                          |  |           |        |             |              |

| Chy  | 938                                   |                   |                                 | FICATIO  | N OF AS                                 | New Jerse<br>SBESTOS<br>AC 8:60 ar | ABATE   |               | PAU  | D.                         | E G                   | E             |              | W 1         | Int       |  |
|--|---------------------------------------|-------------------|---------------------------------|--|---|------------------------------------|---|---------------|--|----------------------------|-----------------------|---------------|--------------|-------------|-----------|--|
| Date of Notification (1)<br>8/11/17  |                                       | ***               |                                 |  |   | ng Owner/<br>eler Rea              |   |               | evelopme                                   | nt Corp                    | NUO                   | 1 '           | J <u>E</u> 1 | 018         |           |  |
|  | Type Notification                     |                   |                                 | Street Address 53 Frontage Rd, PO Box 9000  ASBESTOS CONTROL & LICENSING |   |                                    |   |               |  |                            |                       |               |              |             |           |  |
| DEP<br>X DOL   | Amended<br>Amendmen                   |                   |                                 | City, State, Zip Code<br>Hampton NJ 08827                                |   |                                    |   |               |  |                            |                       |               |              |             |           |  |
| DOH DCA  | Emergency justification) Cancellation |                   | 3                               | Name of Contact Tom Fizzano  |   |                                    |   |               |  |                            |                       |               |              |             |           |  |
|  |                                       |                   |                                 | FAC  | ILITY IN                                | FORMAT                             | ION   |               |  |                            |                       |               | _            |             |           |  |
| Name of Facility Where Abs<br>Former Ullrich Coppe                           |                                       | ng Place (        | 3)                              |  |   |                                    |   | Тур           | e of Facility<br>School (K-                |                            |                       |               |              |             |           |  |
| Street Address<br>2 Mark Rd  |                                       |                   |                                 |  |   |                                    |   | ×             | Subchapte<br>Other (i.e.<br>etc.)          | er 8 (Other<br>private & c | than K-1:<br>commerci | 2)<br>ial bui | ildings      | s, hon      | nes,      |  |
| City (5)<br>Kenilworth   |                                       |                   | Square Feet # of Floors 16300 1 |  |   |                                    |   |               |  |                            | Bldg.<br>67 ye        |               |              |             |           |  |
| County (6)<br>Union  |                                       |                   | Code (7)                        | )<br>  |   |                                    | rent Use (Pr<br>cant  | rior if being | demolish                                   | ned)                       | 25%                   |               |              |             |           |  |
| Name of Monitoring Firm Hi<br>MGD Environmental                              | )                                     | ASC               | M No.                           | Name of Abatement Contractor (9) Active Environmental Technologies Inc   |   |                                    |   |               | nc   |                            |                       |               |              |             |           |  |
| Street Address<br>1000 Maplewood Dr  |                                       |                   |                                 |  | Street<br>203 F                         |                                    |   |               |  |                            |                       |               |              |             |           |  |
| City, State, Zip Code<br>Maple Shade NJ 0805                                 | 52                                    |                   |                                 |  |   |                                    |   |               | Zip Code<br>NJ 08060                       |                            |                       |               |              |             |           |  |
| Project Manager for Monitoring Firm<br>Chris Mascri                          |                                       |                   |                                 |  | one No.<br>51-930                       | 0                                  | Teleph<br>609-7   |               |  | 1.00                       | icense N<br>1299      | 0.            |              |             |           |  |
| Start Date (10)<br>8/24/17   |                                       | Schedul<br>9/3/17 | ed Co                           | mpletion   | mpletion Date (11) Name of OSHA Monitor |                                    |   |               |  |                            |                       |               |              |             |           |  |
| Occupancy Status During Al   | batement (Chec                        | k Only Or         | ne)                             |  |   |                                    | Street  | Addre         | ess  |                            |                       |               |              |             |           |  |
| Facility Closed/Vacated Abatement Performed Other – Describe:                |                                       |                   |                                 |  |   |                                    | City, St  | tate, Z       | Zip Code                                   |                            |                       |               |              |             |           |  |
| Scope of Work (Check All Ti  | nat Apply)                            |                   |                                 |  |   |                                    |   |               |  |                            |                       |               |              |             |           |  |
| ≥3 sf or ≥3 lf<br>× ≥160 sf or ≥260 lf                                       |                                       |                   | Renov                           |  |   |                                    | ×   | Mi<br>Gl      | Ill Containm<br>ni-Enclosure<br>ovebag Pro | e<br>cedure                | 970                   |               |              | · 0         |           |  |
|  | Locat                                 | lh.               |                                 |  |   | Tron Exemples () and Itel          |   |               | 011111001                                  | Abatement<br>Type          |                       |               |              |             |           |  |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) |                                       | Ma                |                                 |  |   |                                    | Description of s Containing Material (ACM) nermal systems insulation, surfacing, VAT, or other miscellaneous) |               |  | Amo<br>(Spec<br>SF or      | cify                  | Removal       | Repair       | Encapsulate | Enclosure |  |
| Roof   | No                                    | N/A               |                                 | Doof-  | na Mata                                 | orial                              |   | 2500          | QE .                                       | 37                         |                       | te            |              |             |           |  |
| NOUI   |                                       |                   | ^                               |  |   | ROUII                              | ng Mate   | siidi         |  | 2500                       | OF.                   | X             |              |             |           |  |
|  |                                       |                   |                                 |  |   |                                    |   |               |  |                            |                       |               |              |             |           |  |
| Name of Registered Waste H   | lauler                                | 11                | 11                              | J J<br>JDEP W  | aste //                                 | Cubic                              | Yards   | Serrica       | Name of I                                  | Registered                 | Landfill              |               |              |             |           |  |
| Active Environmental Technologies 25   |                                       |                   |                                 |  | auler ID No. of Waste 20                |                                    |   |               |  |                            |                       |               |              |             |           |  |
| ity, State<br>It Holly NJ 08060  |                                       |                   |                                 |  |   | Disposi<br>9/4/17                  |   |               | City, State<br>Morgan                      | town PA                    |                       |               |              |             |           |  |
| Completed by Title   |                                       |                   |                                 |  | Siana                                   |                                    |   |               | Signature Date                             |                            |                       |               |              |             |           |  |

Nick Smarrito

Title

Asbestos Supervisor

Date

8/11/17

Signature/



Print Form

|         | N#40                                   | 785                                   | 1             |                    | CATION          | of New<br>OF ASBI<br>to NJAC | ESTOS  | ABATE                                   |                  | In In                   | Ē (         | C E I                     | W        | E        |                          | T  |
|---------|--|---------------------------------------|---------------|--------------------|-----------------|------------------------------|--|---|------------------|-------------------------|-------------|---------------------------|----------|----------|--------------------------|--|
|         | te of Notification (1)<br>4-17         |                                       |               |                    | Name of<br>ERM  | Building                     | Owner/C  | perator                                 | (2)              | K                       |             | CY house U                | <u> </u> |          | All the same of the same | The same of the sa |
|         | encies Notified                        | Type Notification                     |               | 100                | Street A        |                              | ON SO  | DUTH                                    | CORPO            | RATE                    |             | UG - 8<br>TER             | 2017     |          | L                        |  |
| ×       | EPA<br>DEP<br>DOL                      | Initial Amended Amendment             | #             |                    | City, Sta       | te, Zip Co<br>G, NJ 08       | de   |   |                  |                         | SBES        | TOS CO                    |          | <br>DL 8 |                          |  |
| ×       | DOH<br>DCA                             | Emergency justification) Cancellation |               |                    | Name of         | Contact<br>NT SHI            |  |   |                  |                         |             | ephone Num                |          | П        | W                        | E  |
| 凹       | DOA                                    | Carrochation                          | No.           |                    | Commence of the | LITY INFO                    | MUNICIPAL CONTRACTOR   | ON                                      |                  |                         | 11          | <                         |          |          |                          |  |
| Nar     | me of Facility Where                   | Abatement is Takir                    | g Place (3    | 3)                 | 17101           |                              | J1(1117111   | 0                                       | Type of          | Facility (              | 4)          | 11                        |          | _        | 200                      |  |
| CI      | TGO'S PETTY IS                         | SLAND TERMI                           | VAL           |                    |                 |                              |  |   | ☐ Scl            | hool (K-1               | 2)          | L AL                      | IG 1     | р        | 2017                     |  |
| 2000000 | eet Address<br>05 PETTY ISLAN          | D                                     |               |                    |                 |                              |  |   | Su<br>X Oth      | bchapter<br>ner (i.e. p | 8 (Othe     | er than K-12<br>commercia | al build | ings.    | home                     | S  |
| City    | / (5)                                  |                                       | ••            |                    |                 |                              |  |   | Square           | Feet                    | # of        | ASBES<br>Floors           | LICE     | dg. A    |                          | ULO  |
|         | ENNSAUKEN unty (6)                     |                                       |               |                    | County (        |                              |  |   | 20000<br>Current |                         | or if being | ng demolish               |          | /-50     |                          |  |
|         | AMDEN me of Monitoring Firm            | Hirad by Building                     | Owner (8)     |                    | ASCN            | JSE ONLY)                    | )  | Name                                    | VACA of Abater   |                         | ntractor    | (9)                       |          |          |                          |  |
| 200000  | TC                                     | i miled by Building                   | Owner (6)     |                    | AGGIV           | i No.                        |  |   |                  |                         |             | TAL SEF                   | RVICE    | S, II    | VC.                      |  |
|         | eet Address<br>TERRI LANE, SU          | JITE 4                                |               |                    |                 |                              |  | 100000000000000000000000000000000000000 | Address 1 FRALE  | EY STF                  | REET        |                           |          |          |                          |  |
|         | , State, Zip Code<br>JRLINGTON, NJ     | 08016                                 | -             |                    |                 |                              |  |   | State, Zip       |                         | Δ 191       | 37                        |          |          |                          |  |
|         | ject Manager for Mor                   |                                       |               |                    | Telephor        | ne No                        |  |   | hone No.         | 1 11/3, 1               | 7 13 1      | License N                 | 0.       |          |                          |  |
| JC      | HN LUTZ                                | morning i min                         |               |                    | 609-38          | 36-8800                      |  | 215-                                    | -533-51          | No. Control             |             | 01166                     |          |          |                          |  |
| 250000  | rt Date (10)<br>21/17                  |                                       | 10/31/        |                    | npletion (      | Date (11)                    |  | Name<br>ATC                             | of OSHA          | Monitor                 |             |                           |          |          |                          |  |
| Occ     | cupancy Status Durin                   | g Abatement (Che                      | k Only Or     | ne)                |                 |                              |  |   | Address          |                         |             |                           |          |          |                          |  |
| ×       | Facility Closed/Vac                    |                                       |               |                    |                 |                              |  |   | RRI LA           |                         | JITE 4      |                           |          |          |                          |  |
| Н       | Abatement Perform<br>Other – Describe: |                                       | nal Facility  | / Hours            | i<br>           |                              |  |   | State, Zip       |                         | 0801        | 6                         |          |          | /                        | 1  |
| Sco     | pe of Work (Check A                    | III That Apply)                       |               |                    |                 |                              |  |   |                  | -,,,,,,,                |             |                           |          |          |                          |  |
| ×       | ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf   |                                       |               | Renova<br>Demoliti |                 |                              |  | 2                                       | Glove            | Enclosure<br>bag Pro    | e<br>cedure | Negative F                |          |          | 9                        |  |
|         |  |                                       | Τ.            | w m                |                 |                              |  | i                                       | INOII-E          | zemple                  | u ( ) and   | a Non-Friad               |          | Abate    |                          |  |
|         | Logotion                               | o of                                  |               | Locati<br>Normal   | cation<br>mally |                              |  |   | o of             |                         |             | Туре                      |          |          |                          |  |
|         | Location<br>Asbestos-Containing        | Material (ACM)                        |               | ed Sole            |                 |                              | Description of<br>pestos Containing Materia  |   |                  |                         |             | mount                     | _        |          | щ                        | ш  |
|         | TO BE AB.<br>In Facil                  |                                       |               | todial S           |                 | (i.e.                        |  | system<br>cing, VA                      | is insulation    | on,                     |             | Specify<br>or LF)         | Remova   | Repair   | сар                      | Enclosure  |
| (13)    |  |                                       |               | (12)               | Т               |                              | other r  | niscella                                | neous)           |                         |             |                           | oval     | air      | Encapsulate              | sure   |
|         | SEE ATTACH                             | ED TARI E                             | Yes           | No                 | N/A             |                              |  |   |                  |                         |             |                           | X        |          |                          |  |
|         | CLL / I I / I / I                      | LD INDLL                              |               |                    |                 |                              |  |   |                  |                         |             |                           |          |          |                          |  |
|         |  |                                       |               |                    | -               |                              |  |   |                  |                         |             |                           | 1        |          |                          |  |
|         |  |                                       |               |                    |                 |                              | V/   |   |                  |                         |             |                           |          |          |                          |  |
| Nar     | me of Registered Was                   | ste Hauler                            |               | 0.000              | JDEP W          |                              | 100 Sept. 100 Se | Yards                                   | 1                | Name of                 | Registe     | ered Landfill             |          |          |                          |  |
|         | RVICE TRANSP                           | ORT                                   |               | H                  | lauler ID       | INO.                         | of Wa  |   |                  |                         |             | ANDFILL                   |          |          |                          |  |
|         | y, State<br>WARK, DE                   |                                       |               |                    |                 |                              | /  | sal Date                                |                  | City, Stat<br>LIBSO     |             |                           |          |          |                          |  |
|         | npleted by<br>NNIFER NIVEN             |                                       | Title<br>DIR. | OF C               | PERA            | TIONS                        | (8   | Signatur                                | e                |                         |             | Di                        | te 4     | -/-      | 7                        |  |
| ASE     | 3-41 (R-06-08)                         |                                       |               |                    |                 |                              |  | Do n                                    | ot use this      | s form fo               | r asbes     | tos licensur              | e exer   | npted    | activ                    | ities.   |

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

| D&S Proj. #: 17-218  | 10.00                        |                              | (Pursua     | III IO NJAC    | 0.00 a                                  | 110 12.120)                           |  | por and the contract of the       |                            |                 | W. Livinia angu | -          |  |
|--|------------------------------|------------------------------|-------------|----------------|---|---------------------------------------|--|-----------------------------------|----------------------------|-----------------|-----------------|------------|--|
| AV # MINA  |                              |                              |             |                |   |                                       |  | IN E                              | CE                         | = 1             | $\mathbb{W}$    |            | hat !  |
| Date of Notification (1)                                       | Nan                          | ne of Build                  | ing Owne    | r/Operator (2) |   |                                       |  |                                   | observation of the Special | es consider con |                 |            | -  |
| 10  8   /  1  0   /  1  7                                      | - 11                         | ane tehrai                   |             |                |   |                                       |  |                                   | 0110                       |                 | -               | To William |  |
| Agencies Notified   Type Notification                          |                              | et Address                   |             |                |   |                                       |  |                                   | AUG                        | 6               | UII             | i i        |  |
| EPA Initial  |                              |                              |             |                |   |                                       |  |                                   |                            |                 |                 | i          |  |
| DEP Amended Amendment #:                                       | City                         | , State, Zip                 | Code        |                |   |                                       |  | ASB                               | ESTOS                      | 0000            | TEO             | L &        |  |
| DOL Emergency  | '                            | nontclair,                   |             | 2              |   |                                       |  |                                   | LCE                        | VSIIV           | <u></u>         |            | -  |
| DOH (including   |                              | ne of Conta                  |             |                |   |                                       | -  | Telephone                         | Number                     |                 |                 |            |  |
| justification)   |                              | liane tehr                   | onion       |                |   |                                       |  |                                   |                            |                 |                 |            |  |
| Cancellation   |                              | nane tem                     |             |                |   |                                       |  |                                   |                            |                 |                 |            |  |
|  |                              |                              | FACIL       | ITY INFORM     | ATION                                   |                                       | T  | pe of Facility (4                 | \                          |                 |                 |            | _  |
| Name of facility where abatement is t                          | taking place                 | (3)                          |             |                |   |                                       | 13   | /pe of Facility (4                | )<br>(K - 12)              |                 |                 |            |  |
| diane tehranian  |                              |                              |             |                |   | l,                                    |  | Subcha                            | pter 8 (Ot                 | her tha         | n K-1           | 2)         |  |
| Street Address   | - L                          |                              |             |                |   | 1. Sec. 1                             |  | Other (F                          | rivate/Co                  | mmer            | cial            |            |  |
| Sileet Address   |                              |                              |             |                |   |                                       | -  |                                   | lomes, et                  |                 | Bldg            | . Age      | ,  |
|  | County                       | · /6\                        |             |                | Count                                   | y Code (7)                            |  | ,quaio i doi j                    |                            |                 |                 |            |  |
| City (5)   | County                       | (0)                          |             |                | 500000000000000000000000000000000000000 | use only)                             | -  | Current Use (Pri                  | or if being                | demo            | lished          | )          |  |
| montclair  | essex                        |                              |             |                |   | 5000                                  |  |                                   |                            |                 |                 |            |  |
| Name of Monitoring Firm Hired by Bl                            | dg. Owner                    | (8)                          |             | ASCM No.       |   | Name of Abateme                       |  |                                   |                            |                 |                 |            |  |
|  |                              |                              |             |                |   | D & S RESTO                           | RAT  | ION, INC.                         |                            |                 |                 | _          | _  |
| Street Address   |                              |                              |             |                |   | Street Address                        |  |                                   |                            |                 |                 |            |  |
|  |                              |                              |             |                |   | 20 California<br>city, State, Zip Coo | ACCRECATE VALUE OF THE PARTY OF | Control of the second             |                            |                 |                 |            |  |
| City, State, Zip Code  |                              |                              |             |                |   |                                       |  | 2                                 |                            |                 |                 |            |  |
|  |                              | Inte                         | Ni mah      | 0.5            |   | Paterson, NJ<br>Telephone Number      |  | 3                                 | License                    | Numbe           | er              |            |  |
| Project Manager for Monitoring Firm                            |                              | Pho                          | ne Numb     | er             |   | 973-345-802                           |  |                                   | 0                          | 1169            |                 |            |  |
|  |                              |                              | Data (4)    | ()             | <u> </u>                                | Name of OSHA M                        | onitor   |                                   |                            |                 |                 |            |  |
| Start Date (10)  | Sched.                       | Completio                    | n Date (1   | 1)             |   | D & S Restor                          | ation,   | , Inc.                            |                            |                 |                 |            |  |
| 08/15/17   | 09/15/                       |                              |             |                | [                                       | Street Address                        |  |                                   |                            |                 |                 |            |  |
| Occupancy Status During Abatement                              |                              |                              |             |                |   | 20 California<br>City, State, Zip Co  |  | ue                                |                            |                 |                 |            | _  |
| Facility closed/vacated during and Abatement performed outside | entire perio<br>of normal fa | d of abater<br>acility hours | nent.<br>s- |                |   | Sity, State, Zip Co                   | ue   |                                   |                            |                 |                 |            |  |
| — Describer  |                              |                              |             |                | -11                                     | Paterson, NJ                          | 0750   | 3                                 |                            |                 |                 |            | _  |
| Other-Describe: NORMAL HO                                      |                              |                              |             |                |   |                                       |  | I Containment w                   | /negative                  | press           | ure             |            |  |
| Scope of Work (check all that apply >3 sf or >3 lf             |                              | _                            |             |                |   | Ì                                     | Min  | ni-enclosure                      |                            |                 |                 |            |  |
|  | Renovation                   | 1                            |             |                |   |                                       | Glo  | ovebag procedu<br>on-Exempted (*) | re                         | friable         | proce           | dure       |  |
| ≥160 sf or ≥260 lf   | Demolition                   | -11                          | امامه اسمی  | vl             |   |                                       | No   | n-Exempted (*)                    | and Non-                   | TR              | R               | E          | Е  |
| Location of  | by mainte                    | normally u                   | odial       |                | tion of as                              | sbestos-containing                    | 1  | Amount                            |                            | e<br>m          | e<br>p          | n<br>c     | n  |
| asbestos-containing material (acm) to be                       | staff(12)                    |                              |             | - materia      |   | spesios-containing                    | 9  | (Specify S                        | SF or                      | 0               | a               | а          | C<br>L   |
| abated in facility (13)  | Yes                          | No                           | N/A         |                |   |                                       |  |                                   |                            | v<br>e          | r               | р          |  |
| hagamant   |                              | ГУ                           |             | 7 pipe insul   | ation                                   |                                       |  | 170 l ft                          |                            |                 |                 |            |  |
| basement crawl space   |                              | X                            |             | pipe insul     | ation                                   |                                       |  | 20 l ft                           |                            | X               |                 | 므          | 빆  |
| basement crawl space   |                              |                              |             |                |   |                                       |  |                                   |                            | 44              | 닏               | 片          | H  |
|  |                              |                              |             |                |   |                                       |  |                                   |                            | 부               | 片               | 片          | 붜  |
|  |                              |                              |             |                |   | To:                                   |  |                                   |                            |                 |                 | Ш          |  |
| Registered Waste Hauler  |                              | P Hauler                     | ID#         | Cubic Yards o  | f Waste                                 | Name of Registe                       | red L  | andfill<br>ESOURCE R              | ECOVE                      | RY              |                 |            |  |
| D & S RESTORATION, INC.  | 135                          | 000                          | Disposal    | 2 yds<br>Date  |   | City, State                           | 11, 10   |                                   |                            |                 |                 |            | - Control of the Cont |
| City, State<br>PATERSON, NJ 07503                              |                              |                              | 08/16/      |                |   | TULLYTO                               | VN, F  | PA                                |                            |                 |                 |            |  |
| Completed by (Print or Type)                                   | Title                        |                              |             | Signature      |   | -                                     |  |                                   | Date                       | 0/17            |                 |            |  |
|  | PEDOID                       | יותו בים                     |             | 1              |   |                                       |  |                                   | 08/1                       | 0/1/            |                 |            |  |

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

PATD

D&S Proj. #: 17-216 (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 0 8 / 1 0 / 1 7 ronald schwarzberg Agencies Notified Type Notification Street Address ✓ Initial ☐ EPA AUG 1 6 2017 Amended DEP City, State, Zip Code Amendment #: DOL highland park, nj 08904 ASBESTOS COUTROL & (including ₩ DOH Name of Contact Telephone NumberNG justification) ☐ DCA ronald schwarzberg Cancellation FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) ronald schwarzberg Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldas./Homes, etc. # of Floors Bldg. Age Square Feet County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) highland park middlesex Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number Project Manager for Monitoring Firm Phone Number Telephone Number 01169 973-345-8020 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 08/28/1717 09/15/17 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure >3 sf or >3 lf Mini-enclosure Renovation Glovebag procedure >160 sf or >260 lf Demolition Non-Exempted (\*) and Non-friable procedure Is location normally used solely E Location of E e by maintenance/custodial n asbestos-containing Amount Description of asbestos-containing n m staff(12) p C material (acm) to be (Specify SF or material (ACM) C 0 a a abated in facility (13) Yes No N/A p 90 1 ft X pipe insulation basement 50 1 ft basement bare heating pipes  $\boxtimes$ Cubic Yards of Waste Registered Waste Hauler Name of Registered Landfill NJDEP Hauler ID# D & S RESTORATION, INC. 13506 TULLYTOWN, RESOURCE RECOVERY Disposal Date City, State City, State 08/29/17 PATERSON, NJ 07503 TULLYTOWN, PA Signature Completed by (Print or Type) Date Title **BOGDAN JOLDZIC** PRESIDENT 08/10/17

### State of NJ Notification of Asbestos Abatement

PAID

| 48   |                       |                          | 1000         |                  |               | os Abatement         |                    |  | edishe        | alle allihadi | And held     | 7          |               |  |  |
|--|-----------------------|--------------------------|--------------|------------------|---------------|----------------------|--------------------|--|---------------|---------------|--------------|------------|---------------|--|--|
| D&S Proj. #: 17-217  |                       |                          | (Purs        | suant to NJA     | C 8:6         | 0 and 12:120)        | MEGELVEN           |  |               |               |              |            |               |  |  |
| (1df # 710)  |                       |                          |              |                  |               |                      |                    | In) E  |               |               | $\mathbb{W}$ | E          | m             |  |  |
| Data of Natification (1)                                   |                       | Name of R                | uilding Ov   | ner/Operator (2  | 1             |                      |                    |  |               |               | 200          |            |               |  |  |
| Date of Notification (1)                                   | - 11                  | Ivallie of D             | uliding Ow   | menoperator (2   | .)            |                      |                    |  | 0.000         |               |              | -          |               |  |  |
|  |                       | ben hutc                 | hens         |                  |               |                      |                    |  | AUG '         | 6             | 2017         | 1          | 14/1          |  |  |
| Agencies Notified   Type Notifica                          | tion                  | Street Add               | ess          |                  |               |                      |                    |  |               |               |              | 1          |               |  |  |
| _   \ \int \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \           | - 11                  |                          |              |                  |               |                      |                    | ASP  | CO 7000       | A1/5.         | . 1-05       | <u>, </u>  | Total Control |  |  |
| DEP Amendment #  | . I <del>l</del> a    | City, State,             | Zip Code     |                  |               |                      | _                  | NOD!   | ESTOS<br>L/CE | MISIN         | C            | H. P.      |               |  |  |
| IXI DOI I—   |                       | 32/3                     |              |                  |               |                      |                    | The second secon | Co. Com       | AOIIA         | -            | WICHINGS . | Language      |  |  |
| DOH Emergency  |                       |                          | ange, nj     | 07052            | Marie and the |                      |                    |  |               |               |              |            |               |  |  |
| justification  | )                     | Name of Co               | ntact        |                  |               |                      |                    | Telephon   | e Numbe       | er            |              |            |               |  |  |
| DCA Cancellatio  | n                     | ben hut                  | chens        |                  |               |                      |                    |  |               |               |              |            |               |  |  |
|  |                       |                          | FAG          | CILITY INFORM    | IATIO         | N                    |                    |  |               | -             |              |            |               |  |  |
| Name of facility where abatement                           | is taking pl          | ace (3)                  |              |                  |               |                      | П                  | Type of Facility (   | 4)            |               |              |            |               |  |  |
|  |                       |                          |              |                  |               |                      | П                  | Schoo  | I (K - 12     | )             |              |            |               |  |  |
| ben hutchens   |                       |                          |              |                  |               |                      | П                  | Subch  | apter 8 (0    | Other t       | han k        | (-12)      |               |  |  |
| Street Address   |                       |                          |              |                  |               |                      | 11                 |  | Private/0     |               | ercial       |            |               |  |  |
|  |                       |                          |              |                  |               |                      | 1 L                |  | Homes,        | etc.          |              |            |               |  |  |
|  |                       |                          |              |                  |               |                      |                    | Square Feet  | # of Floo     | rs            | В            | ldg. A     | \ge           |  |  |
| City (5)   | Cou                   | nty (6)                  |              |                  |               | unty Code (7)        |                    |  |               |               |              |            |               |  |  |
|  |                       |                          |              |                  | (Sta          | ate use only)        | ΙГ                 | Current Use (P   | rior if beir  | ng den        | nolish       | ed)        |               |  |  |
| west orange  | ess                   |                          |              |                  |               |                      |                    |  |               |               |              |            |               |  |  |
| Name of Monitoring Firm Hired by                           | Bldg. Own             | er (8)                   |              | ASCM No.         |               | Name of Abatemer     | nt Co              | ontractor (9)  |               |               |              |            |               |  |  |
|  |                       |                          |              |                  |               | D & S RESTO          | RA                 | TION, INC.   |               |               |              |            |               |  |  |
| Street Address   |                       |                          |              |                  | -             | Street Address       |                    |  |               |               |              |            |               |  |  |
|  |                       |                          |              |                  | - 1           | 20 California        | Δνα                |  |               |               |              |            |               |  |  |
| City, State, Zip Code                                      |                       |                          |              |                  | _             | City, State, Zip Cod | THE REAL PROPERTY. |  |               | ,             | -417-1-67    |            |               |  |  |
| only, onato, hip dode                                      |                       |                          |              |                  |               |                      |                    |  |               |               |              |            |               |  |  |
|  |                       |                          |              |                  |               | Paterson, NJ (       |                    | )3   |               |               |              |            |               |  |  |
| Project Manager for Monitoring Firm                        | 1                     | PI                       | none Num     | ber              |               | Telephone Number     |                    |  | License       |               | per          |            |               |  |  |
|  |                       |                          |              |                  |               | 973-345-802          |                    |  |               | 1169          |              |            |               |  |  |
| Start Date (10)  | Sched                 | d. Completi              | on Date (1   | 11)              | _             | Name of OSHA Mo      |                    |  |               |               |              |            |               |  |  |
| 00/01/17   |                       |                          |              |                  |               | D & S Restora        | tion               | , Inc.   |               |               |              |            |               |  |  |
| 08/21/17   | 08/3                  |                          |              |                  |               | Street Address       |                    |  |               |               |              |            |               |  |  |
| Occupancy Status During Abatemen                           |                       |                          |              |                  |               | 20 California A      | ver                | nue  |               |               |              |            |               |  |  |
| Facility closed/vacated during Abatement performed outside |                       |                          |              |                  |               | City, State, Zip Cod | е                  |  |               |               |              |            |               |  |  |
| Describe:NORMALL   | IOLIBE                | _                        |              |                  | _             | D-tNILO              | 750                | 12   |               |               |              |            |               |  |  |
| Other-Describe: NORMAL I                                   |                       |                          |              |                  | -             | Paterson, NJ 0       | 1/30               | 13   |               |               |              |            |               |  |  |
| Scope of Work (check all that apply                        | y)                    |                          |              |                  |               |                      | Fu                 | II Containment w   | /negative     | press         | ure          |            |               |  |  |
| ≥ 3 sf or ≥ 3 lf   | Renovation            | on                       |              |                  |               |                      |                    | ni-enclosure   |               |               |              |            |               |  |  |
| ≥160 sf or ≥260 lf   | Demolition            | n                        |              |                  |               | ≧                    |                    | Glovebag procedure   |               |               |              |            |               |  |  |
|  | 120 200 112 112 112 1 |                          | امامم امماما | e.I              |               | L                    | No                 | on-Exempted (*)  | and Non-      | friable<br>TR | _            |            | 1             |  |  |
| Location of  |                       | n normally<br>enance/cus |              |                  |               |                      |                    |  |               | e             | R            | E<br>n     | E             |  |  |
| asbestos-containing material (acm) to be                   | staff(12)             | J.1011007000             |              |                  |               | sbestos-containing   |                    | Amount<br>(Specify S   | For           | m             | р            | C          | n             |  |  |
| abated in facility (13)                                    | Yes                   | Na                       | N1/A         | material (       | ACM)          |                      |                    | LF)  | 1 01          | 0             | a            | а          | C             |  |  |
|  | 162                   | No                       | N/A          |                  |               |                      |                    |  |               | v<br>e        |              | р          | -             |  |  |
| basement (5 locations)                                     |                       | X                        |              | pipe insulat     | ion           |                      |                    | 126 l ft   |               | ×             | $\Box$       | П          | $\Box$        |  |  |
|  |                       |                          |              | 1                |               |                      |                    | <del> </del>   |               | i             | 一            | 듬          | Ħ             |  |  |
|  |                       |                          | -            | 4                | _             |                      | -                  | -  |               | ∺             | H            | H          | 믐             |  |  |
|  |                       |                          | -            | -                |               |                      |                    | -  |               | 井             | 부            | 님          | 11            |  |  |
|  |                       |                          |              | 4                |               |                      |                    |  |               |               | Ш            | Ш          | 닏             |  |  |
|  |                       |                          |              |                  |               |                      |                    |  |               |               |              |            |               |  |  |
| Registered Waste Hauler                                    |                       | EP Hauler                |              | Cubic Yards of V | Vaste         | Name of Registere    |                    |  |               |               |              |            |               |  |  |
| D & S RESTORATION, INC.                                    | 135                   | 06                       |              | 2 yds            |               | TULLYTOWN            | , RI               | ESOURCE RE   | COVER         | Y             |              |            |               |  |  |
| City, State  |                       |                          | Disposal I   |                  |               | City, State          |                    |  |               |               |              |            |               |  |  |
| PATERSON, NJ 07503   |                       |                          |              |                  |               |                      |                    |  |               |               |              |            |               |  |  |
| TATERSON, NJ 07303   |                       |                          | 08/22/1      | 17               |               | TULLYTOWN            | N, P.              | A  |               |               |              |            |               |  |  |
| Completed by (Print or Type) BOGDAN JOLDZIC                | Title                 |                          | 08/22/1      | Signature        |               | TULLYTOWN            | N, P.              | A  | Date          | -             |              |            |               |  |  |

08/11/2017 09:01AM 9733458060

| Street Address 20 California Ave.  City, State, 2ip Code Paterson, NJ 07503  Telephone Number 973-344-5020 01169  Steri Dave (10) Sched. Completion Date (11) 09/15/17  Scoupendy Status During Abstrament (Check only one) Facility closed/vacated during entire period of abstrament. Abstrament performed outside of normal feelity hours- Coher Describe NORMAL HOURS  Scope of Wark (check all that apply)  2 50 or 220 0   |  | Fan 373               | 33408889              |                     |                 | D      | S RESTORATIO                                      |   |   | P              | AGE   | 82/8 | 34         |
|--|--|-----------------------|-----------------------|---------------------|-----------------|--------|---|---|---|----------------|---|------|------------|
| Date of Notification (1)   | NOUC   |                       |                       | Not<br>(Pur         | ification of A  | sbes   | tos Abstement                                     | Berther control of the second |   |                | - Dr. Quinton   |      | 2017       |
| DOL   Armonist   | Agencies Notified Type Notified EPA Initial  |                       | diane tel             | uranian             | WierOperator () | 2)     |   |   |   | T.             | 1   | ÖOn  | :<br>(1'80 |
| Name of facility where abetement is taking place (3)  dianc fobranian  Street Address  Gity (5)  County Code (7)  County Code | DOL Amendment  Emergent  (including justificatio   | cy<br>(n)             | montels<br>Name of Co | dr, nj 07<br>Intect |                 |        |   | Telaph  | ione Numb   | per            |   |      |            |
| Street Address   School (K-12)   School (K-1   |  |                       |                       | FA                  | CILITY INFORM   | MATIC  | ON .  |   |   |                | 1000  |      |            |
| School (k-12)   School (k-12)   Country (8)   Country (8)   Country Code (7)   Country Code (7)   Country Code (7)   Country (8)   Country Code (7)   Country Code    | Name of facility where abelemen  | it is taking          | piace (3)             |                     |                 | -      |   | Type of Facili  | v /45   |                |   |      |            |
| Description of sebastors and process and p | Street Address   |                       |                       |                     |                 |        |   | Sub<br>Sub<br>Sub<br>Sub<br>Sub   | chapter 5 (<br>chapter 5 (<br>ar (Private/<br>s./Homas, | (Other<br>Comm | nercia  | t    |            |
| Streat Address    D & S RESTORATION, INC.  | montclair  | es                    | Sex                   |                     |                 |        |   |   |   |                |   | 8 (  | , p        |
| Description of subsettor-containing material (acm) to be subsettor-containing material (acm) to be subsettor for absence of infalling (13)   Description of subsettor-containing material (acm) to be subsettor for absence of infalling (13)   Description of subsettor-containing material (acm) to be subsettor for absence of infalling (13)   Description of subsettor-containing material (acm) to be subsettor for absence of infalling (13)   Description of subsettor-containing material (acm) to be subsettor for absence of infalling (13)   Description of subsettor-containing material (acm) to be subsettor-containing     | Name of Monkoring Firm Hirad by  | Bldg. Ow              | ner (8)               |                     | ASOM No.        | _      | Name of Absterner                                 | nt Contractor (9)   |   |                |   |      | -2,400     |
| Paterson, NJ 07503 Telephone Number    Paterson, NJ 07503   Telephone Number   Paterson Number   Pater | Street Address   |                       |                       |                     |                 |        | 20 California                                     | Avs.  |   |                |   |      |            |
| O8/15/17  Decupency Status During Abstrament (Check only one)  Facility closed/vacated during entire period of abstramst.  Abstrament performed outside of normal facility hours- Describe:  Other-Describe:  Oth  |  |                       |                       |                     |                 | -      | Paterson, NJ 0<br>Telephone Number<br>973-345-802 | 07503   |   |                |   | -    | ezio.      |
| Facility closed/vacated during entire period of abstement.  Abstement performed outside of normal facility hours- Describe:  Other-Describe: NORMAL HOURS  Scope of Wark (check all that apply)  >3 st or >3 if  Renovation  Location of abstestos-containing material (acm) to be abstos-containing material (acm) to be absted in facility (13)  Assement  Segment crawl space  Description of abstestos-containing material (acm) to be absted in facility (13)  Page No N/A  Amount (Specify SF or m p c n n material (ACM))  Assement  Segment crawl space  Description of abstestos-containing material (ACM)  Amount (Specify SF or m p c n n n n   | 08/15/17   | 09/1                  | 15/17                 | n Date (1           | 1)              |        | D&S Restore                                       |   |   |                |   |      |            |
| Scope of Work (check all that apply)  >3 st or >2 if   | Abstament performed outside  | entire per            | seted to hair         | nent.               |                 |        | City, State, Zip Code                             | 0   | -   |                | PERSONAL PROPERTY AND PROPERTY |      |            |
| asbestos-containing material (acm) to be stated in facility (13)  Pascement space    Description of sebestos-containing material (acm)   Description of sebestos   Description of sebestos   Description of sebestos   Description of sebestos   Description   Description | Scope of Work (check all that app  | ly)<br>Renovati       |                       |                     |                 | - 1    |   | Full Containment<br>Mini-enclosure<br>Glovebag proced   | ure   |                |   |      |            |
| eagement crawl space    Dipe insulation   170   ft   | ambestos-containing<br>material (scm) to be<br>abated in facility (13)   | by maint<br>staff(12) | anance/eusto          | odial               | Description     | n of s | sbestos-containing                                | Amount<br>(Specify  |   | R o m          | Repai   | 8000 | n          |
| pipe insulation  20 1ft  Disposal Date  Obsposal Date  | THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW |                       |                       |                     |                 |        |   | 170 I ft  |   | -              | Ó   |      | П          |
| D&S RESTORATION, INC. 13506 2 yds TULLYTOWN, RESOURCE RECOVERY  Disposal Date OB/16/17 TULLYTOWN, PA  Disposal Date OB/16/17 TULLYTOWN, PA  Date DOGDAN JOLDZIC PRESIDENT  | asemonic crawl space   |                       | _X_                   |                     | pipe insulation | on     |   | 20 1 ft   |   | -              |   | 5    |            |
| D&S RESTORATION, INC. 13506 2 yds TULLYTOWN, RESOURCE RECOVERY  Disposal Date OB/16/17 TULLYTOWN, PA  Disposal Date OB/16/17 TULLYTOWN, PA  Date DOGDAN JOLDZIC PRESIDENT  | the state of the s |                       |                       |                     |                 |        |   |   |   |                |   |      |            |
| D&S RESTORATION, INC. 13506 2 yds TULLYTOWN, RESOURCE RECOVERY  Disposal Date OB/16/17 TULLYTOWN, PA  Disposal Date OB/16/17 TULLYTOWN, PA  Date DOGDAN JOLDZIC PRESIDENT  |  |                       |                       | (VC Secretary)      |                 |        |   |   |   | D              |   |      |            |
| PATERSON, NJ 07503 08/16/17 Cty, stere  Ompleted by (Print or Type)  BOGDAN JOLDZIC PRESIDENT  Date  OSCIONARY   | ogistered Wasts Hauler  & S RESTORATION, INC.  | NJD<br>13:            | 06                    | 2                   | yds             | ANIA   | TULLYTOWN,  | Landille<br>RESOURCE R  | ECOVER  | LY<br>Y        |   |      |            |
| Ompleted by (Print or Type)  Title Signature  Date  PRESIDENT  Date  | PATERSON, NJ 07503   |                       |                       |                     |                 |        |   |   |   | -              |   |      | -          |
| * Do not use this form for asheaths livensure avanuated activities   | ompleted by (Print or Type) BOGDAN JOLDZIC   | PRESID                | ENT                   |                     | Signature       |        | 53  | PA  | Date 08/10/   | /17            |   |      | <b>100</b> |