CH #3755

| Date of Notification (1) 08/20/2015 | | | | | Building Ov ia Board | | | | | 1 | 119. 2 | 5 33 | E. | | |
|--|--|------------------------------|-------------------|--|---------------------------|---------------------------|--|-----------------------------------|--|---------------------|---------------------------|------------|---------------|-------------|-----------|
| Agencies Notified | Type Notification | i i | 100000 | treet Ad | dress Varwick | Rd | 100 | | | | | | | | 1404 |
| EPA DEP DOL | Initial Amended Amendment # | | | | e, Zip Code lia, NJ 08 | | | | | | | | 1 | | 44444 |
| X DOH | Emergency (in justification) Cancellation | ncluding | 17920 | ame of oe Ce | Contact lecki | | | | | Teler | nhone Nu | mber | | | |
| X DON | Curronano | | | FACIL | ITY INFOR | RMATI | ON | | | | | | | | |
| Name of Facility Where Magnolia Public So | Abatement is Taking chool | Place (3) | | | | | | x s | f Facility (4) chool (K-12 |) | 505000 1 44 W | | | | |
| Street Address 420 Warwick Road | 1 | | | | | | | F 0 | ubchapter 8 other (i.e. pri tc.) | ivate & | than K-1 commerc | ial build | dings, | home | s. |
| City (5) Magnolia, NJ 0804 | 19 | | | | | | | Square | | | Floors | | ldg. A | ge | |
| County (6) Camden | | | | | Code (7) ISE ONLY) | | _ | Currer | nt Use (Prior | r if bein | g demolis | hed) | | | |
| Name of Monitoring Fire Environmental Des | m Hired by Building C sign Inc | wner (8) | | ASCM | No. | | | | ement Cont oration | Contractor (9) n | | | | | |
| Street Address | 34 King Avenue, Suite 101 State, Zip Code | | | | | T) | | reet Address 06 McBride Avenue | | | | | | | |
| City, State, Zip Code | 34 King Avenue, Suite 101 State, Zip Code nnsauken, NJ 08109 lect Manager for Monitoring Firm | | | | | | | | State, Zip Code odland Park, NJ 07424 | | | | | | |
| Project Manager for Mc | | | 11 9 | elephor | ne No. 06-4545 | | | none No 225-84 | | | License 1 01104 | No. | | | |
| Start Date (10) | oject Manager for Monitoring Firm om Pruno | | | | Date (11) | | lame of OSHA Monitor J&S Environmental Labs,LLC | | | | | | | | |
| Occupancy Status Duri | ing Abatement (Check | 4.4 | | | | | Street | reet Address | | | | | | | |
| Abatement Perfor | cated During Entire F med Outside of Norm | eriod of Al al Facility I | oatem Hours | atement 2333 Route 22 West City, State, Zip Code | | | | | | | | | man () or or | | |
| Other - Describe: | | | | | | _ | Unio | n, NJ, | 07083 | | | | | | |
| Scope of Work (Check ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | | | enovat emoliti | | | | 2 | Min Glo | Containme i-Enclosure vebag Proc n-Exempted | edure | | | | e | |
| | | le l | ocati | on. | T | | | 1101 | LXOIIIptou | 1 13110 | | | Abat | emen | t |
| Locati | on of | N | ormall | у | | De | escription | n of | | | | | T 1 | /pe T | Τ |
| Asbestos-Containir TO BE A In Fa | Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | | | | | os Cor therma surfa | ntaining I al system acing, VA miscella | Material as insula AT, or | | (S | mount pecify or LF) | Removal | Repair | Encapsulate | Enclosure |
| 0 1 | ha Dailar Baam | Yes | No | N/A | renair o | fash | estas a | eiling | plaster\$ | | | | × | | - |
| Crawl space in the Boiler Room | | | | X | теран о | 1 450 | esios c | ,cilling | piasto | | | | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered W Lilich Corporation | /aste Hauler | | Н | IJDEP V lauler ID 8724 | | Cubi of W | c Yards aste | | G.R.O. | W.S L | | TIH | | | |
| City, State Woodland Park | | | | | | Disp | osal Date | е | City, State Morrisv | | ensilvan | ia | | | with Tind |
| Completed by Momo Glavatovic | | Title Vice I | Presi | dent | 3 | | Signatur | re C | 建度 | 3 | | Date OS | 2 | 0- | 15 |

CK3183

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

| Cate of Notification (4) /2 V 15 | 20 | Nar | | ng Owner/Operator 1 TH TECH | | TING | | | |
|--|----------------------|-----------|------------------------|---|-------------------------|----------------------------|---------|------------|----------|
| Agencies Notified Type Notification | | Stre | el Addres | 3 | | | | | |
| | | | | - Rr, 50 | | | _ | = | |
| Amendment * | | City | , State, Zip | COOE REEN F16 | ELD. Ni | 7. | * | | |
| | Kildaling | Nan | ne of Conta | cl | | Talanhona Nimi |)er | | |
| Cancellation | | | Bn | ULE BREU | 1K-16 | , | | | |
| • | | I, E | ACILITY IN | FORMATION | | 3.200 | | | |
| name of Facility Where Abatement is Takin | g Place (3) | | 987 | | Type of Facility | | | | |
| CESTOENCE Steel Address | | | | | School (K-1 | 2) 8 (Other than K-12 | 1 | | |
| 2 N. VENDO | ME A | UE | | | homes, etc | | | a: | |
| MARGATE | | | | | Square Feet | # of Floors | | ag A | 9X |
| County 161 ATLANTIC | | | unty Code I E ONLY) | 7) (STATE | | Prior if being demolis | hed. | | |
| and of Moniforing Firm Hired by Building |)wner | ASCA | d No. | Name of Abatem | | 2010 I | | | |
| Singer Address | | | | Sveel Address | EMCO I | NC, | | | |
| Side, Modress | | | | | S, S Pruc | E DUE. | | | 1 |
| Zz. Statę Zip Code | | | | Crry, State, Zip C | ode | | Torres. | | |
| - 4 | | | | | OLE SHA | DEINIJ | 00 | : 5 | <u> </u> |
| Froject Manage: for Monitoring Firm | 1,e | lephone | - No | Telephone No. | 9-0472 | License No | 44 | | |
| Stan Date (10) Sched | juled Comp | etion D | ate (11) | Name of OSHA N | JOHN KIL | EMM | | | |
| ∴coupant, Status During Abatement (Chec | | | | Street Address | S, Spi | 20c= 20c. | * | | 1 |
| Absternent Performed Outside of Normal Other - Describe | | | | Cry. State, Zip C | | LODE N. | | | 252 |
| Scope of Work (Check all that apply) | | | | □ 5!! Cos | ntainment with No | ngative Pressure | | | 8 |
| ₹ 5,96 st or \$500 lt 52 st or \$ 501 | ☐ Renova ☑ Demoit | | | Min-End | closure ag Procedure | on-Frable Procedu | r e | | |
| | Is Locat | | | No. | 7 4.10 | | | Dare Ta | |
| Location of | Used Sole | ly by | | Description of | | Amoun' | | | |
| Asbestos-Containing Material (ACM) TO BE ABATED | Maintena Custod | al | | tos Containing Mat thermal systems i | nsulation, | (Specity | 2 | π | |
| IN Facility (13) | Staff* (12) | , | | surfacing, VAT, other miscellaned | | SF or LF) | Zemoval | Repair | ta keta |
| | Y≅ No | N/A | | | | | = | | |
| SIDING | | X | . 1 | 2ANSITE | | 800 SF | X | | |
| | | | | | | | | | i |
| | | | | | | | - | | |
| | | NDEP | Marta | Cubic Yards | T Name of Rec | istered Landfill | | | |
| Name of Registered Waste Hauler | | tauler li | ONO. | of Waste | | L. V. A. | | | |
| Co State | | 114 | 04_ | Disposal Date | City, State | | | | |
| MAPLE SHADE, | N.J | | | | PLEA | SANTVILL | - 5 | W; | 7 |
| Joseph KLEMM | V/ | P | | Signature | in Kelin | m 8/ | 21/ | 15 | |

CK3183

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

| Date of Nutrification (1) | 2115 | | Na | | ing Owner/Operato | | TING | | | |
|--------------------------------------|----------------------------|-------------|-----------|--|--------------------------------|----------------------------------|--------------------------|---------|--------|----------------------|
| Agencies Notified | · Type Notification | in | St | reel Addres | 5 | | | | | |
| 25 DOT 32 Deb 32 Deb 32 Deb | Initial | | _ | | - 12 r. 50 | | | | _ | |
| X DOL | Amended Amendment | Ħ | Сп | y, State, Zip | | - (1 | 7 | | | |
| _ DOH | ☐ Emergency | | _ | | REEN FIG | ELD, NI | | | | |
| : = DOA . | justification Cancellation | | Na | me of Conta | | maria memer | Telephone Num | ber | | |
| | | | | | ULE BREI | JK16 | 1 -118 | | | |
| | | | 12 1 | ACILITY IN | FORMATION | | (14) | | | |
| Name of Facility Where A | | ng Place (3 |) | | | Type of Facility | (4) | | | |
| | DENCE | | | | | School (K-1 | 2) 8 (Other than K-12 | 50 | | |
| 2 N | 1. VEND | OME # | 4UE | | | | onvate & commerci | | dings | U. |
| 131, 15 M AR | CATE | | | | | Square Feet | # of Floors | Bi | og A | gx: |
| Jounny 161 ATLA | | | | ounty Code SE ONLY) | (7) (STATE | Current Use (P | nor if being demoli | shed. | | |
| which of Moniforing Firm | | Owner | ASC | M No. | Name of Abater | ment Contractor (| 9) | | | |
| , si N | /A | | | | | FMCO I | NC. | | | |
| Street Address | | | | | Street Address | S, SPRUC | E 200. | | | |
| State Zip Code | | | | | Crry, State, Zip C | Code | | | | |
| | | | | | Mo. | PLE SHA | DE, N.J. | 00 | : 2 | 2 |
| Project Manager for Mon | toring Fimi | Ť. | elephor | ne No. | Telephone No. | 9-0472 | License No | 44 | | |
| Stan Date (10) | | duled Com | pletion / | Date (11) | Name of OSHA | Monitor SEPH KL | Fash | | | |
| 8/31/ | | / (| 11 | <u>) </u> | Street Address | | | 76 | | |
| ★ Faculty Closed Vacate | | | | | 3 6 9 | S, Spi | 104 Luc. | | | |
| Abatement Performed | | | | | City, State, Zip C | | | | | |
| Cother - Describe | | | | | M | APLE SI | LODE, N. | ٠.٠ | U.L. | - 5 = |
| Scope of Work (Check all | that apply) | | | | D Eul Co | ntainment with No | ngative Pressure | | | |
| 20 51 or 23 H | | Renov | | | Mini-En | closure | gauve Fleasure | | | |
| ₹ 3196.81.01.3560.II | | □ Dema | ton: | | | ag Procedure empled (') and N | on-Friable Process | 7.(| | |
| | | Is Loca | tion | | | | | 7 : | daire | |
| | | Used So | | | Description o | f | | | · / | ×. |
| Location of Asbestos-Containing M | | Mainten | ance/ | Asbes | sios Containing Ma | terial (ACM) | Amoun. | | | |
| TO BE ABATI | | Custo | | (ı e | thermal systems surfacing, VAT | | (Specity SF or LF) | 1 2 | Repair | 4 1 2 |
| IN Facility | | (12 | | | other miscellane | | | demoval | D.H. | ta kessia dapsada |
| - 150 | | Yes N | o N// | A . | | | | - | | 17:1 |
| SIDIN | ' C4 | | X | 1. I | PANSITE | | 800 SF | X | | |
| | | | 1 | | | | | | | |
| | | | | | | | | - | - | |
| | | | NIDE | | Cubic Yards | Name of Ren | istered Landfill | 1 | | |
| K Lame of Registered Wast | T | | Hauler | ID No | of Waste | 4 . | L, U, A, | | | |
| Sin State | INC, | | 11 | 904_ | Disposal Date | City, State | | | | |
| MAPLE | SHADE | L, N, | | | | PLEA | SAUTVILI | _ = | W. | 7 |
| Completed By | Tide | 1/ | 10 | | Signature | 1-160. | | 21 | 118 | 5 |
| JOSEPH K | LEMM _ | / | | | -1-000 | | 0 / | | | |



| Date of Notification (1) | | | Name | of Building | Owner/Operator (2 | 2) | | | | | | | |
|--|---------------------------------------|-----------------------|---|-------------|--|--|------------------|-------------------|--------|-------------|-----------|--|--|
| 8 /13 / | 15 | | Prin | ceton U | niversity-Office | of Design and (| Construction | 5 2015 | | | | | |
| Agencies Notified Type Notifica | tion | | Street | Address | | | | | | | | | |
| ☐ EPA ☐ Initial | | | 200 | Elm Dr | | | | | | | | | |
| □ DOLWD | | | City, S | tate, Zip C | ode | | | | | | | | |
| | nt # <u>1-8/21</u> | | | ceton, N | | | | | | | | | |
| DCA Emergence (NJAC 5:23-8) Image: Emergence publication in the control of the co | | 1 | | of Contact | | | Telephone Nu | mber | | | | | |
| ☐ Cancellati | | | | ert Orte | | () | | | | | | | |
| | | | FAC | CILITY IN | FORMATION | | | | | | | | |
| Name of Facility Where Abatement is T | aking Place | (3) | + | | | Type of Facility (| 4) | | | | | | |
| Princeton University- Universit | y Store | | | | | School (K-12) | | 40) | | | | | |
| Street Address | | | | | | ☐ Subchapter 8 ☐ Other (i.e., pr | (Other than K- | ı∠) nercial bu | ildina | S. | | | |
| 36 University Place | | | | | | homes, etc.) | | | , | | | | |
| City (5) | | | | | | Square Feet | # of Floors | Blo | dg. Ag | ge | | | |
| Princeton | | | | | | | | | | | | | |
| County (6) | | | Coun | ity Code (7 |)(STATE USE ONLY) | Current Use (Pri | or if being demo | olished) | | | | | |
| MERCER | | | ASCM No. Name of Abatement Contractor (9) | | | | | | | | | | |
| Name of Monitoring Firm Hired by Build | ing Owner | (8) | ASCM | No. | | | | | | | | | |
| Cardno/ATC Associates Inc | | | BRISTOL ENVIRONMENTAL, INC. Street Address | | | | | | | | | | |
| Street Address | | VII. (1977) | | | | | | | | | | | |
| Bromley Corporate Center-Three | ee Terri La | ane | | | | | | | | 11111111 | | | |
| City, State, Zip Code | | | | | City, State, Zip Co | | | | | | | | |
| Burlington, NJ 08016 | | _ | | | BRISTOL, PA | 19007 | | | | | | | |
| Project Manager for Monitoring Firm | | | phone | | Telephone No. | | License No. | | | | | | |
| Michael Keehn | | | 09-386 | | 215-788-6040 00509 | | | | | | | | |
| Start Date (10) S / 24 / 15 | scheduled C | | | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC. | | | | | | | | |
| Occupancy Status During Abatement (0 | | | | | Street Address | | | | | | | | |
| ☐ Facility Closed/Vacated During Entire | | | ment | | 1123 BEAVE | R STREET | | | | | | | |
| ☐ Abatement Performed Outside of No | | | | cribe | City, State, Zip Co | | | | | _ | | | |
| Time of Abatement: 6:00AM-4:00F | PM/P | M | AM | | BRISTOL, PA | | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | | | | | |
| | Π. | | | | | tainment with Neg | ative Pressure | | | | | | |
| ≥3 sf or ≥3 lf ⇒160 sf or >260 lf | | enovati emolitic | | | Mini-End Gloveba | closure g Procedure | | | | | | | |
| = 100 st of 2200 tr | | on the same of | | | | mpted (*) and No | n-Friable Proced | dure | | | | | |
| | | Locat | | | | | | Ab | atem | ent T | уре | | |
| Location of | 111-2 | Norma ed Sole | | | Description of | | | R | Re | Щ | m | | |
| Asbestos-Containing Material (ACM TO BE ABATED | | aintena | | Asbe | stos Containing Ma | insulation. | Amount (Specify | Removal | Repair | cap | clos | | |
| IN Facility | Cus | todial | Staff? | \ | surfacing, VAT | , or | SF or LF) | Val | _ | Encapsulate | Enclosure | | |
| (13) | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | (12) | T | | other miscellane | ous) | | | | ate | | | |
| | Yes | No | N/A | | | | 0.1. | K7 | | | | | |
| Basement Storage area | | | | Pipe In | sulation | | 9 LF | | | | | | |
| | | | | | | | 37 | | Ш | Ш | Ш | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | 1.123.0 | JDEP ! | | Cubic Yards of | Name of Regis | | 1900 | | | | | |
| BRISTOL ENVIRONMENTAL, IN | 1C. | F | 1870 | | Waste | Control of the Contro | NORTH LAN | IDFILL | | | | | |
| City, State | | | | | Disposal Date | City, State | IIE DA 1000 | 7 | | | | | |
| BRISTOL, PA 19007 | | MORRISVILLE, PA 19067 | | | | | ate . | | | | | | |
| Completed By (Print or Type) Brian Scafiro | Title Estima | itor | | | Signature | Scolin | /il | Date /2 | 1/1 | 5 | | | |

ASB-41 MAY 11

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

| | | | | | ie oi buildii | ng Owner/Operator | (2) | | | | | |
|--|---|---|--|--|--------------------------|--|--|---|-------------|--------|-------------|---|
| 8 / 13 | /15 | 5 | | Pr | inceton l | Jniversity-Office | of Design an | d Construction | į | | | |
| Agencies Notified Type No | tification | | | Stree | et Address | | | | | | - | |
| ☐ EPA ☐ Initial | | | | 20 | 0 Elm Dr | | | | | | | |
| □ DOLWD 7526 □ Amer | | | | City, | State, Zip | Code | | | | | | |
| | ndment # | | _ | | inceton, I | | | | | | | |
| | rgency (in ication) | iciuain | ig | | e of Contac | | | Telephone Nu | mhar | | | - |
| Cano | | | | Ro | bert Orte | ao | | , elephone no | ••• | | | |
| | | | | | | NFORMATION | | | | | | _ |
| Name of Facility Where Abatement | t is Takino | g Plac | e (3) | 17 | CILITI | W OKWATION | Type of Facility | v (A) | | - | | |
| Princeton University- Unive | | _ | - (-/ | | | | School (K-1 | | | | | |
| Street Address | , | | | | | | ☐ Subchapter | 8 (Other than K-1 | 12) | | | |
| 36 University Place | | | | | | | Other (i.e., homes, etc | private and comm | ercial | buildi | ngs, | |
| City (5) | | | | | | | Square Feet | # of Floors | | 014- | A | |
| Princeton | | | | | | | Square reet | # 01 F1001S | | Bldg. | Age | |
| County (6) | | - | | Cou | nty Code / | 7)(STATE USE ONLY) | Current Lies /D | Prior if being demo | Cala - II | | | _ |
| MERCER | | | | 000 | my code (/ | MOTATE OSE ONET | Current Use (F | nor ii being demo | iisnea, | | | |
| Name of Monitoring Firm Hired by E | Building C | Dwner | (8) | ASCM | I No | Name of Abateme | ont Contro -t 'C | 2) | | | | |
| Cardno/ATC Associates Inc | - 55 | ANIIC(| (0) | AGGIV | 140. | | | • | | | | |
| Street Address | 9 | | | | | Street Address | VIRONMENTA | AL, INC. | | | | |
| Bromley Corporate Center-1 | Three To | orri I | ane | | | 1123 BEAVER | OCTREET | | | | | |
| City, State, Zip Code | inee re | CIII L | ane | | | | | | | | | _ |
| Burlington, NJ 08016 | | | | | | City, State, Zip Co | | | | | | |
| Project Manager for Monitoring Firm | | | T-1 | | N. | BRISTOL, PA | 19007 | | | | | |
| Michael Keehn | n | | V 00000000 | phone | | Telephone No. | | License No. | | | | |
| | | | | | | | 00000 | | | | | |
| | Cahad | ulad C | | 09-386 | | 215-788-6040 | | 00509 | -07-4 | | | |
| Start Date (10) 8 /24 /15 | | | Comple | tion Da | ate (11) 15 | Name of OSHA M | onitor | | | | | |
| Start Date (10)8 | 8 | 3_ / | Comple 25 | tion Da | ate (11) | | onitor | | | | | |
| Start Date (10) 8 | nt (Check | only of | Comple 25 one) Abate | etion Da | ate (11) 15 | Name of OSHA M BRISTOL ENV | onitor VIRONMENTA | | | | | |
| Start Date (10) 8 | nt (Check Entire Peri f Normal | only of Facility | comple 25 one) Abate y Hour | ment s - Des | ate (11) 15 | Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER | onitor VIRONMENTA | | | | | |
| Start Date (10) 8 | nt (Check Entire Peri f Normal | only of Facility | comple 25 one) Abate y Hour | ment s - Des | ate (11) 15 | Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co | onitor VIRONMENTA R STREET | | | | | |
| Start Date (10) 8 | nt (Check Entire Peri f Normal I | only of Facility | comple 25 one) Abate y Hour | ment s - Des | ate (11) 15 | Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER | onitor VIRONMENTA R STREET | | | | | |
| Start Date (10) 8 / 24 / 15 Occupancy Status During Abatement Facility Closed/Vacated During E Abatement Performed Outside of Time of Abatement: AM- Scope of Work (Check all that apply | nt (Check Entire Peri f Normal PM | only of iod of Facility | Comple 25 cone) Abate y Hour PM-5: | ment s - Des | ate (11) 15 | Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA | onitor VIRONMENTA R STREET de 19007 ainment with Ne | L, INC. | | | | |
| Start Date (10) 8 / 24 / 15 Decupancy Status During Abatement Facility Closed/Vacated During E Abatement Performed Outside of Time of Abatement:AM- Scope of Work (Check all that apply ≥3 sf or ≥3 If | nt (Check Entire Peri f Normal PM | only of only only only only only only only only | Comple (25 one) Abate y Hour PM-5: | ment ss - Des | ate (11) 15 | Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA | onitor VIRONMENTA R STREET de 19007 ainment with Neissure | L, INC. | | | | |
| Start Date (10) 8 / 24 / 15 Decupancy Status During Abatement Facility Closed/Vacated During E Abatement Performed Outside of Time of Abatement:AM- cope of Work (Check all that apply 2 ≥3 sf or ≥3 lf | nt (Check Entire Peri f Normal PM | only of only only only only only only only only | Comple 25 cone) Abate y Hour PM-5: | ment ss - Des | ate (11) 15 | Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA | onitor VIRONMENTA R STREET de 19007 ainment with Nei osure Procedure | L, INC. | ıre | | | |
| Start Date (10) 8 / 24 / 15 Occupancy Status During Abatement Facility Closed/Vacated During E Abatement Performed Outside of Time of Abatement:AM Cope of Work (Check all that apply | nt (Check Entire Peri f Normal PM | only oriod of Facility M/9:00 | Comple (25 one) Abate (27 Hours PM-5: PM-5: Pmovation of the control of the contr | ment s - Des 30 AM | ate (11) 15 | Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA | onitor VIRONMENTA R STREET de 19007 ainment with Nei osure Procedure | AL, INC. | | patem | nent T | |
| Start Date (10) 8 / 24 / 15 Occupancy Status During Abatemer Facility Closed/Vacated During E Abatement Performed Outside of Time of Abatement:AM- cope of Work (Check all that apply 23 sf or ≥3 lf ≥160 sf or ≥260 lf | | only oriod of Facility M/9:00 | Comple (25 one) Abate (27 Hours PM-5: 27 Hours PM-5 | ment s - Des 30 AM | ate (11) 15 scribe | Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encla Glovebag Non-Exen | onitor VIRONMENTA R STREET de 19007 ainment with Necesure Procedure npted (*) and No | AL, INC. | A | _ | _ | Ť |
| tart Date (10) 8 | | only of iod of Facility M/9:00 Re □ De | Comple (25 one) Abate (27 Hours PM-5: PM-5: Pmovation of the control of the contr | ment rs - Des 30 AM | ate (11) 15 scribe Asbes | Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encla Glovebag Non-Exen Description of stos Containing Mate | onitor VIRONMENTA R STREET de 19007 ainment with Necesure Procedure npted (*) and No | gative Pressure | A | _ | _ | Ť |
| tart Date (10) 8 | | S / c only c on | one) Abate y Hour PPM-5: Cone) Cone) Abate y Hour Pomoutic Cone Cone Cone Cone Cone Cone Cone Cone | ment ss - Des son on o | ate (11) 15 scribe Asbes | Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encla Glovebag Non-Exen | onitor VIRONMENTA R STREET de 19007 ainment with Nerosure Procedure Procedure Inpted (*) and No | gative Pressure on-Friable Procedu Amount (Specify | | patem | _ | Ť |
| tart Date (10) 8 | | Representation | comple 25 one) Abate y Hour PM-5: Enovati emolitic Coat Normal d Sole intena todial \$ (12) | ment ss - Des 30AM on on ion lly lly by nce/ Staff? | ate (11) 15 scribe Asbes | Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encla Glovebag Non-Exen Description of stos Containing Mat, thermal systems in | onitor VIRONMENTA R STREET de 19007 ainment with Nerosure Procedure Procedure Inpted (*) and Norosurial (ACM) Insulation, or | gative Pressure | A | _ | Encapsulate | Ť |
| tart Date (10) 8 | | S only coiod of Facility M/9:00 Re □ De □ Is N Use Ma Cust | comple (25 one) Abate (27 y Hour (27) Hour | ment rs - Des rs - De | Asbes (i.e. | Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encla Glovebag Non-Exen Description of stos Containing Mati, thermal systems in surfacing, VAT, other miscellaneo | onitor VIRONMENTA R STREET de 19007 ainment with Nerosure Procedure Procedure Inpted (*) and Norosurial (ACM) Insulation, or | gative Pressure on-Friable Procedu Amount (Specify | Removal | _ | _ | Ť |
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| Start Date (10) 8 | | S only coiod of Facility M/9:00 Re □ De □ Is N Use Ma Cust | comple (25 one) Abate (27 y Hour (27) Hour | ment rs - Des rs - De | Asbes (i.e. | Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encla Glovebag Non-Exen Description of stos Containing Mati, thermal systems in surfacing, VAT, other miscellaneo | onitor VIRONMENTA R STREET de 19007 ainment with Nerosure Procedure Procedure Inpted (*) and Norosurial (ACM) Insulation, or | gative Pressure on-Friable Procedu Amount (Specify SF or LF) | Removal | _ | _ | Ť |
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| tart Date (10) 8 | | S only coiod of Facility M/9:00 Re □ De □ Is N Use Ma Cust | comple (* 25 one) Abately Hour PM-5: Enovati Emolitic Coat Normal (* 12) No | ment rs - Des rs - De | Asbes (i.e. | Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encla Glovebag Non-Exen Description of stos Containing Mate, thermal systems in surfacing, VAT, other miscellaneo | onitor VIRONMENTA R STREET de 19007 ainment with Nerosure Procedure Inpted (*) and No erial (ACM) Insulation, or us) | gative Pressure on-Friable Procedu Amount (Specify SF or LF) 9 LF | Removal | _ | _ | Ť |
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| tart Date (10) 8 | | S only coiod of Facility M/9:00 Re □ De □ Is N Use Ma Cust | comple (* 25 one) Abately Hour PM-5: PM-5: Rocat Normal od Sole intena todial (* (12) No | ment rs - Des 30 AM on | Asbes (i.e. Pipe Ins | Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encla Glovebag Non-Exen Description of stos Containing Mate, thermal systems in surfacing, VAT, other miscellaneo | Name of Regis | gative Pressure on-Friable Procedu Amount (Specify SF or LF) 9 LF | Removal 🛛 🗆 | _ | _ | Ť |
| Start Date (10) 8 | | S only coiod of Facility M/9:00 Re □ De □ Is N Use Ma Cust | comple (* 25 one) Abately Hour PM-5: PM-5: Rocat Normal od Sole intena todial (* (12) No | ment rs - Des rs - De | Asbes (i.e. Pipe Ins | Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encla Glovebag Non-Exen Description of stos Containing Mati, thermal systems ir surfacing, VAT, other miscellaneo | Name of Regis G.R.O.W.S. City, State | gative Pressure on-Friable Procedu Amount (Specify SF or LF) 9 LF tered Landfill NORTH LAND | Removal 🛛 🗆 | _ | _ | Ť |
| Start Date (10) 8 | | S only coiod of Facility M/9:00 Re □ De □ Is N Use Ma Cust | comple (* 25 one) Abately Hour PM-5: PM-5: Rocat Normal od Sole intena todial (* (12) No | ment rs - Des rs - De | Asbes (i.e. Pipe Ins | Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encla Glovebag Non-Exen Description of stos Containing Mata, thermal systems in surfacing, VAT, other miscellaneo culation Cubic Yards of Waste Disposal Date | Name of Regis G.R.O.W.S. City, State | gative Pressure on-Friable Procedu Amount (Specify SF or LF) 9 LF | Removal 🛛 🗆 | _ | _ | |
| Start Date (10) 8 | Ent (Check Entire Peri f Normal I PM) CM) INC. | S only coiod of Facility M/9:00 Re □ De □ Is N Use Ma Cust | comple (25 one) Abatel y Hour PM-5: Enovati molitic Locat Normal od Sole intena todial S (12) No | ment rs - Des rs - De | Asbes (i.e. Pipe Ins | Name of OSHA M BRISTOL ENV Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Conta Mini-Encla Glovebag Non-Exen Description of stos Containing Mate, thermal systems in surfacing, VAT, other miscellaneo | Name of Regis G.R.O.W.S. City, State | Amount (Specify SF or LF) 9 LF tered Landfill NORTH LAND | Removal 🛛 🗆 | _ | _ | Ť |

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| W 8.2 | , | Name of Building C | | IOI OGY | | | |
|--|--------------------------|--|----------------------------------|--|----------|----------|----------|
| Date of Notification (1) | | A STATE OF THE STA | TOTOTE OF TECH | MIC MIC | 9 F | 200 |) |
| 8 / 21 /15 | | Street Address | | DIAL HALL | | | |
| Agencies Notified Type Notifica | tion | 111 SUMMIT STREE | | DRIAL HALL | | | |
| EPA Initial I | Notification | City, State, Zip Code | | | | | |
| DEP Amend | ed Notification | NEWARK, NEW JE | RSEY 07102 | | | | |
| X DOL Cancel | | | F | Telenhone Num | hor | | - |
| X DOH X On Hol | | Name of Contact ALEXANDER CARP | | I elet u.u. u.e | | | |
| DCA EMER | GENCY N | | LINO | | | _ | |
| | | CILITY INFORMATION | Type of Facility (| (A) | | | |
| Name of Facility Where Abatement is T | aking Place (3) | | School (K-1 | | | | |
| | 1007 | | | 8 (Other than k | (-12) | | |
| NEW JERSEY INSTITUTE OF TECHNO | LOGY | | X Other (ie. p | rivate & commo | l. bldgs | ., horr | nes, et |
| Street Address | | | Square Feet | # of Floors | | dg. A | |
| 111 SUMMIT STREET | | | 200,000 | 4 | | 53 | |
| City (5) Count | y (6) | County Code (7) | Current Use (Price | or if being demo | lished) | | |
| NEWARK ESSEX | | (STATE USE ONLY) | COMMERCIAL C | Section and the section of the secti | | | |
| Name of Monitoring Firm Hired by Buil | ding Owner (8) | ASCM No. | Name of Abatem | | | N. 1 | |
| CTSI | | 17 | PAR ENVIRONM | IENTAL CORPO | JRATIC | JIV | - |
| Street Address | | | Street Address 313 SPOOK RO | OK BOAD | | | |
| 237 WEST 35TH STREET | · | | City, State, Zip C | | | | |
| City, State, Zip Code | NEW YORK 1000: | r | SUFFERN, NEW | | | | |
| | K, NEW YORK 10001 | | Telephone Numb | | ense Nu | ımber | |
| Project Manager for Monitoring Firm | 212-971-7 | | 845-369-7500 | 460 | | | |
| KYLE KRUG | Sched. Comple | | Name of OSHA | Monitor | | | |
| Expected Start Date (10) 8 / 24 / /15 | 12 / | 30 15 | QUALITY ENVIP | | | | |
| Month Day Year | Month | Day Year | | | | | |
| Occupancy Status During Abatement (Cl Facility Closed/Vacated Durin Abatement Performed Outsid X Other - Describe: MONI | ng Entire Period of Ab | Hours - Describe: | Street Address 1376 ROUTE 9 V | Code | NV 10 | | |
| | | | 1 | NGERS FALLS, | | 590 | |
| Scope of Work (Check all that apply) | | Full Co Mini-En | ntainment with Neg | jative Pressure | | | 1 |
| Donnouse. | X Renovation | | ag Procedure | | | | |
| >3SF OR LF >160 SF OR | | | able Procedure | | | | |
| Location of | Is Location | Description of | Asbestos- | | | | nt Type |
| Asbestos-containing | normally used | Containing Mat | erial (ACM) | Amount | | 표 | |
| Material (ACM) | solely by | (ie. Thermal | | (Specify | EMOVAL | EPAIR | NCLOSURE |
| TO BE ABATED | Maint/Custodia | insulation, surfa | | SF or LF) | \\ \leq | P | 780 |
| in Facility (13) | Staff (12) Yes No N/A | | marieous) | | ' | | JE |
| | | | | 810 SF | X | | |
| ROOM 401A | X | VAT & MASTIC | | 0100. | 1 | \Box | |
| | | | | | _ | + | |
| | | | | | - 01 | \vdash | |
| Street Control of the | | | | | | | |
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| | 2 | | | | | | |
| | | | | | | | |
| The state of Wester House | NJDEP Waste | Cubic Yards of Waste | Name of Regist | ered Landfill | | | |
| Name of Registered Waste Hauler DJM TRANSPORT | Hauler ID No. 26981 | 15 | 110 SAND CO. | | | | |
| City, State | | Disposal Date | City, State | 11704 | | | |
| KEKARNEY, NEW JERSEY | т:н. | 08/24.15-12/30/15 | INC. IVI | 11704 Da | ate 🗢 | 1 | 1 - |
| Completed by (Print or Type) BENJAMIN SANCHEZ | Title DIRECTOR OF OPE | Signature | 1710> | <u> </u> | ate 8/ | 21 | 115 |

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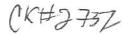
| Date of Notification (1) | | | | | wner/Operator (2 TUTUTE OF TEC | | | | |
|--|--|----------------------|----------------------------|--|---|--|---------|---------|---------|
| 8 / 7 /15 | | | Stree | t Address | | - 100 | 2 5 | 911 | |
| Agencies Notified Type Notification | n | | 111 5 | SUMMIT STREE | T/FACULTY ME | MORIAL HALL | | | |
| X DOL Cancellati | Notification | n | | State, Zip Code ARK, NEW JER | | 0 = d | | | |
| X DOH On Hold EMERGE | NCY N | | | e of Contact (ANDER CARRI | ERAS | Talanhana | | | |
| | | | CILITY INFO | RMATION | | | | | |
| Name of Facility Where Abatement is Taki | ng Place (| 3) | | | Type of Facility | 1 100 | | | |
| NEW JERSEY INSTITUTE OF TECHNOLOG | ΒΥ | | | | School (K Subchapt | -12) er 8 (Other than | K-12) | | |
| | | | | | | private & comm | | gs., ho | mes, et |
| Street Address 111 SUMMIT STREET | | | | | Square Feet | TOTAL STATE OF THE | | Bldg. | |
| City (5) County (6 | ` | | Cour | ty Codo (7) | 200,000 | 4 | -11-1 | 53 | 3 |
| NEWARK ESSEX | , | | | ty Code (7) USE ONLY) | Current Use (Pr | | olisned |) | |
| Name of Monitoring Firm Hired by Buildin CTSI | g Owner (| В) | | ASCM No. | Name of Abate | 10000000 | | ION | |
| Street Address 237 WEST 35TH STREET | | | | | Street Address | OK DOAD | | | |
| City, State, Zip Code | | | | | 313 SPOOK RO | | | | |
| NEW YORK, N | EW YORK | 10001 | | | SUFFERN, NEV | | | | |
| Project Manager for Monitoring Firm | Tele | ephone | Number | | Telephone Num | | ense N | lumbe | er |
| KYLE KRUG | | -971-7 | | | 845-369-7500 | 46 | 0 | | |
| Expected Start Date (10) | 1 | | tion Date (1 | | Name of OSHA | | | | |
| 8 / 24 / /15 Month Day Year | Month 1 | 2 / | 30 Day | 15 Year | QUALITY ENVI | RONMENTAL | | | |
| Occupancy Status During Abatement (Check Facility Closed/Vacated During En Abatement Performed Outside of X Other - Describe: MONDAY Scope of Work (Check all that apply) | ntire Period Normal Fa | cility H | lours - Descr | | Street Address 1376 ROUTE 9 City, State, Zip WAPP ainment with Ne | Code NGERS FALLS | | 2590 | |
| Demolition X >3SF OR LF X >160 SF OR | Renovatio | n | | Mini-Enclo Glovebag | | gative Pressure | • | | ļ |
| Location of | Is Loca | ition | | Description of As | | | Aba | teme | nt Type |
| Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) | normally solely Maint/Cu Staff (Yes No. | by stodial 12) | in | ontaining Materia (ie. Thermal sys sulation, surfacin or other miscella | stems ng, VAT, | Amount (Specify SF or LF) | REMOVAL | REPAIR | |
| ROOM 401A | | X | VAT & MA | STIC | | 810 SF | Х | 1 | |
| | | | | | | | | | |
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| | | | 8 | T. | | | | | |
| Name of Registered Waste Hauler DJM TRANSPORT | NJDEP W Hauler ID 2698 | No. | Cubic Yards | of Waste 15 | Name of Registe 110 SAND CO. | ered Landfill | - | | |
| City, State KEKARNEY, NEW JERSEY | | | Disposal Da 08/24.15-12 | / | Oty, State | 11704 | | ĵ | |
| Completed by (Print or Type) Title BENJAMIN SANCHEZ DIRE | CTOR OF | OPER | | Signature | XXX | Da | 8/ | 7/ | 15 |

CX 2854

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

| August 20, 2015 Agencies Notified | |
|---|--------|
| X EPA Emergency (including justification Emergency (including justification) Cancelled City. State. Zip Code Woodland Park, NJ 07424 Name of Contact Telephone Number City. State. Zip Code Woodland Park, NJ 07405 City. State. Zip Code City. State. Zip Code Woodland Park, NJ 07405 City. State. Zip Code City. Sta | |
| Emergency (including justification) X DEP X DOH Cancelled Cancelled City, State, Zip Code Woodland Park, NJ 07424 | |
| X DOL Justification Cancelled Woodland Park, NJ 07424 Name of Contact Mark Wagener Telephone Number Telephone | |
| X DEP X DOH Cancelled Cancelled Name of Contact Mark Wagener FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Berkeley College- Bldg # 4-Lower Level Corridor Street Address 44 Rifle Camp Road City (5) Woodland Park Passaic County (6) Passaic County Code (7) (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) Enviro Vision Consultants inc. Street Address 20-21 Wagaraw Road, Bldg # 35E City State. Zip Code Fairlawn, NJ 07410 Project Manager for Monitoring Firm Telephone Number Woodtland Park, NJ 07405 Type of Facility (4) Strope of Facility (4) County (6) County (6) County Code (7) (State Use Only) Current Use (prior if being demolished): Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address 268 MAIN STREET City State. Zip Code Fairlawn, NJ 07410 Project Manager for Monitoring Firm Telephone Number License Number | |
| Name of Contact Mark Wagener | |
| Mark Wagener FACILITY INFORMATION | |
| Name of Facility Where Abatement is Taking Place (3) Berkeley College- Bldg # 4-Lower Level Corridor Street Address 44 Rifle Camp Road City (5) Woodland Park Passaic City (5) Passaic ASCM No. County Code (7) County Code (| |
| School (K-12) Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: Unknown # of Floors: 4 Bldg. Age: 60 years | |
| Street Address 44 Rifle Camp Road City (5) Woodland Park Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants inc. Street Address 20-21 Wagaraw Road, Bldg # 35E City, State, Zip Code Fairlawn, NJ 07410 Project Manager for Monitoring Firm County (6) Passaic County Code (7) (State Use Only) County Code (7) (State Use Only) ASCM No. 00079 Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address 268 MAIN STREET City, State, Zip Code Fairlawn, NJ 07410 Project Manager for Monitoring Firm Telephone Number Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: Unknown # of Floors: 4 Bldg. Age: 60 years Current Use (prior if being demolished): Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address 268 MAIN STREET City State, Zip Code Butler, NJ 07405 Project Manager for Monitoring Firm Telephone Number License Number | |
| Sq. Feet: Unknown # of Floors: 4 Bldg. Age: 60 years | |
| Sq. Feet: Unknown # of Floors: 4 Bldg. Age: 60 years | |
| City (5) County (6) Passaic County Code (7) (State Use Only) | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants inc. Street Address 20-21 Wagaraw Road, Bldg # 35E City, State, Zip Code Fairlawn, NJ 07410 Project Manager for Monitoring Firm Telephone Number ASCM No. 00079 Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address 268 MAIN STREET City State, Zip Code Butler, NJ 07405 Telephone Number License Number | |
| EnviroVision Consultants inc. Street Address 20-21 Wagaraw Road, Bldg # 35E City, State, Zip Code Fairlawn, NJ 07410 Project Manager for Monitoring Firm Telephone Number GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address 268 MAIN STREET City State, ZipCode Butler, NJ 07405 Telephone Number Telephone Number License Number | |
| EnviroVision Consultants inc. Street Address 20-21 Wagaraw Road, Bldg # 35E City, State, Zip Code Fairlawn, NJ 07410 Project Manager for Monitoring Firm Telephone Number GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address 268 MAIN STREET City State, ZipCode Butler, NJ 07405 Telephone Number Telephone Number License Number | |
| Street Address 20-21 Wagaraw Road, Bldg # 35E 268 MAIN STREET City, State, Zip Code Fairlawn, NJ 07410 Project Manager for Monitoring Firm Telephone Number Street Address 268 MAIN STREET City State, ZipCode Butler, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number | |
| 20-21 Wagaraw Road, Bldg # 35E 268 MAIN STREET City, State, Zip Code Fairlawn, NJ 07410 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number | |
| 20-21 Wagaraw Road, Bldg # 35E 268 MAIN STREET City, State, Zip Code Fairlawn, NJ 07410 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number | |
| City, State, Zip Code Fairlawn, NJ 07410 Project Manager for Monitoring Firm Telephone Number City, State, ZipCode Butler, NJ 07405 Telephone Number Telephone Number License Number | |
| Fairlawn, NJ 07410 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number | |
| Project Manager for Monitoring Firm Telephone Number Telephone Number License Number | |
| | |
| 1 mark 1 mark m | |
| Fred Larson 973-636-9145 973-492-0477 00840 | |
| Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor | |
| September 3, 2015 September 10, 2015 | |
| EMSL inc. | |
| Occupancy Status During Abatement (Check only one) Street Address | |
| Facility Closed/Vacated During Entire Period of Abatement | |
| Abatement Performed Outside of Normal Facility Hours - Describe 1056 Stelton Road City, State, Zip Code | |
| Describe Other – Describe: 8am-10pm | |
| NJ Sub 8- Occupied Piscataway, NJ 08854 | |
| No Sub 6- Occupied | |
| Source of Work (Check all that apply) | |
| x Full Containment with Negative Pressure | |
| ≥ 3 sf or ≥ 3 lf Renovation Mini-Enclosure with negative air | |
| □≥ 160 sf or ≥ 260 Demolition Glovebag Procedure | |
| Non-Exempted (*) and Non-Friable Proced | ure |
| Wrap & Cut | |
| Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type | |
| Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, Staff? (12) VAT, or other miscell.) (Specify SF or LF) Remove Repair Encap E | nclose |
| YES NO NA | |
| Bldg# 4-Lower Level | |
| Corridor Space | |
| Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: Name of Registered Landfill | |
| See Hauler Below # 1 & 2 See Below 10 Meadowfill Landfill | |
| Hauler #1) Greenwood Abatement Consultants, Inc Butler, NJ 07405 Disposal Date City, State | |
| N I DEP # 12561 | |
| Hauler #2) Newark Carting, Inc. – Newark, NJ 04509, NJ DEP # 19551 September 10, Bridgeport, WVA 304-842-2784 | |
| 2015 | |
| Completed by (Print or Type) Title Signature Date | |
| Mania Casana | |
| MANAGER SENIOR PROJECT Marin Graure August 20, 2015 | |



| Date of Notification (1) 8/22/15 | | | | | f Building (| | 70 | (2) | | | AUG 1 | 25 | | 5 | | |
|---|------------------------------|--------------------|-----------------|-------------------|------------------------|---------|--------------------------|-----------------|-----------------------------|-----------|-------------------|-------------|------------|----------|-------------|-----------|
| Agencies Notified | Type Notification | | | Street A | | D= | | | | | | | | | | |
| × EPA × DEP × DOL | Initial Amended | | - | | anhican ite, Zip Co | 77.30 | | | | | | | Lacycuss | | | |
| × DOL | Amendment Emergency | | _ | | n New . | | Jersey | | | | | | | | | |
| DOH DCA | justification) Cancellation | | | Name of Pat | f Contact | | | | | Tel | enhone | Nıım | her | | | |
| | П сенеснести | | | FACI | LITY INFO | ORMAT | TON | | | 1 | | | | | | - |
| Name of Facility Where Tumulty Residence | | g Place (3) | | | | | 5 | Туре | of Facility (4 | 1) | | | | | | |
| Street Address | : | | | | | | | | School (K-12 Subchapter | | er than l | K-12 | | | | |
| 130 Sanhican Drive | е | | | | | | | × | Other (i.e. pretc.) | | | | | dings, | home | es, |
| City (5) | | | | | | | | Squa | re Feet | 1 | f Floors | | | ldg. A | ge | |
| Trenton County (6) | | | | County | Codo (7) | | | 150 | *** | 2 | aa dam | ماداه | | 0+ | | |
| Camdem | | | | | Code (7) USE ONLY | | | 10 | ent Use (Prio sidence | r ir bei | ng aem | Olishe | ea) | | | |
| Name of Monitoring Firm | Hired by Building | Owner (8) | | ASCN | / No. | | | | tement Con | | (9) | | | | | |
| Street Address | | | | | | | | Addre | ation Co., | IIIC. | | | | | | |
| | | | | | | | | | se Road | | | | | | | |
| City, State, Zip Code | | | | | | | 10000 | | ip Code k, N.J. 07 | 722 | | | | | | |
| Project Manager for Mor | nitoring Firm | | | Telepho | ne No. | | 100000000 | hone N 294-1 | | | Licens 0002 | | | | | |
| Start Date (10) 9/1/15 | | Schedule 9/8/15 | d Con | npletion | Date (11) | | Name | of OSI | HA Monitor | | | | | | | |
| Occupancy Status Durin | g Abatement (Chec | k Only One | e) | | | | Street | Addre | SS | 100000000 | 10.00 | | | | 7 | |
| Facility Closed/Vac Abatement Perform Other – Describe: | ned Outside of Norm | | | | | | City, S | State, Z | ip Code | | | | | | | |
| Scope of Work (Check A | | | | | | | | | | | | | | | | |
| Scope of Work (Check > | ш тпас Арріу) | X R | enova | tion | | | 5 | ₹ | II Containme | nt with | Nogoti | vo Dr | 00011 | · | | |
| ≥160 sf or ≥260 lf | | | emolit | | | | | Min | ni-Enclosure ovebag Proc | edure | | | | | | |
| | | 1 | | | I | | L | □ No | n-Exempted | (*) an | d Non-F | riable | Pro | 1600 700 | | |
| Lassies | 6 | 8370 | Locati ormal | | | | | 6 | | | | | | | ement pe | |
| Location Asbestos-Containing | Material (ACM) | | d Sole | | | tos Cor | escription ntaining N | <i>Materia</i> | | | mount | | | | Ш | _ |
| TO BE AB In Facil | | | odial S | Staff? | (i.e. | | al system acing, VA | | ation, | | Specify or LF) | | Remova | Repair | псар | nclo |
| (13) | | | (12) | | | other | miscellar | neous) | | | | , | oval | air | Encapsulate | Enclosure |
| h | | Yes | No | N/A | | f 'I | | | | | | | | | | |
| basem | ent | | | X | | DOILE | er insula | ation | | | 5 SF | | X | | | |
| | | | | | | | | | | | | _ | | | | |
| | | - | | | | | | | | | | | | | | |
| Name of Registered Was | ste Hauler | | IN | JDEP W | /aste | Cubic | c Yards | | Name of F | Registe | ered Lan | ndfill | | | | |
| Ace Insulation Co., | | | H | lauler ID 2086 | | of Wa | | | Chrins | .ogiott | ou muli | - arelli | | | | |
| City, State | | | 1. | | | Dispo | sal Date | | City, State | | | 1000 | | | | |
| Colts Neck, New Jersey | | | | 9/8/15 | | | | | | _ | | | | | | |
| Completed by Bree McGuire | | Title Secre | tarv | Treasu | ırer | | Signature | Dr. | () | | | Date 8/2 | e 22/18 | 5 | | |
| | | 00016 | ·······y | 110000 | | | 1 | 5 | 7 | | | OIZ | /1 | - | | |

(K+2737

| Date of Notification (1) | | | | | f Building | | Operator | (2) | h sa | | 15 Jan | 1++0 | | | |
|--|--|---------------------|-----------------|-------------------|----------------------|---------|---|---|--------------------------------|----------|-------------------|---------|-----------------|-------------|-----------|
| 8/22/15 | | | | | Property | | | | | | | | | 1000 | |
| Agencies Notified | Type Notification | | | Street A 131 R | | | | | ā ļ | 4UG | 25 27 | 5 | | | |
| × EPA × DEP | Initial Amended | ** | t | | ate, Zip Co | | | | | | | | | | |
| × DOL | Amendment Emergency (| | - | | er, New | Jersey | / | | | | | | | | |
| ⊠ DOH □ DCA | justification) Cancellation | | | Name o Greg | f Contact | | | | | Tel | ephone Nu | mber | | | |
| | | | | FACI | ILITY INFO | ORMATI | ION | | | | | | | | |
| Name of Facility Where DGM Property | Abatement is Taking | g Place (3) | | | | | | Туре | e of Facility (4 | | | | | | |
| Street Address | | | | | | | | H | School (K-1: Subchapter | | er than K-1 | 2) | | | |
| 6 North Doughty A | ve | | | | | | | × | Other (i.e. p etc.) | | | | ldings | , hom | es, |
| City (5) | | | | | | | | 0.0000000000000000000000000000000000000 | are Feet | #0 | f Floors | | Bidg. A | Age | |
| Somerville | | 1 | | Country | O-d- (7) | | | 200 | | 1 | | | 5 0+ | | |
| County (6) Somerset | | | | | Code (7) USE ONLY |) | | 1 | ent Use (Pric rehouse | or it be | ng demolis | nea) | | | |
| Name of Monitoring Firr | n Hired by Building (| Owner (8) | | ASC | VI No. | | 4 | | atement Con | | (9) | | | | |
| Chroat Address | | | | | | | | | lation Co., | IIIC. | | | | | |
| Street Address | | | | | | | Street 95 N | | ess ose Road | | | | | | |
| City, State, Zip Code | | | | | | | 100000000000000000000000000000000000000 | | Zip Code | 700 | | | | | |
| Project Manager for Mor | nitorina Firm | | - | Telepho | ne No | | Teleph | | ck, N.J. 07 | 122 | License N | la | | | |
| l reject manager is me | | | | | | | 732- | | | | 00029 | | | | |
| Start Date (10) 8/31/15 | | Scheduled 9/8/15 | i Con | npletion | Date (11) | | Name | of OS | HA Monitor | | | | 1000000 | | |
| Occupancy Status Durir | ng Abatement (Chec | k Only One | 2) | | | | Street | Addre | ess | | | | | | |
| | cated During Entire F | | | | | | City, S | State, 2 | Zip Code | | | | | | |
| Other – Describe: | | | - | | | | | | | | | | | | |
| Scope of Work (Check A | All That Apply) | | | | | | Г | 7 | | | | | | | |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | | - | enova emolit | 77 FFF F | | | | Mi | ıll Containme ini-Enclosure | ! | Negative I | Pressi | ire | | |
| | | | | | | | × | | ovebag Proc on-Exempted | | d Non-Frial | ole Pro | ncedu | re | |
| | | ls I | ocati | on | | | | | | (/ | | T | 78,087 | emen | t |
| Locatio | n of | N | ormal | ly | | De | scription | of | | | | | T | ype | |
| Asbestos-Containing | Material (ACM) | | Sole | | Asbes | tos Con | taining N | // ateria | al (ACM) | | mount | | | ū | _ |
| TO BE AB | Contract Con | Custo | dial S | | (i.e. | | systems cing, VA | | lation, | | Specify or LF) | Rem | Re | ncap | nch |
| (13) | | | (12) | | | | niscellar | | | | | Remova | Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | } | | | _ | | ate | œ' |
| root | f | | | x | | | calking | | | 70 v | vindows | х | | | |
| root | | | | X | | roofir | ng mat | erial | | 2 | 200lf | x | | | |
| | | | | - | - | | | | | | | - | - | - | - |
| Name of Registered Wa | ste Hauler | | N | JDEP W | l /aste | Cubic | Yards | | Name of F | Registe | ered Landfil | 1 | 1 | 1 | |
| Ace Insulation Co., | | | 10000 | lauler ID 2086 | No. | of Wa | ste | | Chrins | | | | | | |
| City, State | | | | | | | sal Date | | City, State |) | | | **** | | - |
| Colts Neck, New Je | rsey | | | | | 9/8/1 | 5 | | Easton, | PA | | | | | |
| Completed by | | Title | | - | | S | Signature | 3/1 | 11/ | | 4 488 | ate | _ | | |
| Bree McGuire | | Secre | tary | Treasu | ırer | | 10 | 90 | V | | 8/ | 22/1 | 5 | | |

State of New Jersey

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

| Date of Notification (1) | | | | II xı | CD III | 2 10 | - 17.14 | 1 | 11.50 | | 1 | | |
|---|----------------------------|---|------------------|------------|----------------------|--|-------------------------------------|---|-------------|------------------|------------------|-----------|--|
| 8/21/201 | i | 141 | | Name o | of Building (| Owner/Oper Sakou | ator (2) tis Brothers Dispo | osaļug 25 | 2 Q | 75 | 48 | | |
| r 1 ; ; | itial Notif | ication | | | Address | РОВ | | | | | | | |
| [x] DOL | mendmen nergency | t # (including | | City, St | tate, Zip Coo | | Neck, NJ 07722 | | | - 55 | | | |
| | stification incellation | | | Name o | of Contact John S | Sakoutis | | Telephone Number | | | | | |
| | | | FAC | CILITY | INFORM | ATION | | | | | | | |
| Name of Facility Where Abatement is Tak Building | ng Place | (3) | | | | | Type of Facility (4) | School (k-12) | | | | | |
| Street Address 655 Middlesex | Avenue | | | | | | [] [x] | Subchapter 8 (o Other (i.e., priva homes, etc.) | | | | dings, | |
| City | Cou | nty (6) | | County (| Code (7) USE ONL | r) | Square feet 5000 sf | # of Floors | Bld | g. Age | 60 | | |
| Metuchen | | ddlesex | | | | | Current Use (Prior i Buildir | | 1) | | 00 | | |
| Name of Monitoring Firm Hired by Buildi N/A | ig Owner | (8) | | ASCM N | No. | Name of | Abatement Contractor | | , Inc. | | | | |
| Street Address | | | | | | Street Ad | dress | Route 9, Unit 61 | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Code Toms River, New Jersey 08755-1271 | | | | 271 | | | |
| Project Manager for Monitoring Firm | | Telephone | Number | | | Telephon 732-349 | e Number | mber License Number | | | | | |
| Scheduled Start Date (10) 8/21/15 | | Scheduled 8/27/1 | | on Date (1 | 11) | | OSHA Monitor | L. Analytical | | | | | |
| Occupancy Status During Abatement (Che | | | d of Aba | tement | | Street Ad | dress | telton Road | | | | | |
| Abatement Perform Other - Describe | | of Normal Fa | 00000 W-200000 | | | City, State | e, Zip Code | | | | | | |
| Scope of Work (Check all that apply) | | | | | | [] | | way, New Jerso | | 354 | | | |
| | | f 7 | | E | | [] | Mini-Enclosure | with Negative Pre- | ssure | | | | |
| $\begin{bmatrix} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$ | | [x] | Renova Demoli | | | [x] | Glovebag Procedu Non-Exempted (* | ire) and Non-Friable | Procedi | ıre | | | |
| 8 | 1 | | | T | | | | T | Ahat | tement | Type | | |
| Location of Asbestos-Containing Material (ACM TO BE ABATED in facility | | Is Location Normally us Solely by ntenance/Cu Staff | sed | | Asb M (i.e., | Description estos-Contaterial (Adams), thermal salation, sur | caining CM) ystems facing, | Amount (Specify SF or LF) | R E M | R E P A | E N C A | E N C L O | |
| (13) | YES | (12) S NO | N/A | | othe | VAT, or or miscella | | | A L | V R S S | | | |
| Exterior | | X | | Asbes | stos roofii | ng | | 4600 sf | X | | | | |
| Exterior | | X | | Asbes | stos roof f | flashing | | 1746 | X | | | | |
| • | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Name of Registered Waste Hauler Sakoutis Brothers Disposal Site State NJDEP Waste Hauler ID No. | | | | | Cubic Yar 50 | ds of Waste | T.R.R.F. | red Landfill | - | 7 | | | |
| City, State Colts Neck, New Jersey | | | Dispos 8/28/ | 15_ | 2 | City, Stat Tullyto | e wn, Pennsylvanja | | | | | | |
| Completed by (Print or Type) John Sakoutis | Title Proj | ect Manage | er | Signatu | ne | ~ / | -21 | | Date 8/21 | 1/2015 | 5 | | |

Aug 20 2015 03:46PM NJ Asbestos Control 609.633.0664

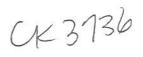
0B/20/2015 BB: 48AM 2013297448

BEST REMOVAL INC

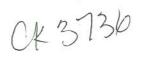
page 1

CK S76A PAGE 82/84

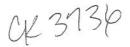
| AUG 25 20 | 13 | TIFIC/ (Pun | LTION REBUTE 1 | of as to njac | BESTOS ABA 3 8:60 and 12: | TEMENT 120) | | 15 DA | Υ | ٠, |
|---|-------------------------------------|---|---|--------------------|----------------------------------|--------------------|-------------------|--------------|--|-----------|
| Data of Northcodes (1) | | | | | NY TILE | 144 Man 21 | C. Marie | | - | _ |
| Agency Notified | Type Notification | | Street | Address | | | - | T | : 1 | 7 |
| Q EPA | ATTRIBLE! | | 1 | 39 | HEWACIL | POHATON | TURNA | ME | | 11 |
| -E DOL | © Amended | | | Starte, Zip | | | 11. 17. 1 PEL | ALC: O | 127 | 1 |
| <⊒ DOC | Amondment & Emergency (including | á | | | . 5 PLAIR | 15 . NI | Note | 501 | | 1 |
| D-SOH | (smilloction) | • | 100000000000000000000000000000000000000 | of Comp | alare. | L | Talkahana Mer | riha. | | |
| □ DCA | C Carmellation | | MS | ·TRO | - | فلامل | 1 | | | |
| | | 23 | FAC | HITTY IN | FORMATION | | | | | |
| | Abitetrent is Taking Plac | | | , | | Type of Facility | (40) | | | - |
| K S | TROCHANGE | - Sil | , | | T. | □ Sahooi (K-12 | D. | (5) | (11) | |
| Sitteet Address | 0 | | | - | 1 | Subchapter I | Cither them K-12 | 2) | | |
| 780 N | ARL POMPTOS | 2 70 | RO 6 | AILE | | immes, etc.) | New & commerci | al buildings | is. | 12 |
| HOCK | PLAINS | V | | | | Square Feet | # of Floors | Mdg. A | po . | |
| Colonly (B) | | - Marian Marian | Cour | Ry Code (| 7) STATE USE | Current Use (P | for if being damp | (bertal) | | |
| Ho | in Histed by Bulleting Owner | | ONL | 17 ,. | 14 | | • | | | |
| Name of Monitoring | in Histed by Bulleting Owner | ASC | M Na. | | Name of Abote | mont Contractor (F | 9) | | 5 | _ |
| | | | _ | | Best Re | moval In | c | | r | |
| Street Address | | | | | Street Address | | | | | |
| City, State, Zie Code | | | | | 450 Sou | th River | St | | | |
| City, Swan, Zip Cods | | | | | City, State, Zip | Code | | | | |
| Project Manager for Me | Address Con | 1 | | | Hackens | ack, N.J | | | | |
| . milest merinder and the | aumental cam | , reads | ON MIC | | Telephone No. | 7111 | Lingues No. | | | |
| Start Date (10) | Scheduled Cor | malastan t | hite 10 d | | 201-329 Name of 05HA | | 00388 | | <u>} </u> | 100 |
| 8/21/13 | 8/251 | S Eng | sem (1) | , | | Environme | | į. | | |
| Occupancy Status Dut | ng Abelmment (Check enty | ene) | | - | Street Address | | SUCSI | | | |
| | ted During Entire Period of | - 5 | | | | uyler St | | 5 | | |
| C Abelianunt Performe | d Cultide of Normal Emili | ALDERSONS Y Flours | DE | | City, State, Zip | Code | | | | |
| 4 Other - Describe: | MASS ON M | | • | 50 | S. Ha | ckensack | .N.J. 07 | 606 | | |
| Scope of Work (Check Check of a 3 of a 2 of a Mark 100 of ar a 200 if | all that apply? | | | novstón motilon | D Full D Alles O Oto | Consistrument with | Negative Pressur | | | |
| | | ls Loc | | T | U Non | Externated (*) and | Non-Printle Prop | | | |
| 0 | | Norm | | 1 . | 1 | 1 | | 3 | Type | MOGPE. |
| Achestos-Centaini | ing Meterial (ACM) | Used Sa Mainten | ely by | Anha | Description stoc Commissing M | tel | S | 15 | | \Box |
| TO BE A | NEATED . | Custs | de | Q.o | " BIGHO! FACILITY | mediation, | Amount (Specify | 2 | A 8 | F |
| (1) | | (12 | | . 3 | other principle | F. OF | BF or LF) | | Regula | |
| | | | | | Amber summinging | eren) | 14 | - | | 18 |
| | - Carried States | ras No | NA | | | | | | 1 | 11 |
| BASEMEN | ~ | | | _ ~ | Her | | 10505 | e F | | M |
| | | | | | 1 | | , | 12 | | \forall |
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| Name of Banks and the | | سل | | | | | | 8, 9 | \sqcap | T |
| Name of Registered We Best Remo | | NADEP ID No. | Velastie 8 | inche; | Cubic Yards of Waster | Nume of Registe | | | | |
| | YAL INC | 100000000000000000000000000000000000000 | 109 | Ů. | 407 | Minerva | Enterpri | lses , | LLC | . |
| City, Etans |). Ir | | | | 1/26 15 | City, State | | | | \neg |
| Completed by | k , N.J. 076 | JI. | | | | Waynes | burg, Oh, | 44688 | } | |
| | Title | | e vilante | | Signature () | | 1 | 2000 | | |
| J.Maiorano | Estin | ator | | | 1 Ks | لاستعمضا | > | 8/20 | 15 | |



| Date of Notification (1) 08/20/15 | | | | | f Building ZON PR | | Operator (2 | 2) | | | 1- / | | 11/4 | | | |
|---|---|---------------------------|--|-----------------------------|----------------------|--|--|-----------------------|--|----------------|----------------------------|--------------|---------|--------|-------------|-----------|
| Agencies Notified | Type Notification | | | Street A | | D AVE | NUE, SU | JITE | 412 | | oli | | | 2 | | |
| DEP DOL | Initial Amended Amendmen | | | City, Sta | ate, Zip Co | ode | | | | | | | | | | |
| ∑ DOH DCA | Emergency justification) Cancellation | | | | f Contact MARY | GONZ | ALEZ | | | Tele | ephone | Numb | er | | | |
| Name of Facility Where | Ahatement is Takir | na Place (| 37 | FACI | LITY INF | ORMAT | | Typo | of Facility | (4) | | | _ | | | |
| Street Address 90 AUGUSTA STR | | s race (| | | | | | × | School (K-Subchapte Other (i.e. | 12) 8 (Othe | | | build | dings, | hom | es, |
| City (5) IRVINGTON NJ | | | | | | = | | | re Feet | # of 2 | f Floors | | В | ldg. A | ge | |
| County (6) ESSEX COUNTY | | | | County (| Code (7) USE ONLY |) | | Curre | nt Use (Pri ∕IE | or if bei | ng demo | olishe | d) | | | |
| Name of Monitoring Firm | Hired by Building | Owner (8) |) | ASCN | ΛNo. | | | | tement Co PROFE | | | | | | | |
| Street Address | | | | | | | Street Ad 6 WHI | | ss DOVE C | OURT | | | | | | |
| City, State, Zip Code | | | | ** | | City, Sta | | ip Code OD, NJ 0 | 8701 | | 2410 | | | | | |
| Project Manager for Mor | nitoring Firm | | Telephor | ne No. | | Telephor 732-66 | | | | Licens 1200 | e No. | X . | | | | |
| Start Date (10) 08/31/2015 | | ed Cor 2015 | mpletion I | Date (11) | | F - 11/27 - 11 | | HA Monitor PROFE | SSIO | NALS | | | | | | |
| Occupancy Status Durin | g Abatement (Che | k Only O | ne) | | | | Street Ad | | | OUDT | | | | | | |
| X Facility Closed/Vac Abatement Perform Other – Describe: | ated During Entire led Outside of Norr | Period of an all Facility | Abater y Houn | nent s | | | City, Sta | te, Z | DOVE Copy ip Code DD, NJ 0 | | 11 | | | | | |
| Scope of Work (Check A | II That Apply) | | | | | | LANL | 7700 | JD, 143 C | 0701 | | | | | | |
| ≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf | | - | Renova Demoli | | | | × | Mir Glo | l Containm ni-Enclosur ovebag Pro n-Exempte | e cedure | Witten a com | | | | | |
| | 25 | | Locat Norma | 555 | | | | | | <u> </u> | 4 110111 | , and the | | Abate | | |
| Location Asbestos-Containing <u>TO BE AB</u> In Facil (13) | Material (ACM) ATED | Use Ma Cus | ed Sole aintena todial ((12) | ely by nce/ Staff? | | tos Cont thermal surfa | scription of taining Mat systems in cing, VAT, miscellaneo | terial nsula or | | (S | mount Specify or LF) | | Removal | Repair | Encapsulate | Enclosure |
| EXTER | IOP | Yes | No | N/A | | | SIDING | | | - 1 | 500 | | 37 | | | |
| LATER | | | | | BIDING | | | ı | 500 | \dashv | X | | | | | |
| | | | | | | | | | | | | | | | | |
| 80 I | 4 | | | | | | | | - | | | | | | | |
| Name of Registered Was NEWARK CARTING | | 87874 | | JDEP W lauler ID 4509 | | Cubic of Was 5 | Yards ste | - | Name of IESI | Registe | red Lan | dfill | | | | |
| City, State NEWARK, NJ | | | | | Dispos 08/31 | sal Date /15 | | City, Stat | | 1 PA | | | | | | |
| Completed by JOSEPH PERLSTE | N | Title | IER | | | S | Signature | | | | | Date 08/2 | | 5 | | |



| Date of Notification (1) 08/20/15 | | | | | f Building ZON PR | | • | (2) | | £11E | う t | 5.01 | | 10 | | 100 |
|---|--|---|---------------------------------|-------------------|----------------------|------------------|---|-------------------|---|----------|-------------------|----------------|-----------|--------|-------------|-----------|
| Agencies Notified EPA | Type Notification | | | Street A 7 GLE | ddress NWOO | D AVE | NUE, | SUITE | 412 | | | | | | | |
| DEP × DOL | Amended Amendment Emergency (| | _ | | ate, Zip Co ORANO | | 07017 | , | | | | | ē | | | |
| DOH DCA | justification) Cancellation | morading | - 1 | ROSE | f Contact MARY (| | | | | Tele | enhone | Num | her | | | |
| Name of Facility Where | Abatement is Taking | Place (3 |) | FACI | LITY INF | ORMAT | ION | Туре | of Facility (4 | 1) | | | | -21000 | | |
| Street Address 9 GROVE STREET | Γ | | | | | | | X S | School (K-12 Subchapter Other (i.e. pretc.) | 8 (Othe | er than k comm | K-12) ercia | l build | dings, | home | ∋s, |
| City (5) IRVINGTON, NJ | | | | | | | | Squar | e Feet | # of | Floors | | В | ldg. A | ge | |
| County (6) ESSEX COUNTY | | | | | Code (7) USE ONLY |) | | Curre | nt Use (Prio /IE | r if bei | ng dem | olishe | ed) | | | |
| Name of Monitoring Firm | n Hired by Building (| Owner (8) | 1 | ASCN | / No. | | 100000000000000000000000000000000000000 | | tement Cont PROFE | | | | | | | |
| Street Address | | | | | | 22 | | Addres | SS DOVE CO | URT | 12 70 20 | | | | | |
| City, State, Zip Code | | | | - | | | | | p Code DD, NJ 08 | 3701 | | | | | | |
| Project Manager for Mor | nitoring Firm | ٠ | | Telepho | ne No. | | 13333337 | none No 668-9 | | | Licens | | | | | |
| Start Date (10) 08/31/15 | | Schedule 08/31/1 | | pletion | Date (11) | 200 | | | A Monitor PROFES | SSIO | NALS | | | | | |
| Occupancy Status Durin | 5 | 70 | 8 | | | | | Addres | SOVE CO | LIDT | | | | | | |
| Facility Closed/Vac Abatement Perform Other – Describe: | ated During Entire F ed Outside of Norm | eriod of A al Facility | hatem Hours | ent | | | City, S | State, Zi | p Code | | | | | | | |
| Scope of Work (Check A | II That Apply) | | | | | | LAK | EWO | DD, NJ 08 | 3701 | | | | | | |
| ≥3 sf or ≥3 If ≥160 sf or ≥260 If | | | enova emoliti | 78.79.10 | | | × | Min Glo | Containme i-Enclosure vebag Proce n-Exempted | edure | | | | | e | |
| | | 1 23 | Locati | | | | | 4 | | | | | | Abate | | |
| Location Asbestos-Containing | | Use | lormali d Sole | ly by | Asbes | | scription taining N | | (ACM) | Ar | nount | | | ., | | |
| TO BE AB In Facil (13) | ity | 5 m 3 m 3 m 3 m 3 m 3 m 3 m 3 m 3 m 3 m | ntenar odial S (12) No | | | thermal surfa | systems cing, VA niscellar | s insula T, or | | | pecify or LF) | | Removal | Repair | Encapsulate | Enclosure |
| EXTER | IOR | | (823 | | | 5 | SIDING | ; | | 60 | 0 SF | | X | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | 3 | | | | | | | | |
| Name of Registered Was | ste Hauler | | I N | JDEP W | /aste | Cubic | Yards | | Name of R | Peniste | red I an | dfill | | | | |
| NEWARK CARTING | H | auler ID 1509 | | of Wa | | | IESI | cogioto | CG EGI | iu iiii | | | | | | |
| City, State NEWARK, NJ | | | | Dispos 08/31 | sal Date /15 | | City, State BETHLE | | PA | | | | | | | |
| Completed by JOSEPH PERLSTEI | N | Title OWN | ER | | | S | Signature |) | | | | Date 08/ | e 20/1 | 5 | | |



| Date of Notification (1) 08/21/15 | | | | f Building S HUAF | | | (2) | | FA | 23. 4 | V | | | | |
|--|-------------------------------|------------------|--------------------|-----------------------|--------------|---|---|--|----------|----------|-------------|--------|--------|-------------|-----------|
| Agencies Notified Type Notification EPA Initial | | - 1 | Street A 73 TIL | ddress T STRE | ΕΤ, <i>Α</i> | APT 2 | | | | fa. | | | | | |
| DEP Amended Amendment | | | | ite, Zip Co DON, N | | 08 | | | | | | N | | | |
| □ □ □ □ □ □ □ | including | | | f Contact S HUAF | PAYA | 0) | | | Tele | ephone | Num | ber | | | |
| Name of Facility Where Abatement is Taking | a Blace (2) | | FACI | LITY INFO | ORMA | TION | Turne | of Facility /4 | | | | | | _ | |
| Name of Facility Where Abatement is Taking | g Place (3) | | | | | | | of Facility (4 | | | | | | | |
| Street Address | | | | | | | | School (K-12 Subchapter & Other (i.e. pr | (Othe | er than | K-12) | huile | dinge | home | 26 |
| 94 ARLINGTON AVENUE City (5) | | | | | | | e | etc.) | | | | | | .000000000 | |
| SOMERSET, NJ | | | | | | | 2,000 | re Feet D | 2 | Floors | | B | ldg. A | ige | |
| County (6) SOMERSET COUNTY | 7/- | | | Code (7) USE ONLY |) | | Curre | nt Use (Prior 1E | r if bei | ng dem | olishe | ed) | | | |
| Name of Monitoring Firm Hired by Building (| Owner (8) | | ASCN | No. | | 100000000000000000000000000000000000000 | | ement Cont | | | | | | | |
| Street Address | • | | | | | | Addres | s DOVE CO | URT | | | | | | |
| City, State, Zip Code | | | | | | City, S | State, Zi | p Code DD, NJ 08 | | | | | | -18:-11 | |
| Project Manager for Monitoring Firm | | 1 | Telepho | ne No. | | Teleph | none No |). | 701 | Licens | | | | _ | |
| Start Date (10) | Scheduled | 1 Com | nletion I | Date (11) | | | 668-90 | IA Monitor | | 1200 | B | | | | |
| 08/25/15 | 08/26/1 | 5 | ipicuoii i | Date (11) | | | | PROFES | SSIO | NALS | | | | | |
| Occupancy Status During Abatement (Chec | | | | | | | Addres | s DOVE CO | HPT | | | | | | |
| Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm | Period of Al al Facility I | oatem Hours | ent | | | 300,000,000,000,000 | 100000000000000000000000000000000000000 | p Code | UIVI | | | - | | | |
| Other – Describe: | | | | | | | | DD, NJ 08 | 701 | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | 10 | 7 | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | enova emoliti | | | | × | Min | Containmer i-Enclosure vebag Proce i-Exempted | edure | • | | | | | |
| | le I | ocati | on | | | | a Not | i-Exempled | () and | I NOII-I | Паріє | | Abate | - 0 | |
| Location of | No | ormall Solei | у | | | escription | | | | | | | Ту | ре | |
| Asbestos-Containing Material (ACM) TO BE ABATED | Mair | itenar | nce/ | | | ntaining Mal systems | | | | mount | | Z. | -70 | Enc | ᄪ |
| In Facility (13) | Custo | (12) | otan? | | | acing, VA miscellar | | | | or LF) | | Remova | Repair | Encapsulate | Enclosure |
| , | Ÿes | No | N/A | | | | | | | | | /al | - | late | лге |
| INTERIOR | | | | | Д | CM TIL | .E | | 46 | 0 SF | | X | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | N . | | | | | | |
| Name of Registered Waste Hauler | | N | JDEP W | aste. | Cubi | c Yards | . 1 | Name of R | enista | red Lar | odfill | | | | |
| NEWARK CARTING | H | auler ID 1509 | | of W | | | IESI | ogisie | iou Ldi | IUIIII | | | | | |
| City, State NEWARK, NJ | | | | | | | | City, State BETHLE | HEM | I PA | | | | | |
| Completed by JOSEPH PERLSTEIN | Title OWNE | ER. | | | | Signature |) | | | | Date 08/ | 21/1 | 5 | | |

CK 5765

| Date of Notification (1) | | | Name | of Building Owner/Operat | or (2) | AUG Z D 4 | UIE. | | | |
|--|--------------------------------|-----------------------|---|-------------------------------------|--------------------------------|--|---------|---------------|----------------|-----------|
| 8/21/13 | 5 | | M | HONT TERR | ace Alf | at hents | 6 2 | $\overline{}$ | | |
| Agency Notified Type | Notification | | | Address | | | | | | |
| D EPA ET INTE | | | 8 | 3 SUNNYS | DE AU | 8 | | | | |
| | ended | | | State, Zip Code | <u> </u> | 0 | | | | |
| D Fm | endment# ergency (including | | | DUHONT, N | 7.0 | | | | | |
| J2:DOH jus | dification) | 9 | 6-15-15-15-15-15-15-15-15-15-15-15-15-15- | of Contact | | Telephone Number | | | | |
| □ DCA □ Car | ncellation | | | L. BAWER | | | | | _ | |
| | | | FAC | ILITY INFORMATION | | | | | | |
| Name of Facility Where Abatem | | 10000 | | • | Type of Facility | ty (4) | | | | |
| DO HONT TO | EVALUE | AP | 75 | | ☐ School (K- | | | | | |
| Street Address | | | | | | r 8 (Other than K-12) private & commercial bu | - | | | |
| 83 50000 | SIDE AC | 75 | | 191 | homes, et | | | | | |
| City (5) . | 500 | 0.5 | | | Square Feet | # of Floors E | Sidg. A | 10-20 | | |
| DIMO | NT | | | | 7000 | 2 | 67 | 70 | 7 1 | rs |
| County (6) | 2 | 1 | | y Code (7) (STATE USE | Current Use (| Prior if being demolishe | ď) | | | |
| BERG | = N | | ONLY |) | RESIDEN | CE APTS: | 5.5 | | | |
| Name of Monitoring Firm Hired b | y Building Owner | ASCA | A No. | Name of Abate | ment Contractor | (9) | | | | |
| (8) | #1 | | | Best Re | emoval I | nc | 18 | | | |
| Street Address | | | | Street Address | | | | Contract of | | |
| ?? | | | | 1 | River S | t | | | | |
| City, State, Zip Code | | | | City, State, Zip | | 07601 | | | | |
| 2: 44 | | | | | | N.J. 07601 | | | | |
| Project Manager for Monitoring F | em . | Telepho | ne No. | Telephone No. | | License No. | | | | |
| Start Date (10) | Scheduled Comp | alofina De | -An /44\ | 201-329- Name of OSHA | | 00388 | - | | | |
| 8/31/15 | 9/2/1 | | aw (11) | | vironme: | ntal [.] | | 65 | | |
| Occupancy Status During Abates | | | | Street Address | | | | | | |
| Q Facility Closed/Vacated During | Entire Period of A | batemen | ť | 280 Huy | | | | | | |
| ☐ Abatement Performed Outside ☐ Other – Describe: | | | | City, State, Zip | | N T 07606 | , | | | |
| Scope of Work (Check all that ap | mhe) | | | . Б. наске | ensack, | N.J. 07606 | | | | |
| | P437 | | _ | | | h Negative Pressure | | | | |
| ☐ ≥ 3 sf or ≥ 3 lf ☐ ≥ 160 sf or ≥ 260 lf | | | | | i-Enclosure vebag Procedure | * | | | | - 0 |
| | | | | | | nd Non-Friable Procedu | | | | |
| 4 | 2.7 | Is Locat | ion | | | | 1 | bate | ine pe | nt |
| Location of | Ι. | Normal | | Description | of | | | 1 | - | |
| Asbestos-Containing Materi | | Jsed Sole Maintena | | Asbestos Containing N | laterial (ACM) | Amount | - | | 3 | m |
| TO BE ABATED IN Facility | | Custod | | (i.e., thermal system surfacing, VA | | (Specify SF or LF) | em | Repair | cap | nolo |
| (13) | . | (12) | | other miscellar | | | Removal | alr | Encapsulate | Enclosure |
| \ 1 | Ye | | N/A | | | | - | | 6 | ٥ |
| BASEMENT | , re | - 140 | IVA | THERMAL SULTIME! | | 1455F | X | H | Н | \dashv |
| BASELLEN | | + | - | | | 25 LF | X | | \vdash | \neg |
| שאל שלאע | | + | + | THERMAL SYSTEM | IL SH MILLON | 0541 | - | H | H | \dashv |
| | | +- | \vdash | | | | + | H | - | \dashv |
| Name of Registered Waste Haule | . 1 | NJDEP V | Nasta M | lauler Cubic Yards of | Name of Ren | stered Landfill | | | | \dashv |
| | | ID No | | Waste | 1 | | T 0- | | : ; 1 | 7 |
| Best Removal In | C | ·· 1 | 7109 | 3:/2 | cumper. | land County | ПЯI | uL | . 1 1 | - 1 |
| City, State | 3T T 07 | (01 | | Disposal Date | City, State | sharch DA 1 | 172/ | 0 | | |
| Hackensack | | 001 | | 9/2/15 | Net | vburgh , PA. 1 | | ·U | | |
| Completed by | Tame Estimato | r | | Signature | عمصرف | Date | 1/21 | 10 | 7 | |
| J.Maiorano | ESCIMATO. | T | | 1 / 1 / 1 / 1 | المستخدم براسا | 10 | 129 | 111 | 7 | |

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

| Date of Notification (1) | | | | Name of Duildi | 0 10 | (0) | | 5-1 51 | | | e ⁰ s |
|---|----------------------|-------------------------|-----------|----------------------------------|---------------------------|-----------------------------------|---|-----------|--------|--------|------------------|
| August 21, 201 | 5 | | | Name of Buildin | | erator (2) apeake Homes, In | c. | - | | 01 | / |
| F 3 | l Notific | cation otification | | Street Address | POB | Sox 103 | . <u>/188 5</u> | Ed | | 56 | 4 |
| [X] DOL Ame | ndment gency (| # including | | City, State, Zip C | | Bottom, NJ 08008 | 3 | | | | |
| | ication) ellation | | | Name of Contact Tim | Jones | | Telephone Number | | | | |
| N | | | FA | CILITY INFOR | MATION | | | | | | |
| Name of Facility Where Abatement is Taking Residence | Place (3 | 3) | | | | Type of Facility (4) | School (k-12) | | | | |
| Street Address 104 Panorama Dri | ve | | | | | [] [x] | Subchapter 8 (or Other (i.e., privathomes, etc.) | | | | dings, |
| City LB Twp. | Coun | ty (6) | | County Code (7) (STATE USE ON | LY) | Square feet 1500 sf | # of Floors | Bld | g. Age | 60 | |
| | Ocea | | | | 2 | | if being demolished |) | | 00 | |
| Name of Monitoring Firm Hired by Building (N/A | Owner (| 8) | | ASCM No. | Name of | Abatement Contracto | r (9) | _ | | | |
| Street Address | | | | | Street Ac | ldress | ian Contracting | | | | |
| City, State, Zip Code | | | | | City, Stat | 1889 I te, Zip Code | Route 9, Unit 61 | | | | |
| Project Manager for Monitoring Firm | Т | Telephone 1 | Number | | | e Number | River, New Jers License N | | | 271 | |
| Scheduled Start Date (10) | - | | | ion Date (11) | 732-34 Name of | 9-9932 OSHA Monitor | 00624 | | | | |
| 8/24/15 Occupancy Status During Abatement (Check of | | | | | Street Ad | | .L. Analytical | | | | |
| [X] Facility Closed/Vacated [] Abatement Performed C | During | Entire Period | d of Aba | ntement | | 1056 8 | Stelton Road | | | | |
| Other – Describe | | or reorman ra | icinty 11 | ours . | City, Stat | e, Zip Code Piscata | way, New Jerse | v 088 | 25/1 | | |
| Scope of Work (Check all that apply) | | | | | [] | | t with Negative Pres | | | | |
| [] >3 sf or ≥3 lf | | [] | Renova | ation | | Mini-Enclosure | | ×.000.7/2 | | | |
| [X] ≥160 sf or ≥260 lf | | [x] | Demol | | [x] | Glovebag Proced Non-Exempted (| ure *) and Non-Friable I | Procedi | ire | | |
| | | | | | | | | Abat | ement | Tyne | |
| Location of | | Is Location | | | Description | | | R | R | Е | Е |
| Asbestos-Containing Material (ACM) | ľ | ormally us Solely by | | | bestos-Con Material (A | | Amount (Specify SF | E | Е | N | N |
| TO BE ABATED in facility | Main | tenance/Cus Staff | stodial | (i.e | e., thermal s | ystems | or LF) | M | P A | C A | C L |
| (13) | | (12) | | ins | ulation, sur VAT, or | | | V | I R | P S | O S |
| + | | #1-5-1-Ti | | otl | ner miscella | | | A | 1 | U | U |
| | YES | NO X | N/A | | | | | L | | L E | R E |
| Exterior | | Asbestos sidi | ng | | 1400 sf | Х | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Name of Registered Waste Hauler | N | JDEP Waste | | | ards of Waste | | red Landfill | | | | |
| Guardian Contracting, Inc. City, State | | 20 | Dispos | al Date | City, Stat | T.R.R.F. | 74 | | | | |
| Toms River, New Jersey | m: · | | 8/26/ | 1-5- | | wn, Pennsylvania | | | | | |
| Completed by (Print or Type) Nicholas Fernicola | Title Projec | t Manager | r | Signature | 1.Ch | al I | 1 | Date 8/21 | /15 | | |

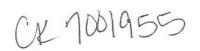
*Do not use this form for asbestos licensure exempted activities.

page 2

88/28/2015 88:13AM 2813237448

BEST REMOVAL INC CLC 5763 PAGE 82/84

| als of NetBlostics (1) | V | | Na | ne of | | Onner/Operator (| 2) | G() - | 1000 | - | |
|---|--------------------------------|--------|---|----------------|-------------------------|---------------------------------------|---------------------------|---|---------------------|--------|----------|
| | Type Notification | | 105 | set Ad | - | 24 | | T | | 1 | |
| soncy Notified | 22 lates | | - | 2 | | IDALES | FX 53: | sex Tex | - | _ | 1 |
| DEP DOL | Amended Amendment # | | Car | | مر دی در در در در در | | 5.09 | 830 | 11/ | | i |
| _ | Latification | 9 | Na | | Compact | | | Telsphone Nurs | | | - |
| PDOH LDCA | ☐ Cenceletion | 1- | 11 | 4-1 | He | A UP Y | | - | | | j |
| - 1 | - | | P | ACIL | TY INFO | RMATION ' | j _a | miles seems by any analysis and a | | | |
| arms of Facility Whole | Abstement is Taking Place | ne (3) | | | | | Type of Feolit | A (4) | 1 | | |
| Street Address | 大分下 | _ | | | | 1 7 | D'Other (i.e. | é (Other than K-12 private & commercia | i) el buildings. | | |
| 5.2 W | 1000ES FR | = | 356 | -X | 16 | | Square Feet | s of Room | Bido. Agr | _ | |
| in a | لمثر | | | | | | 100 800 | . 3 | 60 | | 54VL |
| 24-00:00 | One selo | | 00 | MLY) | Geden (7) | PATATE USE | | Prior If being down | | \$ | |
| Tame of Monto ting | n Hired by Suitaing Coons | r A | SCH N | lo. | | Name of Abelian | | | - 1, | | |
| D BLINE | | | | | | Best Re | | nc | | | |
| Breet Address | | | | - 6 | | Street Address | | | 39 | | |
| By State, Zip Code | shore tha | | | | | 450 Sou | | r st | | | |
| 3 PARTA | . 45. 07 | 168 | | | | | | J. 07601 | | | |
| reject Manager for Me | inhoring Firm | Yeli | phone | | | Telephone No. | | License No. | , 5 | | |
| P. VOLL BOEN | رمضم | | | | 649 | | | 00388 | 1-1 | | |
| Start Chats (10) | Scheduled C | | | | | Name of OSHA | Environ: | mental | 14 | | |
| 8/23-15 | ng Abetement (Check on | | (2 | | | Street Address | 211 1 1 2 0 11 | | | | |
| | | | mest | 4 | | | uyler S | ţ | 4. | | |
| 2 Abglement Performs 2 Cities — Deserbe: 7 | of Children of National Factor | My Hou | 75 | • | | S. Ha | | k ,N.J. 0 | 7606 | | 12 |
| September of Work (Chemic Mass of or a St Day 160 of or a 260 h | all that apply) | | | a Ren 2 Dem | gveriich nolltion | -E Min | i-Enclosus whee Promis | din Negativo Prodot ra a <u>nd Nidit-Primbto Pr</u> | ondure | | |
| | | | ocatio | | | | | | 15 | Ty | |
| Loca | Son of | | (المتعدل المتعدل المت | | : | Description | ref | N. N. | . 5 | | _ |
| Asheston Contain | ing Material (ACM) | | rienen Model | | Asbe (i.e | otes Conteining la Woorral bystorn | e broude for. | Amount (Spacin) | / 5 | To the | Though ! |
| | applier | | (12) | | 1 | portheting. VA | (T, er | SF or LF | | 1 | oppy |
| ` | , , | - | - | 5144 | 1 | | Control To | | 17 | | 3 |
| Securo | -1001 | Yes | No | N/A | -ts av. | MAL STEE | 4. 343 San San San | 1841 | F 19 | 4 | 1 |
| | Lea4_ | 1 | | | | م وسمع | | 12 9 | - 6 | 1 | |
| - | | | | | | | | | , ! | | |
| | | | | | | | | district division of | 1:1 | لبا | |
| Name of Registered V | Vesto Hauler | | No. | desalta i | tatilet | Guide Yards of | | iglatured Lendill | | , | |
| Best Kem | odal Inc | 1 | | 109 | 19 | 2 .150 | 7 | va Enterp | rises | ا ما و | نادا |
| City, State | | | | , | | Disposel Date | City, State | | | 0 | |
| Hackensa | | 7601 | | | | 8 24/13 | Wayn | esburg, O | T Danks | 7 | _ |
| Curreleted by | This | | | | | Signature 0 | سعه دن | 2 | 8 | 9 | 113 |
| J.Maioran | A TROM | imat | 0 = | | | F/ 1000 . 0 | | - | | | |



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

| Date of Notification (1) | | | | | Name of Build | | | | | | 165 | 1.0 |
|---|--|---|-----------------------|-----------------------|--|--|------------------------------|------------------|----------|------------------|--------------------------|---------|
| 8/11/15 Rev 8/19/15 Agencies Notified | | Notification | Type | | Paulsboro Rei | | pany | 11 | | | | - |
| () EPA | | () Initial Not | | | Street Address 800 Billingspo | | | 40 | 6 2 | 15 8 | | |
|) DEP (X) DOL (X) DOH | | (X) Amende () Cancelle | ed Certifica | tion | City, State, Zin Paulsboro, NJ | | | 1212 1212 | 2 | 12 | | |
|) DCA | | | | | Name of Cont Ravi Jarecha | act | | Tel. Nu | mbe | [| | |
| | | | | FACILITY IN | FORMATION | | | | | - | | |
| Name of Facility Where Abate Paulsboro Refining Company | ment is Ta | aking Place (| 3) | | Type of Facilit () School (K- () Subchapte | 12) | han K-12) | | | | | |
| Street Address 300 Billingsport Rd | | | | | (X) Other (i.e. | private & d | commercial blo | | | tc. | | |
| City (5) Co | t. (D) | | C | >1- (7) | Sq. Feet N/A | | # of Floor | rsN/A | | _ | | |
| 200000000000000000000000000000000000000 | unty (6) oucester | | County C (State Us | | Bldg. Age N. Current Use (p | /A prior if being | a demolished) | Oil Ref | inerv | , | | |
| Name of Monitoring Firm Hired KA Industrial Services, LLC. | d by Bldg. | Owner (8) | ASCM N | <u>o.</u> | 1 | | Name of Co | ntractor (| 9) | | | |
| Street Address 300 Billingsport Rd | | | | | Street Address 800 Billingspo | | I KA IIIddstii | ar Service | 75 LL | <u> </u> | | |
| Paulsboro, NJ 08066 | | | | | City State, Zip Paulsboro, NJ | Code | | | | | | |
| Project Manager for Monitoring Scott Dechant | tot Manager for Monitoring Firm Dechant Telephone Number 856-224-4385 | | | | | mber | | License 00857 | Nun | nber | | |
| Scheduled Start Date (10) | duled Start Date (10) Scheduled Completion Da | | | | | A Monitor | | 00037 | | | | |
| 3/26/15 | | | | | | Services, L | LC | | | | | |
| () Facility Closed/Vacated Du () Abatement Performed Outs | ring Entire | e Period of A | batement | | Street Address 800 Billingspo | | | | | | | |
| (X) Other - Describe - Removareas | | M 370 | | area in outside | City, State, Zig Paulsboro NJ | | | | | | | |
| Source of Work (Check all that | t apply) | | | | 1- | | | | | | | |
| () Demolition (X) Renovatio () Large Proj. (160 SF or >260 () Full Containment with Nega Location of Asbestos- Containing Material (ACM) in | LF ACM tive Press |) (X) SM Proj sure () Mi tion Normally by Maint./Cus | ni-Enclosus Used | | ACM (i.e. | | (<25 SF or <10 | Series Removaled | | tement ' | Type | |
| Facility (1.3) | Staff? (| | NA | surfacing, VAT misc.) | | | | | Rem | . Rep | . Encap | Enclose |
| Coker unit | | X | | Pipe Insulation | n | Approx 4 | 5 LF | | Χ | | | |
| TA Support at PDA, CHD1, and Coker Units | ľ | X | N. | | | and the state of t | areas - Total d LF = 200 | | Х | | | |
| | | | | | | | | | | | | |
| Name of Reg. Waste Hauler | | NJDEP Was | ste Hauler | I <u>D#</u> | Cubic Yards or | f Waste | | Name o | | | | ٠, |
| /aste Management, Inc. 17273 | | | | 6 CY | | | Glouces | ster C | County L | _andfill | | |
| <u>City, State</u> South Harrison, NJ | | | | | | | <u>Disp. Date</u> Various | | | City, S South | <u>itate</u> Harrison | , NJ |
| Completed by (Print or Type) | | Title | | | Signature | | | Date | | 6 | | |
| ANDREW GREEN | | MANAGER | – KA Indus | strial Services | Site | perations S | Supervisor | 8/19/15 | | | | |
| | | | | | | | | | | | | |

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414

Telephone 609-984-6620

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



| Date of Notification (1) | | | | | Building (| | perator | (2) | | | | | | | |
|---------------------------------------|------------------------------------|--|---------------|--------------------|------------|---------|---|--------------------------|------------------------------|----------|--------------------|----------|--------|-------------|---------------|
| 08-17-15 | | | | | ned Sab | er | | | | | JG 2 F | 1 (1) | 1 | | |
| Agencies Notified | Type Notification | | | Street Ad 35 We | | | | | | | | | | | |
| EPA DEP | Initial Amended | | | City, Sta | te, Zip Co | de | | | | CRS LLD | | | | | $\neg \neg$ |
| DOL | Amendment Emergency | | _ | Fords, | NJ 0886 | 33 | | | | | | | | | |
| DOH DCA | justification) | Telescope de la constante de l | | | Contact | | | | | Tele | phone Nu | mber | | | |
| DCA | Cancellation | | | | ned Sab | | | | | | - | | | | |
| Name of Facility Where | Abatement is Takin | g Place (3) | | FACI | LITY INFO | RMATI | ON | Туре о | f Facility (4 |) | | | | | \dashv |
| Private Residence | | | | | | | | ☐ s | chool (K-12 | 2) | | | | | |
| Street Address | | | | | | | | | ubchapter 8 ther (i.e. pr | | | | linge | homo | . |
| 35 Webb Dr. | | | | | | | | et | tc.) | | | | | | |
| City (5) Fords | | | | | | | | Square | Feet | # of | Floors | В | ldg. A | ge | |
| County (6) | | | - 1 | County C | ode (7) | | | Curren | t Use (Prior | r if hei | na demolis | hed) | | | |
| Middlesex | | | | | JSE ONLY) | | | Curren | it use (Filoi | ii bei | ig demons | neu) | | | |
| Name of Monitoring Firm | Hired by Building | Owner (8) | | ASCM | No. | | | | ement Cont | | (9) | | | | |
| N/A | | | | | | | | | racting LL | .C. | | | | | |
| Street Address | | | | | | | | Address 7th St. | | | | | | | |
| City, State, Zip Code | | | | | | | | State, Zip | | | | | | | - |
| | niect Manager for Monitoring Firm | | | | | | Unio | n City | NJ 07087 | 7 | | | | | |
| Project Manager for Mor | roject Manager for Monitoring Firm | | | | | | | none No. 216-96 | | | License I 01206 | No. | | | |
| Start Date (10) | | Schedule | | pletion [| Date (11) | | | | A Monitor | | | | | | |
| 08-19-15 | | 08-19-1 | 38 | | | | | | acting LL | .C | | | | | |
| Occupancy Status Durin | g Abatement (Chec | k Only One | e) | | | | | Address 7th St. | 3 | | | | | | |
| Facility Closed/Vac Abatement Perform | | | | | | | | State, Zip | Code | | | | | | |
| Other – Describe: | | | - Tourc | | | _ | 100000000000000000000000000000000000000 | | NJ 07087 | 7 | | | | | |
| Scope of Work (Check A | II That Apply) | | | | | | | | | | * | | | | |
| ≥3 sf or ≥3 lf | | Re | enova | tion | | | | Full | Containme | nt with | Negative | Pressu | re | | |
| 2160 sf or ≥260 lf | | ☐ De | emolit | ion | | | - | | -Enclosure rebag Proce | edure | | | | | |
| | | | | | | | Ŀ | | -Exempted | | d Non-Fria | ble Pro | cedur | е | |
| | | | ocati | | | | | | | | | | | ement pe | |
| Location | | | ormal Sole | | | | scription | | (40)4) | | | | | | |
| Asbestos-Containing TO BE AB | ATED | Mair | ntenar | nce/ | (i.e. | therma | system | vlaterial (s insulat | tion, | (5 | mount Specify | Re | ת | Encapsulate | En |
| In Faci (13) | | Cusic | (12) | otaii! | 53 | | cing, VA | | | SF | or LF) | Remova | Repair | nsde | Enclosure |
| (10) | | Yes | No | N/A | | Outor i | moodilai | neous) | | | | <u>a</u> | = | late | ıre |
| Basem | ent | 1.00 | X | 1471 | | | VAT | | | a | 0 SF | X | | | |
| Dasein | CIT | + | ^ | - | | | V/(I | | | | 0 01 | 12 | | | |
| | | - | | | | | | | | + | | | | | |
| | | - | | | | | | | | - | | | | | |
| Name of Registered Was | l N | JDEP W | /aste | Cuhic | Yards | | Name of R | Registe | red Landf | | | | | | |
| Delfa Contracting LL | Н | auler ID | | of Wa | | | Tullytow | | | | ery F | acilit | ty | | |
| City, State | 3 | 5240 | | 2 Dispo | sal Date | | City, State | | | | | | _ | | |
| Union City NJ 07087 | | | | 08-2 | | | Tullytow | | A | | | | | | |
| Completed by | Completed by Title | | | | | | Signature | e / | 7 | | 1 | ate | | | $\overline{}$ |
| Jaime Delgado | 5-5-5-0 (c) 40- (c) (c) (c) | Mana | ager. | | | | 10 | - | | C | 8-17- | 15 | | | |

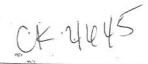
CK 1526/

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

| Date of Notification | (1) | | | | Owner/Operator | | | - | | T. | |
|--|------------------------------------|--|---------------------------|------------------------|------------------------------------|---------------------------|---|---------|-------|-------------|-------|
| 8-21-15 | | | Thomas | Ham | pton | | | | | | |
| Agencies Notified | Type Notifica | tion | Street Add | ress | | | | -7 2 | - L. | | |
| []EPA | [X] Initial | | 185 G1 | enwo | ood Ave. | | | | | | |
| []DEP | Notifica | tion | City, State | e, Zip | Code | | | | | | |
| [X]DOL | []Amended Notifica | tion | East 0 | rang | re,NJ,07017 | ' | | | | | |
| [X] DOH | NOCILICO | 101011 | Name of Co | ntact | | Telep | none Number | | | | |
| []DCA | []EMERGENCY | | Thomas | Ham | pton | | | i | | | |
| | | | | | INFORMATION | | | | | | |
| Name of Facility Whe | re Abatement | is Takir | ng Place (3 |) | | Type of Fac | cility (4) | | | | |
| Same as above | | | | | | []School | ol (K-12) | | | | |
| Street Addres | | | | | | [X]Other | apter 8 (Oth (i.e., priv buildings, | ate & c | comme | r- | |
| 011 15 | | | | | | Square Feet | # of Flo | ors B | ldg. | Age | |
| City (5 | ſ | County | (6) Essex | 11 11 11 11 11 | Inty Code (7) | 3000 | 3 | | 90 | | |
| | | | | | * | Current Use | (Prior if b | eing de | ≥mo⊥1 | snea | .) |
| Name of Monitoring F Owner (8) N/A | irm hired by | Building | ASCM No. | | Name of Abatem AZTECH M | | | | | | |
| Street Address | | | | | Street Address | Maria and a second | 80 | | | | |
| (1) | | | | | 86 Chris | topher S | St. | | | | |
| City, State, Zip Cod | е | | | | Montclai | | 042 | | | | |
| Project Manager for | Monitoring Fir | m Tel | ephone Num | ber | Telephone Numb | | | License | | ber | |
| Scheduled Start Date | (10) Sched | l. Compl | etion Date | (11) | Name of OSHA N | Monitor | | | | | |
| 8-30-15 | | 9-1- | 15 | | N/A | | | | | | |
| Month Day Ye | ear Mor | | only one) | r | Street Address | | | | | | |
| [X] Facility Clos | sed/Vacated Du | | | i | Street Address | • | | | | | |
| []Abatement Per | | | | ty | City, State, 2 | Lip Code | | | | | |
| Hours - Descr []other - Descr | ribe: «OffHours ribe: «Other Oc | | | | | | | | | | |
| Scope of Work (Check | | The state of the s | | | | | | | | | |
| [X]≥3 sf or []≥160 sf o | | 30.78 | K]Renovatio]Demolitio | | []Mini-H [X]Glove | Enclosure pag Procedur | | e Press | sure | | |
| | | | Is | | []Non-E. | riable Proce | dure | Ab | atem | ent 1 | Tyme |
| Location | AS 7 (8) | | ocation ormally | | Description | | | | | E | E |
| Asbestos-Con Material (| | | Used Solely | | Asbestos-Cont Material (| | Amount (Specify | _ E | R | C | C |
| TO BE ABA | | B | y Main- enance/ | | (i.e., thermal | systems | SF or | 0 | 2 | A P S | 0 0 1 |
| In Facil | ity | Cu | stodial aff (12) | in | sulation, surfa or other miscel | | LF) | V A | I | U | U |
| A-33/8-0 | | Yes | No N/A | | | | | L | | L | R |
| Basement | | | X | Pip | pe Insulat: | ion | 170 lf | X | | | |
| | | | | | | | | | | | |
| V | | | | 1_ | | | | | | | |
| Name of Registered Waracce AZTECH MANAGE | На | DEP Waste uler ID No. 7040 | 1000 | bic Yards Waste 1.5 | 1 00 | gistered Land Enterpr | | | | | |
| City, State | | | | sposal Date | City, Stat | | MAN WAS COME | | | | |
| Montclair, NJ | 07042 | | | 9 | 9-2-15 | Waynesb | ourg, OH | 4468 | 8 | | |
| Completed By (Print o | .e | 1 | | Signature | | | Date | 4 | | | |
| Constantine Vi | lvian Pre | eside | nt | | CV | ician | | 8-21 | | | |

| | | | | | | | Che | 96 100 | | | | _ | _ |
|-------------------------------------|--------------------------------|-----------|-------------------|------------|------------|--|-------------------------------|---|---------------|----------|--------|-------------|------------|
| Date of Notification (1) 8-21-15 | | | | | of Buildin | ng Owner/Operator | r (2) | AUG 25 | 2016 | | | | |
| Agency Notified | Type Notification | | | Street | Address | | | | | | | | |
| D EPA | a Initial | | | 12 | 5 L1 | NO. ED AU | =NUE | | | | | | |
| D DEP | □ Amended | | | | | | | | | | | | |
| - ■ DOL | Amendment# | | | 1= | Longia | ON PADE | - ASI | 07407 | | | | | |
| (T) DO!! | ☐ Emergency (mcku | ding | | Name | of Conta | # | - 100 | 07467 Telephone Nur | nber | - | - | | _ |
| DOH DCA | justification) □ Cancellation | | | | Linc | | | 1 | 4 | | * | | |
| | | | , | | | ORMATION | | | | | | | - |
| Name of Facility Where | Abatement is Taking F | Tace (3 | 3) | | | | Type of Facility | (4) | | | | | |
| MR. LESKO | | ٠. | | | | | | | | | | | |
| Street Address | | | | | | | School (K-1) | 2) 8 (Other than K-1: | 2) | 20 | | | |
| | - 1 A | _ | | | | 5 3 17 | | rivate & commerci | | ngs, | | | |
| 125 LINDE | N KVENUE | | | | | | homes, etc. | | | | | | |
| City (5) | | | | | À | may the | Square Feet | | Bldg | L Ag | e | | |
| ELMWOOD P | ARK | | | | | | 2300 | 2 | 17 | 3 | YR | 5 | |
| County (6) | | | | Count | y Code (7 |) (STATE USE | Current Use (F | rior if being demo | lished) | | 1 | | |
| BERGEN | | | | ONLY | | | RES | DEVCE | * | | | | |
| Name of Monitoring Firm | Hired by Building Ow | mer | ASCI | A No. | | Name of Abater | nent Contractor (| | - | - | - | | - |
| (8) | , | | | | | | | | | 7 | | | |
| Street Address | | | | | | Street Address | moval In | .c | | | | - | |
| Outet Auditos | | | | - | | | | | | | | | |
| City, State, Zip Code | | | | | | | th River | St | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip (| | | | | | | |
| | | | | | 494 | | ack, N.J | . 07601 | | | | | |
| Project Manager for Mon | itoring Firm | 1 | Telepho | one No. | | Telephone No. | | License No. | | | | | |
| | | | | | | | -7444 - | 00388 | | | | | |
| Start Date (10) | Scheduled | | tion D | ate (11) | | Name of OSHA | Monitor | | | | | | |
| 9-8-15 | 9-10- | 15 | | | | Omega 1 | Environm | ental | | | | | |
| Occupancy Status During | g Abatement (Check o | nly one | e) | or con | | Street Address | | | | | | | |
| ☐ Facility Closed/Vacate | | | | | | 280 Ht | yler St | | | | | | |
| □ Abatement Performed | Outside of Normal Fa | citity Ho | ours | 4 . | | City, State, Zip C | | *************************************** | | _ | | | |
| Other - Describe: | 8 AM 5 PM | | | | | S. Had | ckensack | ,N.J. 07 | 606 | | | | |
| Scope of Work (Check a | that apply) | | | | | | | | | | | | |
| □≥3⊈or≥3∦ | | | - | - Ren | ovation ' | | Containment with Enclosure | Negative Pressur | e | | | | |
| 160 sf or ≥ 260 lf | | | | ☐ Den | | | ebag Procedure | | • | | | | |
| | | | | | | □ Non- | Exempted (*) and | Non-Friable Proc | edure | | | | |
| | | E | s Local | tion | | | | | | A | bate | | nt |
| Locatio | n of | | Norma ed Sole | | 7.2 | Description of | · F | | | | 19 | Je | |
| Asbestos-Containing | | | eu ook aintena | | Asbes | tos Containing Ma | | Amount | | | | m | _ |
| TO BE AS | | 1 | Custod | | (i.e. | , thermal systems | | (Specify | | Removal | Re | Encapaulate | Enclosure |
| (13 | | i | (12) | | | other miscellane | | SF or LF) | | VOL | Rephir | ned | 180 |
| | | | (12) | | | THE RESERVE OF THE PERSON OF T |) | 120 | | 9 | | late | 6 |
| , | | Yes | No | N/A | | | 1 | | | | | | - Internal |
| BASEMENUT | | | | X | LINO | LEUM FLO | oring | 120 | SF | X | | 1 | \exists |
| , | | | | T | | | | | | H | 1 | + | \neg |
| | ¥10 | 1 | <u> </u> | | | | | | | Н | + | + | , |
| | | + | 1 | 1 | - | | | | 4,4, | \vdash | + | + | - |
| Name of Registered Was | te Hauter | I N | IDED! | Alacte II | lands - | Cohin V3 C | Maria CD | A | | | _ | - | _ |
| Best Remov | | | No. | Naste H | auter | Cubic Yards of Waste | Name of Regis | | | | | | |
| Dear Memo. | ACT THE | 1 | | 109 | | 11/2 40 | Minerva | Enterpr | ises | , | LL | C | - |
| City, State | | | | | | Disposal Date | City, State | | | | | | - |
| | c , N.J. 07 | 7601 | | | | 9-10-15 | | h 01 | 111 | 0.0 | | | |
| Completed by | - Title | 001 | 8 3 | | | 7°(U-/5 Signature | waynes | burg, Oh | , 446 Date | 88 | | _ | - |
| R. VELDRAN | Est | to~ | | 1 | | | | 8-2 | 1 -4 | 5 | | | |
| ASB-41 | | | | n for oct | hacter E- | R. Veldra | M activities | | 0-2 | 1 -8 | - | | |
| | DO RO | a use ii | IN CHI | IS TOT 3S | nesios Bo | ensure exempted a | activities. | | | | | | |

| 7 23-15 | | ASBESTOS ABATEMENT 8:60-7 and 12:120-7) | | | 护 | 15 | 2 | 96 |
|--|-------------------------|--|------------------------------|---|----------|--------|-------------------|----------|
| 4-28-15 (2) | | ding Owner/Operator Companies | (2) | 100 | | | | |
| ncies Notified Type Notific | | | | | | - | (4-7) | |
| []EPA [X]Initial | | ton Road | | | AUG 2 | 7 17 | 9755 | |
| []DEP | cation City, State, | Zip Code | | | - | | 2011 | |
| [X]DOL [X]Amended | Frankli | n,NJ,08873 | | | | | | |
| [X] DOH | Name of Cont | act | Telephon | a Number | | - | | |
| []DCA []EMERGENO | Eastman | Companies | | | | | | |
| []Cancella | ation | | | | | | | |
| of Facility Where Abatement | | LITY INFORMATION | Trong of Engil | i to . (4) | | | | |
| me as above | is taking Flace (5) | | Type of Facil | | | | | |
| | | | []School []Subchap | (K-12) ter 8 (Other | than | K-12 | .) | |
| eet Addres | | | | <pre>i.e., privat uildings, ho</pre> | | | | |
| | | | Square Feet | # of Floor | | dq. 1 | | |
| y (5 | County (6)Essex | County Code (7) | 1400 | | | 55 | | |
| | | (STATE USE ONLY) | Current Use (| Prior if bei | ng dem | olis | hed) | |
| e of Monitoring Firm hired by | Duilding Dome Va | [h- 63] | 1 | (0) | | | | |
| er (8) | Building ASCM No. | 11 | ment Contractor ANAGEMENT | 20 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | | | | |
| A eet Address | | Street Address | | , | | | | |
| | | | topher St | • 7 | | | | |
| , State, Zip Code | | City, State, 2 | | 92560° | | | | |
| | | | r, NJ 070 | 42 | | | | |
| ject Manager for Monitoring F. | irm Telephone Numbe | er Telephone Numb | per | Li | cense | Numb | er | |
| ·22-15 | NA S | (973) 744 | -8800 | | 0037 | 1 | | |
| | ed. Completion Date | (11) Name of OSHA N | Monitor | | | | | |
| onth Day Year Mc | VIER | N/A | | | | | | |
| upancy Status During Abatemen | t (Check only one) | Street Address | 3 | | | | | |
| [X] Facility Closed/Vacated D of Abatement | during Entire Period | | | | | | | |
| []Abatement Performed Outsi | | Y City, State, 2 | ip Code | | | | | |
| Hours - Describe: «OffHour []other - Describe: «Other O | | | | | | | | |
| pe of Work (Check all that app | ply) | | | | | | | |
| [X]>3 sf or >3 lf | []Renovation | | Containment wi -Enclosure | th Negative | Pressu | re | | |
| []≥160 sf or ≥260 lf | [X]Demolition | n []Gloveba | ag Procedure | | | | | |
| | Is | [x]Non-F | Friable Proced | ure | Ahai | temer | nt Typ | |
| Location of | Location Normally | Description | N | | | | EE | E |
| Asbestos-Containing Material (ACM) | Used Solely | Asbestos-Cont Material (| | Amount (Specify | E M | RE | N N C C A L | C |
| TO BE ABATED | By Main- tenance/ | (i.e., thermal | systems | SF or | 0 | PA | A L P C S S | 0 |
| In Facility (13) | Custodial Staff (12) | insulation, surfa or other miscel | | LF) | A | I R | U U | U |
| | Yes No N/A | | | | | | . E | |
| sement | X | VAT floor til | res | 300 sf | X | | | _ |
| | | | | | | | | _ |
| of Registered Waste Hauler | NJDEP Waste | Cubic Yards | Name of Regis | stered Tands | 111 | | | |
| TECH MANAGEMENT, IN | Hauler ID No. | of Waste 1.5 | G.R.O.W. | | | | | |
| , State | 17040 | Di Osal Date | City, State | | | | | |
| ntclair, NJ 07042 | | -5 25 I-5 L | Morrisvi: | lle, PA | 1906 | 7 | | |
| N T | | 724 | | | sant a a | 18 | | <u> </u> |
| 1- | | Signature | | | Date | | | |
| | | 11/ | | 11 | | _ | - / | 00 |
| | resident | Cliu | C- | | 4-28 | 8-1 | 5 | 30 |



| Date of Notification (1) | | Nama | f Dudlation O | 10 1 | 70) | | | | | | 125 |
|---|---------------------|------------------------------|-------------------------------|--------------------------|----------------------------|------------|--------------------|--------------|---------|-------------------|-----------|
| 03/18/2015 | | | f Building Owne AND B.O.E. | r/Operato | r (2) | | | | | | 25.2 |
| Agencies Notified Type Notification EPA Initial | | Street A | ddress EST LANDIS | AVE | | | | AUG | 2 | 5 2 | 015 |
| DEP Amended Amended DOL | ¥ | | ate, Zip Code AND, NJ 08 | 360 | | | * ; | 7 | | | |
| DOH Emergency (in justification) | | Name o | f Contact | | | Tele | ephone Nu | ımber | 50 | | |
| · Odriccitation | | Lanca and Janes and American | FARINACCI | | | | | | | | |
| Name of Facility Where Abatement is Taking | Place (3) | FAC | ILIT INFORMA | TION | Type of Facility | (4) | | | | | |
| VINELAND HIGH SCH | 100L | 500 | 14.7 | | School (K- | 12) | | | | | |
| m (12/2 m | | | | | Subchapte Other (i.e. | er 8 (Othe | er than K-1 | (2) | dinae | ham | 00 |
| City (5) | AUE | | | | etc.) Square Feet | | | | | V30,0 V30,000,000 | |
| VINELAND County (6) | | | | | Square reet | # 01 | Floors | t | Bldg. A | \ge | |
| CUMBERLAND | ¥ | County (STATE | Code (7) USE ONLY) | | Current Use (Pr | ior if bei | ng demolis | shed) | | | |
| Name of Monitoring Firm Hired by Building O | | ASCI | л No. | Name | of Abatement Co | ontractor | (9) | | | | |
| Street Address | L SERVI | ces | | VMC | COMPANY, | INC. | 2.5 | | | | |
| 1930 BROWN ROLD City, State, Zip Code | | 6 | | | Address PIAGET AVE | NUE | | | | | |
| | | | | | State, Zip Code | | | | | | |
| Project Manager for Monitoring Firm | 344 | Telepho | no No | | TON, NJ 070 | 11 | | | | | |
| STEBES MIL | | 856- | 2.05-107 | | hone No. 253 8828 | | License N 00704 | Vo. | | | |
| Start Date (10) 08(19/2015 | Scheduled Co | ompletion | Date (11) | | of OSHA Monitor | | | | | | |
| Occupancy Status During Abatement (Check | 08 20 Only One) | 05/0 | 12 | Street | Address | i. | | | | | |
| Facility Closed/Vacated During Entire Po | ariad of Abola | ment | | Otrock | . Address | | | | | | |
| Abatement Performed Outside of Normal Other - Describe: 3 PM - 11 | al Eggility Hay | rs | | City, S | State, Zip Code | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | 2 | | | | |
| ·≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | Renov | | - | | ull Containm | nent with | Negative I | Pressu | re | | |
| - 100 01 01 1200 11 | ☐ Demo | lition | | 4 | Mini-Enclosur Glovebag Pro | е | | | | | |
| 8 | | | <u> </u> | | Non-Exempte | d (*) and | Non-Frial | ble Pro | cedur | е | |
| Location of | Is Loca Norma | | | | 2000 7 | | | | | ement 'pe | |
| Asbestos-Containing Material (ACM) TO BE ABATED | Used Sol Mainten | | Asbestos Co | escription ntaining N | Material (ACM) | Ar | nount | | | m | |
| In Facility | Custodial (12) | Staff? | sun | facing, VA | s insulation, T, or | | pecify or LF) | Remova | Re | ncap | Encl |
| (13) | Yes No | | other | miscellar | neous) | | , | loval | Repair | Encapsulate | Enclosure |
| 200M B 106 | 165 100 | N/A | - | | | | | | | æ | |
| K00W B 106 | | + ,- | LIBE ! | <u>NS01</u> | MOITA | 8 | LF | X | | 7 | |
| | | + | | | <u> </u> | | | ٦. | | | |
| | | | | | | | | - | | | - |
| Name of Registered Waste Hauler | | NJDEP W | aste Oubi | c Yards | Name of | Register | ed Landfill | | | | |
| NEWARK CARTING | SINC | Hauler ID | | aste | IES | 36 | ANDI | | | | |
| City, State | 11,0- | | | osal Date | | | | , ,0 | | | |
| DEWARK, NJ Completed by | Title | | | 01 | BETH | HLEF | IEM, | PY | 6 | | |
| VOYTEK ROSZKOWSKI | PRESIDE | ENT | | Signature | Coal | مجت در | | ate) K [| 101 | 20 | 1 |

CK 1519

Print Form

| ate Geleski | VP | | | | Signatur | | Yen | V) | Date | e 21/1: | | | |
|--|--|------------------|-------------------------|------------------------|---|--------|--|-------------|---------------------------|------------|------|-------------------------|-----|
| empleted by | Title | | | | TBD | 11 | , Tullyton | | | | | | |
| cademy Construction Inc ty, State | - | Ha | JDEP Wauler ID 34422 | No. | Cubic Yards of Waste 3 Disposal Date | | Name of I | S Landi | | | | | |
| ame of Registered Waste Hauler | Lo | IDES: | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Pollet L'OOII) | X | | | Flue | gasket (W | /rap & | & Cut) | 8 | LF | X | | X | |
| Boiler Room | Yes | No | N/A | | | | | | | /al | 5 | ilate | ure |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Asbestos-Containing Material (ACM) TO BE ABATED In Facility Used So Mainter Custodia | | | | | ion of | Non-Exempte rial (ACM) sulation, or | An (Sp | nount pecify or LF) | Removal | Abat | emen ype Encapsulate | t |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova Demoli | | | | | Full Containn Mini-Enclosus Glovebag Pro | e cedure | | | | | |
| Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: 7am 330pm Occupie | Period of | | ment rs | | Stre | eet Ad | | | | | | | |
| 09/2/15 | 09/24 | 15 | mpletion | n Date (11 | A III CLASSE | me of | OSHA Monito | r | | | | | |
| Project Manager for Monitoring Firm John Smoyer Start Date (10) | et Manager for Monitoring Firm a Smoyer Date (10) Scheduled | | | | | | ne No. 12 4244 | | License 01155 | No. | | | |
| City, State, Zip Code Oceanville NJ 08231 | Nville NJ 08231 | | | | | | oute 46 Sui te, Zip Code a NJ 07512 | | | | | | |
| Street Address P O Box 385 | | | | | Str | reet A | my Constru | | nc | | | | |
| Name of Monitoring Firm Hired by Building AHERA Consultants Inc | Owner (| 3) | AS | CM No. | Na | ame of | f Abatement C | ontracto | r (9) | | | | |
| County (6) | | | Count (STAT | ty Code (7 |) .Y) | | Current Use (I | Prior if be | ing demol | ished) | | | |
| City (5) Carlstadt | | | | | | 1 | etc.) Square Feet | | of Floors | i Ciai D | | gs, no | |
| Mile Post 113.8 | | | | | | | School (Subchar Other (i.e. | ter 8 (Ot | her than K & comme | -12) | | was Pare | |
| NJ Turnpike interchange 18 Street Address | ing Place | (3) | | | | | Type of Facili | - TOP 1 | | | | | |
| Name of Facility Where Abatement is Tok | | (6) | | Womel | SCOTT FORMATION | 1 | | 1 | | - | | | |
| DOH justification Cancellation | 1) | ng | Nam | e of Conta | ct | | | Te | elephone N | Jumbe | or. | | |
| Amendme | nt# | | Wo | State, Zip odbridge | Code NJ 07095 | | | | | | | | |
| DEP Initial Amended | | | | | t PO Box 50 | 042 | | | A.C | /U 4 | y y | w | |
| Agencies Notified Type Notification | n | | Stre | et Address | | | ority | | | | | | |
| | | | | | / / / * * * * * * * * * * * * * * * * * | | 3025 | | | | | | |

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| late Geleski | | | | | | | to and | har | 7 Dat | e /21/1 | 5 | | |
|--|--------------------------------|--------------------------|---------------------------------|--------------------|-------------------------|---|--|-----------------------|---------------------------|----------------|---------|-------------|-----|
| otowa NJ | Title | | | | Disposa TBD | nature/ | City, State Tullytov | | | | | | |
| Academy Construction Inc | | Н | JDEP Wa auler ID N 034422 | | Cubic Y of Wast 3 | е | GROW | S Land | ed Landfill Ifill | | | | |
| Name of Registered Waste Hauler | ime of Registered Waste Hauler | | | | | | | | | | | | |
| and the state of t | | | | VV | hite win | aow Ca | aulking | 12 | 2 LF | X | | | 20 |
| Exterior | | _ | - | 14/ | | w Glaz | | | 2 LF | X | | | |
| Exterior | | | 13/7 | _ | \\/ind- | CI- | | 4350 | | | | e | |
| TO BE ABATED In Facility (13) | Mai | intena | nce/ Staff? | Asbes (i.e | thermal: surfac | aining Ma systems ing, VAT iscellane | aterial (ACM) insulation, , or eous) | (S | mount pecify or LF) | Removal | Repair | Encapsulate | |
| Location of Asbestos-Containing Material (ACM) | Use | Locat Iorma d Sole | lly elv bv | • | Des | cription | Non-Exempte | d (*) and | Non-Friat | ole Pro | Abat | emen /pe | t |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova Demoli | | | | × | Full Containm Mini-Enclosur Glovebag Pro | e cedure | | | | | |
| Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Noi Other – Describe: 7am 330pm Occup | Period of | ۸ ۱ – ۱ – ۱ | ment rs | | | Street A | Address ate, Zip Code | | | | | | |
| 09/3/15 | 09/24/ | 15 | inpletion | Date (11 |) | | of OSHA Monitor | г | | | | | |
| John Smoyer Start Date (10) | t Date (10) | | | | | 973 8 | one No. 332 4244 | | License I | No. | | | |
| Oceanville NJ 08231 | eanville NJ 08231 | | | | | | tate, Zip Code va NJ 07512 | | | | | | |
| P O Box 385 City, State, Zip Code | | 5.5 | | | | Street | Address Route 46 Suit | | | | | | - 1 |
| AHERA Consultants Inc Street Address | g Owner (8 |) | 0008 | M No. 57 | | Name Acad | of Abatement Colemy Constru | ontractor oction I | r (9) nc | | | | |
| Name of Monitoring Firm Hired by Buildin | | | (STATE | Code (7) |) .Y) | | Current Use (P | | | shed) | | | |
| Washington TWP County (6) | | | | | | | Square Feet | # 0 | of Floors | | Bidg. | Age | |
| Street Address Mile Post 166.1 City (5) | | | | | | | Other (i.e etc.) | er 8 (Oth | her than K- & commer | 12) cial bu | ıilding | s, ho | me |
| Name of Facility Where Abatement is Ta Paasic Valley Toll Plaza GSP So | king Place | (3) | FAC | CILITY IN | IFORMAT | TION | Type of Facility | y (4) | | | | | |
| DCA Cancellat | ion | | Bob \ | of Conta Womels | sdorf | | | Te | elephone N | umbe | r | | |
| DOL Amended Amended Emergen | cy (includin | g | Wood | dbridge | NJ 070 | 95 | | | | | | | |
| EPA X Initial DEP Amended | | | | Main State, Zip | PO Bo | x 5042 | | V. | | | | | |
| Agencies Notified Type Notificati | on | | | Address | Turnpil | ce Auth | ority | | | | | | |
| Date of Notification (1) 08/21/2015 | | | Name | of Buildi | ng Owner | /Operato | r (2) | 4110 | 25 2 | | | | _ |

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| Sec | PT | DT | 1-0 | rm | ł |

| 08/21/2015 | | | Nam | ne of Build | ling Owne | er/Operate | or (2) | | | | | | | |
|--|--|---|--------------------------------|-----------------------|---|--|------------------------------|------------------------------------|-------------------------------|-------------------------|-----------|-----------|--------------------------|-----------|
| Agencies Notified Type Notifica | tion | | ive | w Jerse | y Turnpi | ike Auth | orit | у | | | | | | 6 |
| EPA Initial | uon | | Stree | et Addres | s St PO Bo | | | | | 2 2 5 | | | | _ |
| DEP Amende Amendm | d | | City, | State, Zip | o Code | | | | | | | | | |
| DOH Emerger justificati | ncy (includin | g | | | e NJ 07 | 095 | | | | | | | | |
| DCA Justilicati | | | | e of Conta Wome | | | | | Te | elephone | Numb | er | | |
| Name of Facility Where Abatement is Ta | king Dis- | (0) | | | NFORMA | TION | | | | | | | | |
| rampine interchange 1/E | iking Place | (3) | | | | | Ту | pe of Facility | (4) | | | _ | | |
| Street Address Mile Post 112.3 | | | | | | | | School (K | -12) | | | | | |
| City (5) | | | | | | | H | Subchapte Other (i.e. | er 8 (Oth private | ner than h | (-12) | mildie | L. | |
| Secaucus | | | | | | | Squ | etc.) uare Feet | | f Floors | Ji Giai L | | | |
| County (6) | | | 0 | - | | | , | | # 0 | rioors | | Bldg | g. Age | |
| N. | | | (STATI | y Code (7 E USE ON |) LY) | | Cur | rent Use (Pr | ior if be | ing demo | lished |) | | |
| Name of Monitoring Firm Hired by Buildir AHERA Consultants Inc | ng Owner (8) |) | | CM No. | | Name | | | | | | | | |
| Street Address | | | 000 | | | Acad | em) | oatement Co Construc | ntractor | (9) | | | | |
| P O Box 385 | | | | | | Street | Addr | ess | | | | | | |
| City, State, Zip Code | | | | | | | | te 46 Suite | e 14 | | | | | |
| Oceanville NJ 08231 | ect Manager for Monitoring Firm | | | | | | ate, . | Zip Code IJ 07512 | | | | | | |
| John Smoyer | ect Manager for Monitoring Firm on Smoyer | | | | | | one N | | | Lines | NI. | | | |
| Start Date (10) | Schedula | | | 52 183 | | 973 8 | 32 4 | 1244 | | License 01155 | No. | | | |
| 09/1/15 | Schedule 09/24/1 | 5 | ipietion | Date (11 |) | Name o | fOS | HA Monitor | | 55 | | | | |
| Occupancy Status During Abatement (Che | eck Only On | e) | | | | Street A | | above | | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: 7am 330pm Occurs | Period of A | batem | ent | | | O. 1001 P | dule | 33 | | | | | | |
| Other – Describe: 7am 330pm Occup | inal Facility | Hours | | | | City, Sta | te, Z | ip Code | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 if ≥160 sf or ≥260 if | enovati emolitic | | | | × | Ful | II Containme ni-Enclosure | nt with I | Negative | Pressi | ure | | | |
| | | | | | | × | Glo | vebag Proc | edure | | | | | |
| | is L | ocatio | ח | | | × | Glo | vebag Proci | edure | Non-Fria | ble Pro | | | |
| Location of Asbestos-Containing Material (ACM) | No Used | ormally Solely | bv | 02000 | Desc | Crintian of | Glo Nor | ovebag Proci n-Exempted | edure | Non-Fria | ble Pro | Abat | ire temen ype | t |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility | Used Main | Solely tenanc | by be/ | Asbes (i.e. | tos Conta thermal s | cription of ining Mat | Glo Nor erial | ovebag Proc n-Exempted | edure (*) and Am | ount | | Abat | temen ype | Γ |
| Asbestos-Containing Material (ACM) TO BE ABATED | Used Main Custo | ormally Solely | by be/ | Asbes (i.e. | tos Conta thermal s surfaci | cription or ining Materystems in ng. VAT | Glo Nor erial erial | ovebag Proc n-Exempted | edure (*) and Am (Sp | | | Abat T | temen ype | Γ |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Used Main Custo | Solely tenanc dial Sta | by be/ | Asbes (i.e. | tos Conta thermal s surfaci | cription of ining Mat | Glo Nor erial erial | ovebag Proc n-Exempted | edure (*) and Am (Sp | ount ecify | ble Pro | Abat | temen ype | Enclosure |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility | Used Main Custo | Solely Solely itenance dial Sta (12) | by ce/ | (i.e. | tos Conta thermal s surfaci other mi | cription of ining Mat systems in ng, VAT, scellaned | erial nsula or us) | vebag Procin-Exempted (ACM) tion, | edure (*) and Am (Sp | ount ecify or LF) | Removal | Abat T | temen ype Encapsulate | Γ |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Ves | Solely Solely itenance dial Sta (12) | by ce/ | (i.e. | tos Conta thermal s surfaci | cription of ining Mat systems in ng, VAT, scellaned | erial nsula or us) | vebag Procin-Exempted (ACM) tion, | edure (*) and Am (Sp | ount ecify or LF) | | Abat T | temen ype | Γ |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Ves | Solely Solely itenance dial Sta (12) | by ce/ | (i.e. | tos Conta thermal s surfaci other mi | cription of ining Mat systems in ng, VAT, scellaned | erial nsula or us) | vebag Procin-Exempted (ACM) tion, | edure (*) and Am (Sp | ount ecify or LF) | Removal | Abat T | temen ype Encapsulate | Γ |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Boiler Room | Ves | Solely Solely itenance dial Sta (12) | by ce/ | (i.e. | tos Conta thermal s surfaci other mi | cription of ining Mat systems in ng, VAT, scellaned | erial nsula or us) | vebag Procin-Exempted (ACM) tion, | edure (*) and Am (Sp | ount ecify or LF) | Removal | Abat T | temen ype Encapsulate | Γ |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Boiler Room me of Registered Waste Hauler | Ves | Solely Solely stenanodial State (12) | by ce/aff? N/A | flue | tos Conta thermal s surfaci other mi | cription or ining Mat systems ir ng, VAT, scellaned | erial asula or us) | (ACM) tion, | Am (Spr SF o | ount ecify or LF) | Removal | Abat T | temen ype Encapsulate | Γ |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Boiler Room me of Registered Waste Hauler addemy Construction Inc | Ves | Solely Solely stenanodial Statistics (12) No NJD Hau | by ce/aff? | flue | tos Conta thermal s surfaci other mi gasket Cubic Ya of Waste | cription or ining Mat systems ir ng, VAT, scellaned | erial ssula or uus) | (ACM) tion, Cut) | Am (Spr SF o | ount ecify or LF) | Removal | Abat T | temen ype Encapsulate | Γ |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Boiler Room me of Registered Waste Hauler addemy Construction Inc y, State | Ves | Solely Solely stenanodial Statistics (12) No NJD Hau | by ce/aff? N/A DEP Waler ID N | flue | cubic Ya of Waste 3 | cription of cripti | erial asula or uus) | (ACM) tion, Cut) Name of Re | Am (Spr SF o | ount ecify or LF) | Removal | Abat T | temen ype Encapsulate | Γ |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Ves | Solely Solely stenanodial Statistics (12) No NJD Hau | by ce/aff? N/A DEP Waler ID N | flue | tos Conta thermal s surfaci other mi gasket Cubic Ya of Waste | cription of cripti | Glo Nor | (ACM) tion, Cut) | Am (Spr SF o | ount ecify or LF) | Removal | Abat T | temen ype Encapsulate | Γ |

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| Date of Notification (1) 8/21/2015 | | | | of Building | | | (2) | | | F1110 | 9 6 | | 7.0 | | | |
|--|---|--|----------------|-------------|-------------------------|-------------------------------|---|--------------------------|--|-------------------|---------------------------|-----------------|---------|---------------|-------------|-----------|
| Agencies Notified | Type Notification | | | | n Turbo | Pump | , Inc. | | | | | | | | | |
| Agencies Notified | Type Notification | | | | Address S. Dean | Stroot | | | | | | | | | | |
| DEP DOL | Initial Amended Amendment | # | | City, S | tate, Zip C | ode | | -15-1-12 | | | E | | | | | |
| DOH DCA | Emergency justification) Cancellation | | | Name | of Contact Philip Pa | | | | | Te | lephone | Numi | oer | | | |
| П вох | Caricellation | : | | | ILITY INF | | TON | | | | | | | | | |
| Name of Facility Where A | | g Place (3 |) | IAC | MEILL HAL | OKINA | ION | Тур | e of Facility (4 | 100 | | | | | | |
| Street Address 326 S. Dean Street | <u> </u> | | | | | | | × | School (K-12 Subchapter Other (i.e. pi | 8 (Oth | er than I | K-12) ercial | bui | ldinas | . hon | nes |
| City (5) | | | 1.0 | | | | | | etc.) | | | | | -70 | | |
| Englewood | <u> </u> | | | | | | | 20, | are Feet ,000 | 2 | f Floors | | | 31dg. 85 y | | |
| County (6) Bergen | | | | | Code (7) USE ONLY |) <u> </u> | | | rent Use (Prio anufacturing | | | olishe | d) | | | |
| Name of Monitoring Firm | | Owner (8) | | | M No. | 1 | Name | of Ab | atement Cont | ractor | (9) | | | | | |
| Sky Environmental Street Address | Services, LLC | | | N/A | | | | | st Haz Mat | Ren | noval, l | nc. | | | | |
| 140 Boulevard | | | | | | | Street 494 E | | ess Street | | | | | | | |
| City, State, Zip Code Mountain Lakes, N. | J 07046 | | | | | | | | Zip Code , NJ 07504 | | | | | | | |
| in a said a company and a fill of the company of th | roject Manager for Monitoring Firm Leon Shereshevsky | | | | | | Teleph 973-3 | one N | No. | | Licens | | | | | |
| Start Date (10) | / | Schedule | d Cor | | 588-4821 Date (11) | | | | HA Monitor | | 00507 | | | | | |
| August 24, 2015 | | August | 26, | | | | | | e as above | | | | 6 | | | |
| Occupancy Status During | | | | | | | Street / | Addre | ess | | | | | | | |
| Facility Closed/Vaca Abatement Performe Other – Describe: | ed Outside of Norm | al Facility | baten Hour: | nent s | | - | City, St | ate, Z | Zip Code | | | | | | | |
| Scope of Work (Check All | That Apply) | | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Designation of the last of the | enova | | | | × | Mi | III Containmer ni-Enclosure ovebag Proce n-Exempted | dure | | | | | 0 | |
| | | le I | ocati | on | | | | 140 | n-Exempted (| dile | 111011-11 | abic | | Abate | | |
| Location | of | No | ormal | ly | | Des | scription (| of | | | | | | | ре | |
| Asbestos-Containing I TO BE ABA In Facilit (13) | TED | Custo | tena | nce/ | | tos Cont thermal surfac | aining Ma systems cing, VAT niscellane | ateria insula , or | ation, | (S | nount pecify or LF) | | Removal | Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A X | | | | | | | | | | | б | w |
| Ground Fl Pump | Ground Fl Pump Testing Rm. | | | | | | Insulati | ion | | 15 | 5 LF | X | | | | |
| | (with | | | | | | | | | X | | | | | | |
| The state of the s | 11111 | | | | | | | | | + | - | | | \dashv | | |
| Name of Registered Waste | Name of Registered Waste Hauler | | | | | | Yards | 11.1 | Name of Re | gister | ed Land | fill | 5.7 | (J.) 1 | | |
| East Coast Haz Mat F | Removal, Inc. | | 1 2.72 | auler ID | No. | of Was | te 1 | | North GR | OWS | S, Inc. | - WN | 1 | | | |
| City, State Paterson, NJ 07504 | | | | | | Disposi | al Date 2015 | / | City, State Morrisville | € _⊘ PA | | | | | | |
| Completed by | = | Title | | | | 0.00110.000011. | gnature | | 1 W | , | | Date | _ | | | - |
| ames Unger | | Project | Ma | nager | | | for | w | 411/ | | | 8/21 | 20 | 15 | | |

CK 28193

| | (Pur | suant to | | -7 and 12.120-7 | | | | | |
|---|---|------------|--------------|---|---|--------------------|---------|----------------|-----------|
| Date of Notification (1) | | | | of Building Ow SSON TECHNO | ner/Operator (2) LOGIES INC. | | | | 1.1 |
| 8 / 20 /15 | | | Street | Address | | | | | |
| Agencies Notified Type Notifie | cation | | 530 S | OUTH AVENUE | EAST | | i 100 | - | |
| 3 <u> </u> | I Notification | | City | State, Zip Code | | - 105 4 | 70.00 | | |
| | nded Notification | r. | | IFORD, NEW J | FRSFY 07016 | | | | |
| | ellation | | 0100 | ,, 0,,0,, ,,=,, ., | | | | | |
| X DOH On H | 170 () 0 7 () 0 1 () 0 () | | Name | of Contact | | Telephone Nur | nber | | |
| | RGENCY N | | RICH | ARD SMITH | d. | e | | | |
| | | FACI | LITY INFO | RMATION | | | | | |
| Name of Facility Where Abatement is | Taking Place (| | LITT IIVI O | TIMATION | Type of Facility | (4) | - | | |
| Name of Facility Where Abatement is | raking ridoc (| -, | | | School (K- | | | | |
| ERICSSON LABS | | | | | | r 8 (Other than | K-12) | | |
| ENIOSSON LADS | | | | | | rivate & commo | | s., hor | nes, et |
| Street Address | | | | | Square Feet | # of Floors | | ldg. A | |
| 1 ERICSSON DRIVE | | | | | 70,000 | 2 | | 44 | |
| | nty (6) | | Coun | ty Code (7) | Current Use (Price | or if being demo | lished) | | |
| | DLESEX | | | USE ONLY) | COMMERCIAL C | DFFICE | | | |
| Name of Monitoring Firm Hired by Bu | ilding Owner (| 8) | <u> </u> | ASCM No. | Name of Abaten | nent Contracto | r (9) | | |
| ENVIRONMENTAL TACTICS INC. | , | | | 17 | PAR ENVIRONM | MENTAL CORP | ORATIO | NC | |
| Street Address | | | | - | Street Address | | | | \neg |
| 64 BROAD STREET | | | | | 313 SPOOK RO | CK ROAD | | | |
| City, State, Zip Code | | | | | City, State, Zip C | ode | | | |
| - 10 (2-10 (2-10 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 | I, NEW JERSEY | 07747 | | | SUFFERN, NEW | YORK 10901 | | | |
| Project Manager for Monitoring Firm | | ephone | Number | | Telephone Numb | per Lic | ense Ni | umbe | r |
| THOMAS GEIGER | 732 | -290-22 | 17 | | 845-369-7500 | 460 |) | | |
| Expected Start Date (10) | Sched. C | omplet | ion Date (1 | 1) | Name of OSHA | Monitor | | | |
| 8 / 31 / /15 | | 0/ | 30/ | 15 | QUALITY ENVIP | RONMENTAL | | | |
| Month Day Year | Month | | Day | Year | | | | | |
| Occupancy Status During Abatement (0 | | | | | Street Address | | | | |
| Facility Closed/Vacated Dur | | | | | 1376 ROUTE 9 \ | N | | | |
| Abatement Performed Outs | | acility Ho | ours - Descr | ibe: | | | | | |
| X Other - Describe MONDAY | -FRIDAY | | | | City, State, Zip C | ode NGERS FALLS | NIV 10 | 500 | |
| 0 (W. 1.70) - 1 - 11 11 - 1 1 3 | | | | Full Contr | ainment with Neg | | | 330 | |
| Scope of Work (Check all that apply) Demolition | X Renovati | on | | Mini-Enclo | | jative i ressare | | | 1 |
| X >3SF OR LF | I Teriovati | OII | | | Procedure | | | | |
| >160 SF OR | | | | | le Procedure | | | | |
| Location of | Is Loc | ation | | Description of As | | | Abat | temer | nt Type |
| Asbestos-containing | normally | | | ontaining Materia | | Amount | B | B | 型 ' |
| Material (ACM) | solely | | | (ie. Thermal sys | | (Specify | REMOVAL | REPAIR | ENCLOSURE |
| TO BE ABATED | Maint/Cu | stodial | in | sulation, surfacin | ng, VAT, | SF or LF) | 18 | E I | 000 |
| in Facility (13) | Staff | | | or other miscella | neous) | | P | | ST |
| NO. | Yes No | N/A | | | | | _ | \blacksquare | m |
| BLDG.#1 S.E. 2ND FL ELEVATOR HA | LLWAY | X | PIPE FITTI | NGS | | 1 LF | X | | |
| BLDG.#3 MER 1ST FLOOR | | Х | PIPE FITTI | NGS | | 2 LF | X | | |
| DEDG. NO MET TO TEGOT | | - | | | *************************************** | | | | |
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| | | | | | A1000 | | | | |
| Name of Registered Waste Hauler | NJDEP V | Vaste | Cubic Yard | s of Waste | Name of Registe | | | 2000000 | |
| GLOBAL WASTE | Hauler ID | No. | | 8 | GRAND CENTE | RAL SANITARY | LAND | FILL | |
| 40 | 221 | 47 | | | | | | | |
| City, State | | | Disposal D | 1 000 000 000 000 000 000 000 000 000 0 | City, Sate | | | | |
| HACKETTOWN, NEW JERSEY | 1 | | 08/31/15-1 | | PENARGYL, P | | | 1 | , |
| Completed by (Print or Type) | Title | - 00-0 | ATIONIO | Signature | XXX | Da | re 🗸 | 12 | 0/19 |
| ELNIAMNI CANCEL | THIRFULLING U | - []P-P | ALICINS | // | 11 41 1 | | () | | ~! ! ~! |

| Date of Notification (1) 8/17/15 | | | | | Building O | | perator | (2) | - 18 | | 406 | 7 F, | 1000 | | |
|---|---|--------------------------------|----------------|-------------------------------|-------------------------|-----------------------------|--|---------------------------------------|-----------------------------|----------------------------|-----------------------------|------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | | | Street Ac | | | nua | | | | | | | | |
| × EPA × DEP × DOL | ✓ Initial✓ Amended✓ Amendment | - | | City, Stat | te, Zip Cod ford, NJ | le | - | | | | | | | | |
| ▼ DOH DCA | Emergency (justification) Cancellation | including | | Name of Ronald | Contact I Chesne | ey. | | | | Tele | ephone Nun | ber | | | |
| | | | | FACIL | LITY INFO | RMATI | ON | | | | | | | | |
| Name of Facility Where House | Abatement is Takin | g Place (3) | | | | | | | Facility (4 chool (K-12 | | | | | | |
| Street Address 16 West Passaic A | venue | | | | | | | St. | ibchapter 8 her (i.e. pr | (Othe | er than K-12 k commercia | | lings, | home | s, |
| City (5) Ruhterford | | | | | | | | Square N/A | | # of N/A | Floors | 10.75 | ldg. A | ge | |
| County (6) Essex | | | | County C | Code (7) USE ONLY) | _ | | Current | | r if bei | ng demolish | ed) | | | |
| Name of Monitoring Firm | Hired by Building | Owner (8) | | ASCM | l No. | | | | ment Cont | | (9) | | | | |
| Street Address | | | | | | | Street | Address | | | | | | | |
| City, State, Zip Code | | | | | | | City, S | State, Zip | Code | ue | | | | | |
| Project Manager for Mor | ct Manager for Monitoring Firm | | | | | | Telepi | wa, NJ | | | License N | 0. | | | |
| Start Date (10) | | Scheduled | l Con | nnletion [| Date (11) | | | of OSH4 | Monitor | | #00675 | | | | |
| 9/01/15 | | 9/02/15 | . 0011 | ipicuoire | Date (11) | | | | ment, Inc | Э. | | × 11 | | | |
| Occupancy Status Durin | | 53.0 | 5 | | | | 100000000000000000000000000000000000000 | Address | en Aven | ue | | | | | |
| Abatement Perform Other – Describe: | | Period of Ab nal Facility I | aten Hours | nent | | _ | City, S | State, Zip | | | | | | | |
| Scope of Work (Check A | All That Apply) | | | | | | 1010 | , , , , , , , , , , , , , , , , , , , | 07012 | | | <u> </u> | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | nova | | | | 2 | Mini- Glov | Enclosure ebag Proc | edure | Negative F | | | | |
| | | | | | | | L | → Non- | Exempted | (*) an | d Non-Friab | le Pro | | e ement | |
| t anni: | | | ocati ormal | | | D= | | - of | | | | | | pe | |
| Locatio Asbestos-Containing TO BE AB In Faci (13) | Material (ACM) <u>ATED</u> lity | Used | Sole itena | ly by nce/ | Asbest (i.e. | os Cont thermal surfa | scription taining I system cing, VA niscella | Material (is insulati AT, or | ACM) | (5 | mount Specify or LF) | Removal | Repair | Encapsulate | Enclosure |
| basem | ent | 163 | X | INA | | pipe | insula | ation | | 6 | 0 LF | X | | | |
| | | | 202 | | | 1 1 | | | | 15 | | 1000 | | | |
| | | | | | | | | | | | | | | | |
| Name of Decistored We | The state of West Line | | | | | Cubia | Yards | | Name of I | Dominto | rod Londfill | | | | |
| Name of Registered Wa D&S Abatement, Inc | | | H | IJDEP W lauler ID 20996 | | of Wa | | | | 1000 - 1100 - 1 | ered Landfill gement o | | | | |
| City, State Totowa NJ | | | | | | Dispo TBD | sal Date | | City, State Tullytow | | Α | | | | |
| Completed by Deanna Brkusanin | | Title Projec | t Ma | anager | | 5 | Signatur | Que | ea Bh | lue | | te 17/1 | 5 | | |

| Date of Notification (1) 8/17/15 | | | 85 | | Building Ov Lucas | wner/O | perator | (2) | | | AUG | 15 | 101 | | |
|--|---|-------------------|----------------|---------------------|------------------------|---------------|--------------------|----------|-------------------------------------|------------|------------------|-------------|-----------|-------------|-----------|
| Agencies Notified | Type Notification | | | Street Ad | idress nond Ave | 9 | | | | 140 | | | | | |
| × EPA × DEP × DOL | Initial Amended Amendment # | | C | City, Stat | e, Zip Code NJ 0711 | е | | 100.0 | | | | | | | |
| | ☐ Emergency (ir | | | | Contact | | 220-25-21 | | | Teler | ohone Num | ber | | | |
| ⊠ DOH □ DCA | justification) Cancellation | | - 23 | | a Lucas | | | | | 10.0 | 3110110 11011 | | | | |
| | | | | FACIL | ITY INFOR | RMATIC | ON | | | | | | | | |
| Name of Facility Where A | Abatement is Taking | Place (3) | | | | | | Ту | pe of Facility (4) School (K-12) | | | | | | |
| Street Address 52 raymond Ave | | | | | | | | × | Subchapter 8 Other (i.e. pri | (Other | | | ings, | home | s, |
| City (5) | | | | | | | | 100 | etc.) juare Feet | # of I | Floors | | dg. A | ge | |
| Nutley | | | | | | | | N/ | | | | | IA | | |
| County (6) Essex | | | | County C STATE U | code (7) ISE ONLY) | <u> </u> | | 10000000 | ırrent Use (Prior ouse | if bein | g demolish | ed) | | | |
| Name of Monitoring Firm N/A | Hired by Building O | wner (8) | | ASCM | No. | | | | batement Control | - 2 | 9) | | | | |
| Street Address | | | | | | | Street | 0.000 | dress engren Aveni | | | | | | |
| City, State, Zip Code | | | | | | | City, S | State | , Zip Code | ue | | | | | |
| Project Manager for Mor | nitoring Firm | | T | Felephor | ne No. | | Toto | | , NJ 07512 e No. | | License N |). | | | |
| Start Data (10) | 7 | Cabadulad | 2000 | nlation [| Data (11) | | 07430707 | | 8685 OSHA Monitor | | #00675 | 0-037 5 | | | |
| Start Date (10) 9/01/15 | | Scheduled 9/02/15 | Jom | pietion L | Jale (11) | | 5.00 PM 5.00 PM | | patement, Inc | : . | | | 12 | | |
| Occupancy Status Durin | g Abatement (Check | Only One) | | | | | Street | | | 19862 | | | | | |
| | ated During Entire P ned Outside of Norma Occuped | | | | | | City, S | State | engren Aveni | ue | | | | | |
| | | | | | | | 1010 | owa | , NJ 07512 | | | | | | |
| Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | и г пас Арріу) | | ovat noliti | | | | 2 | × | Full Containmer Mini-Enclosure | | Negative P | ressu | re | | |
| | | | | | | | | d | Glovebag Proce Non-Exempted | | Non-Friab | le Pro | cedur | e | |
| 362 | | Is Lo | catio | on | | | | | | | | | MARK SAME | ement | 1 |
| Locatio | n of | Non | mall | у | | De | scription | n of | | | | | Ту | ре | |
| Asbestos-Containing | Material (ACM) | Used S Mainte | | | | os Cont | taining I | Mate | erial (ACM) | | mount | _ | | ū | ш |
| TO BE AB | | Custod | ial S | 37 7022 | (i.e. t | | system cing, VA | | sulation, | | pecify or LF) | Rem | Repair | сар | inclo |
| (13) | | (| 12) | | | | niscella | | | | 5740 VIII. | Remova | pair | Encapsulate | Enclosure |
| | | - | No | N/A | | | | | | | | | | | LD. |
| basem | ent | | X | | Pip | es & | pipe ir | nsu | lation | 10 | 0 LF | X | | X | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Wa | ste Hauler | | | JDEP W | | | Yards | | Name of F | Registe | red Landfill | | - | | |
| D&S Abatement, Inc | C. | | | auler ID 20996 | No. | of Wa TBD | | | | | gement o | f PA | | | |
| City, State Totowa NJ | | | | | | Dispo: TBD | sal Date | е | City, State Tullytow | | | | | | |
| Completed by Deanna Brkusanin | | Title Project | Ма | nager | | S | Signatur | re 10 | acus Rx | lue | Da 8/ | ite 17/1 | 5 | | |

Check#2273

| Check#22/3 | | | (Pu | rsuar | nt to NJA | C 8:60 | and 5:16 | 5) | | | | | |
|--------------------------------------|----------------------------|-------------|---------------------|--------------|-----------------|---|-------------------------|-----------------------------------|---------------------|-------------|--------|-------------|-----------|
| Date of Notification (1) | | | | Name | of Building | g Owner | Operator (2 | 2) | | - | | | |
| 08/ | 22 / | 15 | | | Babos | | | | | | | | |
| Agencies Notified | Type Notification | on | | - | Address | | | | | 10 2 | 6 | | |
| □ EPA | Initial | | | | ak Lane | | | | 2 1 | 0 - | | | |
| □ DOLWD | Amended | | | William Tree | State, Zip (| Code | | | | | | | |
| □ DHSS | Amendmen | | | | | | | | | | | | |
| DCA (NJAC 5:23-8) | Emergency justification | | | | ord, NJ 0 | | | | Telephone Nu | mhor | | | |
| (1101.0 0.20-0) | Cancellation | | | | Babos | ,, | | | Telephone Nu | ilibei | | | |
| | | | | | CILITY IN | IEODM | ATION | | | | | | |
| Name of Facility Where | Abatement is Tak | ing Place | (3) | | OILII I III | VI OIVIVI | ATION | Type of Facility | (4) | | | | |
| Private house | | | 2.4.2.7. | | | | | School (K-1 | | | | | |
| Street Address | | | | | - | | | Subchapter | 8 (Other than K-1 | 2) | | | |
| 127 Oak Lane | | | | | | | | homes, etc | private and comm | ercial bu | ilding | S. | |
| City (5) | | | | | | | | Square Feet | | BI | dg. A | ge. | |
| Cranford, NJ 07016 | | | | | | | | the Province Server to the Const. | | | -5 | 3- | |
| County (6) | | | | Coun | ity Code (7) | (STATE (| JSE ONLY) | Current Use (F | Prior if being demo | lished) | - | _ | |
| Union | | | | | | | | 12504250.0011.0004450.0004.00 | | | | | |
| Name of Monitoring Firm | Hired by Buildin | g Owner | (8) | ASCM | No. | Name | of Abateme | ent Contractor (9 | 9) | | | | |
| | | | | | | Gr Ted | ch LLC | | | | | | |
| Street Address | | | | | | Street | Address | | | | | | |
| | | | | | | 576 V | alley Rd# | 283 | | | | | |
| City, State, Zip Code | ity, State, Zip Code | | | | | | itate, Zip Co | ode | | | | | |
| Desired Manager | | | | | | | e, NJ 0747 | 0 | | | | | |
| Project Manager for Mon | litoring Firm | | Tele | phone | No. | 100000000000000000000000000000000000000 | ione No. | | License No. | | | | |
| Start Date (10) | | heduled (| ` | D- | 1. 74.41 | | 38-1777 | | 01127 | | | | |
| 09/_01/ | | 09 | | | | | of OSHA M | | | | | | |
| Occupancy Status Durin | | | | _ ' . | | | | nsultants,Inc | | | | | |
| Facility Closed/Vacat | | | | ment | | | Address | 200 20020-2020 10 | | | | | |
| Abatement Performed | d Outside of Norr | nal Facilit | y Hour | 's - Des | scribe | 20-21 | Wagaraw tate, Zip Co | Road, Bldg .# | 35E | | | | |
| Time of Abatement: _ | AM | _PM/ | PM_ | | _AM | 3555 0 | | | | | | | |
| Scope of Work (Check al | II that apply) | | | | | Fair La | awn, NJ 0' | | ination with negati | ve nrece | IIIro | | |
| | | | 1/2 | | | | Full Cont | ainment with Ne | egative Pressure | ve press | Suic | | |
| >3 sf or >3 If > 160 sf or >260 If | | | enovati emolitic | | | X | Mini-Enc | | Tent with Negati | ve Press | ure | | |
| | | | | | | | | | on-Friable Proced | | , , , | | |
| | 2 | 10.00 | Locat | | | | | • | | Ab | atem | ent T | уре |
| Location Asbestos-Containing | | | Norma ed Sole | | Asha | | escription o | | | R | D | П | Ш |
| TO BE ABA | ATED | Ma | intena | nce/ | | | al systems i | terial (ACM) nsulation, | Amount (Specify | Removal | Repair | ncap | nclo |
| IN Facil (13) | ity | Cus | todial ((12) | Stan? | | | acing, VAT, | | SIF or LF) | oval | = | Encapsulate | Enclosure |
| () | | Yes | No | N/A | 1 | Other | miscellane | ous) | | | | ate | |
| Basement | | | П | X | Ding ing | ulatio- | | | 70 1 5 | | | | |
| | | | | - | Pipe inst | | | | 70 LF | \boxtimes | Ш | Ш | |
| Garage | | _ | | X | Pipe inst | ulation | | | 32 LF | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | П | П | П | П | | |
| Name of Registered Was | ste Hauler | | NJC | EP Waste | E Hauler ID No. | Cubic Y | ards of Wast | Name of Reg | istered Landfill | | | | |
| Gr Tech LLC | | | 0 | 03378 | 35 | TB | | T.R.R.F. Inc | | | | | |
| City, State | | | | | | | al Date | City, State | | | | | |
| Wayne, NJ 07470 | | | | | | TB | D | Tullytown, F | ΡΔ | | | | |
| Completed By (Print or T | ype) | Title | | | | 1 | | | | Date | | | |
| N.Jevtic | |)wner | | | | | H | who wena | 0 | | 115 | | |
| ASB-41 | | 771101 | | | | | // ^e | - Westa | -,]0 | 8/22/20 | 113 | | |

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

| Date of Notification | (1) | (Pursu | Name of B | | | | | | | | 111 | - |
|---|--|-------------|-----------------------------------|-------------|---|-----------------------|---|---|------------|--------|------|-------------|
| 8-20-15 | | | Marc | Hampi | ton Ar | partme | ents | | | | | |
| Agencies Notified | Type Notifica | tion | Street Ad | dress | | | | Alla S | 5 . 1 | 5 | | |
| []EPA | [X] Initial | | 171 M | atawa | an Ave | € | | 5395 J | e // 1, 11 | | | |
| []DEP | Notific | ation | City, Sta | te, Zir | o Code | | | | | | | |
| [X]DOL | []Amended | | Mataw | an, N | J,0774 | 17 | | | | | | |
| [X]DOH | Notific | ation | Name of C | ontact | | | Telephon | e Number | | | | |
| []DCA | []EMERGENC | Y | Randy | | art | | To Lopiloi. | | | | | |
| | []Cancella | tion | | | | | | | | | | |
| Name of Facility Whe | re Abstement | ie Taki | | | INFORMA | TION | Type of Facil | i + xr (A) | | | | |
| Same as above | re abatement | IS TAKE | ing reace (| | | | | | | | | |
| Street Addres | | | | | <u> </u> | | [X]Other (| (R-12) ter 8 (Othe i.e., priva uildings, h | te & co | mmer- | | |
| | | | | | | | Square Feet | # of Floo | ors Bl | dg. A | ge | |
| City (5 | | County | (6)Essex | La constant | ounty Coo | | 400 Sf | 2 | (| 60 | | |
| | | | | (S | STATE USE | S ONLY) | Current Use (| Prior if be | ing dem | nolish | ned) | |
| Name of Monitoring F | lirm hirod hr | Puildin | a DECM No | | Name o | of Abata | ment Contracto: | n (0) | | | | |
| Owner (8) N/A | IIM HILLEG DY | Bullulii | g Abun N | | 11 | | ANAGEMENT | | | | | |
| Street Address | | | \ | | | Chris | s topher St | 92 | | | | |
| City Otata Ria Cai | 1- | | | | | | | | | | | |
| City, State, Zip Cod | te | 3 | | | 10 mm - 30 70 20 20 | | Zip Code .r, NJ 070 | 42 | | | | |
| Project Manager for | Monitoring Fi | Marie Marie | lephone Nu /A | mber | 100000000000000000000000000000000000000 | one Numi 3)744 | ber -8800 | Ī | icense | | er | |
| Scheduled Start Date | (10) Sche | d. Comp | letion Dat | e (11) | Name o | of OSHA | Monitor | | | | | |
| 8-31-15 | | 9-6 | 6-15 | | N/A | | | | | | | |
| - | | | 4 | ar | | | | | | | | |
| Occupancy Status Dur [X]Facility Clos of Abatemen | sed/Vacated D | | | | Street | : Addres | S | | | | | |
| []Abatement Pe | rformed Outsi ribe: <u>«OffHour</u> | s Descri | <u>lpt»</u> | | City, | State, | Zip Code | | | | | |
| Scope of Work (Check | all that app | ly) | | | | | | | | | | |
| [X]>3 sf or []>160 sf o | | | X]Renovati]Demoliti | | | []Mini- [X]Glove | Containment wi Enclosure bag Procedure 'riable Procedu | V | Pressu | ire | | |
| grountes and many to | | | Is Location | | <u> </u> | | - | | Aba | temen | | |
| Location Asbestos-Con | | | Normally Used | | | scription stos-Con | | Amount | R | R | E | E N |
| Material | F10.000 MH M M M (50) | | Solely | | Ma | terial (| (ACM) | (Specify | | E | CA | CHO |
| TO BE ABI | | t | By Main- cenance/ | | | | systems acing, VAT, | SF or LF) | 0 | A | PS | O S U |
| (13) | - L CY | | ustodial taff (12) | | | | llaneous) | | A | R | U | UR |
| | " - | Yes | No N/ | | | | | 05.16 | | | | E |
| Apt Bldg 1, G | | _ | X | _ | e Ins | | | 85 lf | X | | | |
| Apt Bldg 1, G | arage #9 | _ | X | Pip | e Ins | ulati | on | 100 lf | | | | |
| | | | | | | | h | -1 7 7 2 | 16:11 | | | |
| Name of Registered W AZTECH MANAG | | C. H | JDEP Waste auler ID N .7040 | | Cubic Yar of Waste | | Name of Regi Minerva | | | | | |
| City, State | | - 1- | | D | isposal | Date | City, State | | | | | |
| Montclair, NJ | 07042 | | | | 9-7-1 | .5 | Waynesbu | rg, OH | 44688 | 3 | | |
| Completed By (Print | or Type) Tit | le | | | S | ignature | 1 | | Date | | | |
| Constantine V | ivian Pr | reside | ent | | | 6/1 | ille | | 8-2 | 0-1 | 5 | |



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

| K151 | NO | (Pur | ATION C | of New F ASBES NJAC 8: | STOS A | BATEN 12:120 | IENT | | | | i V | E | in) | Ī |
|---|-----------------------|-----------------|--------------------|------------------------------|-----------------------------|---|-------------------------|--|------------------|------------------------------|------------------|---------|--------------|-----------|
| Date of Notification (1) 8-20-2015 | | 1 | | Building On Ayala | wner/O | perator | (2) | | AL | G 25 | d9015 | | | |
| Agencies Notified Type Notification | | 1 - | treet Add | dress plewood | d Ave | | | | | | | | 4000 | |
| X EPA Initial Amended Amendment # | | C | ity, State | , Zip Cod NJ 0701 | е | | | A | 91.18 | | NI A | | | |
| Emergency (II | ncluding | 1 80 | ame of (| | | | | | | phone Nu 1-556-8 | | | | |
| DCA Cancellation | | 1 | | n Ayala | | | - | | 20 | 1-330-0 | 300 | | | |
| | | | FACIL | TY INFO | RMATIC | ON | T | a of Facility // | 1) | | | | | |
| Name of Facility Where Abatement is Taking Private dwelling | Place (3) | | | | | | П | e of Facility (4 School (K-1) | 2) | | | | | |
| Street Address 116 Maplewood Ave | | | | | | | | Subchapter Other (i.e. p | 8 (Otherivate 8 | commen | 12) cial buil | dings | home | ıs, |
| City (5) | | | | | | | 100000 | etc.) lare Feet | 20 March | Floors | | Bldg. A | \ge | |
| Clifton | | 10 | County Co | nda (7) | | | N// | rent Use (Pric | 2 or if being | na demoli: | | N/A | | |
| County (6) Passaic | | | | SE ONLY) | | | Pr | ivate dwelli | ng | | onou | | | |
| Name of Monitoring Firm Hired by Building C Bioterra Solution | wner (8) | | ASCM | No. | | | | batement Con ontracting I | | (9) | | | | |
| Street Address | 1 | | | | | Street | Add | ress | | gran san | | | | |
| 1130 W Chestnut St | | | | | | | | ey Dr | | | | | | |
| City, State, Zip Code Union NJ 07083 | | | | | | | | Zip Code nd Park NJ | 0742 | 4 | | | | |
| Project Manager for Monitoring Firm RICK EUSTAGUIO | | 1 | elephon 973-49 | e No. 4-3762 | | Telepi 973- | | No. -6298 | | License 01266 | | | | |
| Start Date (10) 8-29-2015 | Scheduled 8-30-20 | | pletion D | ate (11) | | 100000000000000000000000000000000000000 | | SHA Monitor | TION | | | | | |
| Occupancy Status During Abatement (Check | Only One |) | | | | Street | | ress Chestnut S | ** | | | | | |
| Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm | eriod of Ab | atem | ent | | | | | Zip Code |) L | | | - 67 | | |
| Other – Describe: | | | | | _ | | | J 07083 | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | 17 | 571 | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | (Innerental) | novat moliti | | | | | X (| Full Containm Mini-Enclosure Glovebag Pro Non-Exempte | e cedure | | | | re | |
| | Is L | ocatio | on T | | | | | NOTI-EXEMPLE | 2 () απ | d Non-i ii | abic i i | Aba | temen ype | t |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility | Used Main Custo | tenan | y by ice/ | | tos Con thermal surfa | | Mate ns ins AT, o | | (5 | mount Specify F or LF) | Remova | Repair | Encapsulate | Enclosure |
| (13) | Yes | No | N/A | | Outer | Inscend | ii ieoc | 13) | | | 8 | - | late | Гe |
| BASEMENT | + + + | | X | - | PIPE I | NSUL | ATI | ON | 2 | 25 LF | X | T | X | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | - | - | - |
| Name of Registered Waste Hauler | | N | JDEP W | aste | Cubic | Yards | | Name of | Regist | ered Land | ifill | | | _ |
| Amax Contracting LLC | | 100000 | auler ID 036184 | | of Wa | 27.2220 | | | | NDFILL | NOR | TH | | |
| City, State Woodland Park NJ | | | | | | sal Dat 3-201 | | City, Sta MORR | | LE PA | | | | |
| Completed by Tome Maslarkov | Title Projec | et Ma | anager | | | Signatu | re | | | | Date 8-20- | 2015 | j | |

CK 4200

| Date of Notification (1) 8/24/15 | | | Name of Building Owner/Operator (2) Princeton University, Trustees of Princeton University 5 | | | | | | | | | | | |
|---|---|-------------------------------|--|---------------------------------------|--------------|--|---|------|--------|---------------------|-------------|-----------|--------|--|
| Agencies Notified Type Notification | | | Street Address EA McMillan Building | | | | | | | | | | | |
| EPA DEP DOL | Initial Amended Amendment # | | City, State, Zip Code Princeton, NJ 08544 | | | & Little 116 | | | | | | | | |
| × DOH DCA | Emergency (in justification) Cancellation | Name of Contact Bob Ortega | | | | Telephone Number | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | | | | | 100000 | |
| Name of Facility Where Abatement is Taking Place (3) Princeton | | | | | | | Type of Facility (4) School (K-12) | | | | | | | |
| Street Address 101 Broadmead Street | | | | | | | Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Princeton, New Jersey | | | | | | | Square Feet 5900 | # of | Floors | Bldg. Age 100 +_ | | | | |
| County (6) Mercer | | | | County Code (7) (STATE USE ONLY) | | | Current Use (Prior if being demolished) Residential | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates | | | | | | | ame of Abatement Contractor (9) coservices, LLC | | | | | | | |
| Street Address 515 Grove Street, Suite 1B | | | | | | | t Address West Lincoln Highway, Suite 500 | | | | | | | |
| City, State, Zip Code Haddon Heights, NJ 08035 | | | | | | City, State, Zip Code Exton, PA 19341 | | | | | | | | |
| Project Manager for Monitoring Firm Alan Lloyd | | | | Telephone No. 856-656-2875 | | | Telephone No. License No. 484-872-8884 01161 | | | | | | | |
| Start Date (10) A / _ / Scheduled Cor | | | | | | | le of OSHA Monitor | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | | | | Street Address | | | | | | | | |
| ➤ Facility Closed/Vacated During Entire Period of Abatement | | | | | 0 R | Route 130 North | | | | | | | | |
| Abatement Performed Outside of Normal Facility Hours Other – Describe: | | | | City, State, Zip Code Cinnaminson, NJ | | | | | | | | | | |
| Scope of Work (Check A | II That Apply) | | | | | | | | | | | | | |
| X ≥3 sf or ≥3 lf X Renov X ≥160 sf or ≥260 lf Demol | | | | | | | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure | | | | | | | |
| | | | | X | Non-Exempted | npted (*) and Non-Friable Procedure | | | | | | | | |
| Is Location of Norma | | | | aller | | | | | | Abatement Type | | | | |
| Ashestos-Containing Material (ACM) Used So | | | ely by | Description Containing | | f terial (ACM) | | | | | m | | | |
| TO BE ABA In Facil (13) | Maintena Custodial (12) | Staff? | (i.e. thermal system surfacing, VA other miscellar | | | , or | | | Remova | Repair | Encapsulate | Enclosure | | |
| | | Yes No | N/A | | | | | | | | | ate | e | |
| see attached infor | mation sheet | | | | | = | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | JDEP Waste Cubic Yards | | S | Name of Registered Landfill | | | | | | - | |
| Waste Management of New Jersey | | | Hauler ID No. of Waste 20 | | | | GROWS Landfill | | | | | | | |
| City, State Trenton, NJ | | | | Disposal Date TBD | | | City, State Morrisville, PA | | | | | | | |
| Completed by Title Joe White Project M | | | lanager | Signa | | | Truf W. W.D Date 8/24/1 | | | | | 15 | - | |

ecoservices, LLC

Princeton, New Jersey

101 Broadmead

Enclosure Encap Abatement Type Repair Removal \times × \times × × (Specify SF or LF) Amount 188 sf 1994 If 490 sf 145 sf 95 sf 2 sf Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Green/Blue Sheet Flooring 12" x 12" Tan VAT **HVAC Duct Paper** Joint Compound Window Glazing Flue Patch Is location normally Custodial Staff? used solely by Maintenance/ Yes No N/A N/A N/A N/A N/A N/A N/A Asbestos Containing Material (ACM) 101 Broadmead House & Garage Basement and Wall Cavaties To Be Abated Location of In Facility 3rd Floor Bathroom Basement Basement Basement

2015 AUG 25 AM 10: 10

2 # c _ _ ;

CK 4259

| Date of Notification (1) 8/24/15 | | Name o | of Building O | wner/(| Operator (| 2) es of Prince | LIS (11) | O. O.T | 5 t t x x | | - | | |
|---|----------------|--------------------------|------------------|----------------------------|-----------------|---------------------------|---|----------------|-------------------------|-----------|---------|-------------|-----------|
| Agencies Notified Type Notification | r | - | | Address | ersity | , Trustee | es of Princes | on Univ | ersity | 6.14 | .: i | C | |
| | | | | cMillan Bu | uilding | g | Į. | 4 4 - 1 | | | 1 | i | |
| DEP Amended Amendmen | | _ | | ate, Zip Cod eton, NJ 0 | | | | 4 | Joseph Joseph | - 1 . [| | - | = 1 |
| □ Emergency justification □ DCA □ Cancellatio |) | | Name of Bob C | of Contact Ortega | | | | Tele | phone N | lumber | | | |
| Name of Facility Where Abatement is Taki | na Placa (2 | 1 | FAC | ILITY INFO | RMAT | | T of E104 | (4) | 77 - 710 | | | | |
| Princeton | ng Flace (3 |) | | | | 1 | Type of Facility School (K- | | | | | | |
| Street Address 114 Broadmead Street | | | | | | | Subchapte Other (i.e. etc.) | r 8 (Othe | | | ldings | , hom | es, |
| City (5) Princeton, New Jersey | | | | | | | Square Feet 6900 | # of 4 | Floors | | 3ldg. / | | |
| County (6) Mercer | | | | Code (7) USE ONLY) | | | Current Use (Pr Residential | ior if bein | g demol | ished) | | | |
| Name of Monitoring Firm Hired by Building Pennoni Associates | Owner (8) | | ASC | M No. | | | f Abatement Co rvices, LLC | ntractor (| 9) | | | | |
| Street Address 515 Grove Street, Suite 1B | | | | | | Street A 407 W | ddress /est Lincoln I | Highwa | y, Suite | e 500 | | | |
| City, State, Zip Code Haddon Heights, NJ 08035 | | | | | | | ate, Zip Code , PA 19341 | | | | | | |
| Project Manager for Monitoring Firm Alan Lloyd | | | Telepho 856-6 | one No. 56-2875 | | Telepho 484-8 | ne No. 72-8884 | | License 01161 | No. | | | |
| Start Date (10) 9/8/15 | Schedule | | mpletion | Date (11) | C. 9 | Name of EMSL | f OSHA Monitor | | | | | | - |
| Occupancy Status During Abatement (Che | ck Only Or | | | 72 | | Street A | | | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norn | Period of A | bater | ment | | | | oute 130 No | rth | | | | | |
| Other – Describe: | nai racility | Houi | s | | | 1000000 | ite, Zip Code minson, NJ | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | - | enova emoli | | | | × | Full Containm Mini-Enclosur Glovebag Pro Non-Exempte | e cedure | | | | | |
| | ls | Locat | ion | | -11-2 | | 14011-EXEMPLE | u () and | 14011-1 118 | JUIC 1 10 | Abat | emen | t |
| Location of | N | lorma d Sole | lly | | | scription o | | | | | T | rpe T | - |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Mai Cust | ntena odial ((12) | nce/ Staff? | (i.e. th | nermal surfa | | | (Sp | ount ecify or LF) | Removal | Repair | Encapsulate | Enclosure |
| Within Wall Cavaties | Yes | No | N/A | | Duct | Insulati | on | 200 |) SF | X | - | | |
| 114 Broadmead Street | | X | | Window | | 2011-00-E-2020-01-01-02-0 | ass Glazing | | 5 LF | X | - | | |
| 114 Broadmead Garage | X | | | | ow Glaz | | |) LF | X | | | | |
| | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | 7.000 | JDEP W | 100 | Cubic | | Name of | Registere | ed Landf | ill | 1 | l | |
| Waste Management of New Jersey | | | lauler ID | 11/20000 | of Was 20 | ste | GROW | 'S Land | fill | | | | |
| City, State Trenton, NJ | | | | | Dispos TBD | sal Date | City, Stat Morrisv | e rille, PA | | | | | |
| Completed by Joe White | Title Proje | ot Ma | anager | | S | ignature | yell WH | (Z) | C | ate 8/2 | 24/13 | _ | |

STATE OF NEW JERSEY

| , e | | | | NOTIFICATION (PURSUAN) | ON OF ASB | ESTOS AB. 8:60-7 AND | ATEMENT 12:120-7 | | hee | KA | 2)(| 191 | |
|--|-----------------------------------|----------|---------------|------------------------|-----------------------------|--------------------------|---------------------------|-----------------------------|-----------|----------|-----------|--------|-------------|
| Date of Notification (| 1) | | | | Name of Bu | uilding Owr | ner / Oper | ator (2) | | 200 | | | |
| 03 / 05 | /15 | | | | MERCK SH Street Add | | HME COR | P | | | - | 1/4 | - 2 |
| Agencies Notified | Type of No | tificati | on | | 2000 GALL | | ROAD | | 201 | Ē tiro | | | |
| EPA | Construction of the second second | nitial | 011 | | City, State, | | | | | 5 AU3 2 | 5 / | KIN. | : 1 |
| ☐ DEP | | Ameno | ded | | KENILWOF | | 33 | | | | | | 1 [|
| ✓ DOH | | | lment # | | Name of Co | | | ľ | Telephon | e Numbe | r | - | |
| ✓ DOL | | | | justification | RON NAME | IKO | | 1 | | us i | | i C. M | <u></u> ≟t_ |
| | | Cance | llation | FA | ACILITY INF | ORMATION | 1 | | | | | | |
| Name of Facility Who | ere Abateme | ent is T | Taking F | Place (3) | | Type of Fac | cility (4) | | | | | | |
| MERCK | ore ribatoriis | | | | | 19.70.70 September 19.00 | School (K | 12) | | | | | |
| Street Address | | | | | | - | | er 8 (Other 1 | than K-12 | 2) | | | |
| 2000 GALLOPING HI | LL ROAD | | | | | <u> </u> | Other (l.e. bldgs., ho | , private & o mes, etc.) | cmmercia | al | | | |
| City (5) | County (6) | | | County Code (| (7) | Square Fee | | # Of Floors | 5 | Building | Age 50 | | |
| KENILWORTH | UNION | | | | | 800,0 | | hoing dome | oliched) | 1 | 50 | т | |
| | | | | | | WAREHOU | | being demo | onsileuj | | | | |
| Name of Monitoring | Firm Hirad | by RId | a Own | er (8) | | | | Contractor | (9) | | | | |
| BRINKERHOFF | i iiiii iiiieu | Jy Did | g. 0 WIR | . (0) | 1 1 | | | | 1900 m | | | | |
| | | | | | | | | Group, Inc. | | | | | |
| Street Address | | | | 2 | | Street Add | ress | | | | | | |
| 1805 ATLANTIC AVE | | | | | | 32 Williams | Parkwav | | | | | | |
| City, State, Zip Code MANASQUAN, NJ 08 | | | | | | City, State, | |) | | | | | |
| Project Mngr. For M | | rm | | Telephone Nu | mber | | | | | | | | |
| DENNIS BLUME | | | | 732-223-2225 | | East Hanov | | 936 | License | Number | | | |
| Sheduled Start Date 03 / 23 | (10) | | I. Comp | letetion Date (1 | 11) | Telephone | Number | | License | Number | | | |
| $\frac{-03}{}$ $\frac{-23}{}$ | /-10- | _ | / | / | | 973-772 | - | | | 0 | 0860 | | |
| Occupancy Status D | uring Abate | ement | (Check | Only 1) | | Name of O | | | | | | | |
| | | ed Du | ring Ent | tire Period of | | Street Add | | Group, Inc. | | | | | |
| Abateme | | d Outs | ide of N | Iormal Facility | | Street Add | 1633 | | | | | | |
| | escribe: | u Outs | side of it | | | 32 Williams | Parkway | | | | | | |
| | escribe: | | | PM | | City, State, | | | | | | | |
| 11111111111 | | MON- | | | | East Hanov | er, NJ 079 | 936 | | | | | |
| Scope of Work (Che | ck All That | Apply) | | | | | | | | | | | |
| ☐ Demolition | on | 1 | V | Renovation | V | | | ith Negative | Pressur | е | | | |
| ≥3sf or ≥ | | | | | $\overline{\mathbf{v}}$ | Mini - Encl | | | | | | | |
| | r ≥260 lf | | | | V | Glovebag | nted (*) a | e nd Non-Fria | ble Proce | edure | | | |
| | | | | | Ľ | Holl Exoll. | peou (/ u. | | | | | | |
| Location | of | | ls | T | Descripti | | | | | ent Type | I- | le. | |
| Asbestos Conf | taining | 1000000 | cation | A | sbestos - C | | | Amount | R | R | E | E | |
| Material (A | | 15.77 | rmally | | Material (l.e., thermal | | | (Specify | M | E | C | c | |
| TO BE ABA | | 100 | lsed olely | inst | ulation, surf | acing, VAT | | SF or LF) | | P | Α | L | |
| (13) | y | | Main- | | other misc | | Ž. | | V | A | P | 0 | |
| () | | | nance/ | | | | | | A | l R | S | S | |
| 100 | | | stodial | | | | | | L | K | Ľ | R | |
| | | | ng N/A | - | | | | | | | | | |
| SEE ATTACHED | | | | Η | | | | | | | | | |
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| | | | | | | | | - | | 1 | 1 - | + | + |
| | | | | NUDED W. | Cubic | Name of R | Panietores | Landfill | | | | | |
| Name of Registered | | iler | | NJDEP Waste | | LYCOMING | | | | | | | |
| FREEHOLD CARTA | GE | | | Tiadici ib ivo. | of Waste | | | | | | | | |
| City, State | | | | | | City. State | | | | | | | |
| FREEHOLD, NJ 077 | 28 | | | | Date | MONTGO | MERY, PA | 17752 | | | | | |
| Completed by (Prin | t or Typol | | | Title | | | Signatur | e | | | Date | | |
| STEVEN STILES | tor rype, | | | PROJECT MA | ANAGER | | | | | | | 0 | 8/21/15 |

08/21/15

| | | L/AT/MAACTIC | 75 SF | | -H | | ౼ |
|--|----------------------|---------------------|----------|----------|----------|-----|--|
| K-10 2ND FLOOR | | VAT/MASTIC | 40 LF | <i>V</i> | | | - |
| K-10 2ND FLOOR | | MASTIC GLUE | | <u> </u> | | | - |
| K-10 2ND FLOOR - MER | | CAULK | 100 LF | V | | | |
| K-10 1ST FLOOR | | MIRROR/GUARD MASTIC | 460 SF | V | | ᆜ | |
| K-10 COURTYARD | | VIBRATION COLLAR | 10 SF | 1 | | | |
| | | | | | | | |
| K-2 SOUTH | | PIPE & FITTING | 632 LF | 7 | | | |
| K-2 SOUTH | | GASKET | 12 SF | 1 | | | |
| K-2 SOUTH | | VAT | 1750 SF | V | | | |
| K-2 SOUTH | | VAT/MASTIC | 8450 SF | V | F | | n |
| CONTROL OF THE CONTRO | | | 24 LF | V | H | - 1 | -H |
| K-2 SOUTH | | CAULK | | | | - H | - |
| K-2 SOUTH | | TRANSIT | 120 SF | V | | | |
| K-2 SOUTH | | FIRE STOP | 6 SF | · / | | | |
| K-2 SOUTH | | TAR | 8 SF | 1 | | | |
| K-2 SOUTH | | TAR | 20 LF | V | | | |
| | | | | | | | |
| K-2 NORTH | | PIPE & FITTING | 3325 LF | V | | | |
| K-2 NORTH | | VAT/MASTIC | 63770 SF | V | | П | |
| K-2 NORTH | | SLAB/DUCT MASTIC | 22000 SF | 7 | Ħ | n | |
| | - H H H | DUCT SEALANT | 950 LF | 7 | 片 | - | H |
| K-2 NORTH | | | | | - | - | - |
| K-2 NORTH | | GLAZING | 112 LF | > | <u> </u> | ⊢⊢ | ⊢ |
| K-2 NORTH | | GASKET | 110 SF | V | | | _ 님 |
| K-2 NORTH | | CAULK | 1076 LF | 4 | | | |
| K-2 NORTH | | TRANSIT | 80 SF | 1 | | | |
| K-2 NORTH | | WATERPROOFING | 2930 SF | V | | | |
| K-2 NORTH | | MASTIC | 680 SF | 7 | | | |
| K-2 NORTH | | WINDOW SILL | 60 SF | V | - i | | |
| | | FIRE STOP | 1 SF | 7 | H | H | H |
| K-2 NORTH | | | | | | - | - |
| K-2 NORTH | | MIRROR/GUARD MASTIC | 425 SF | | | | |
| | | | | 7 | | | |
| MAINTENANCE-K-2 | | VAT/MASTIC | 3150 SF | 7 | | | |
| MAINTENANCE-K-2 | | CAULK | 32 LF | 7 | | | |
| MAINTENANCE-K-2 | | GLAZING | 90 LF | 7 | | | |
| | | | | | | | |
| ROOF | | FLASHING | 7295 SF | 7 | | n | |
| | | IGASKET | 15 SF | 7 | - H | | Ħ |
| ROOF | | | 5346 LF | 7 | - | ౼∺ | |
| ROOF | | CAULK | | | | | - |
| ROOF | | GLAZING | 384 LF | V | | | |
| ROOF | | TAR | 102 LF | 7 | | | |
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CK 1640 STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

| Date of Notification (1) 08/10/2015 | | | | | Name of Building Owner/Operator (2) Grace Firetto | | | | | 1 |
|--|-------------|---------------------|--------------------------|---------|---|------------------|----------|----------------|-------------|-----------|
| Agencies Notified | Tyr | e of Notifi | cation | | Street Address | AUG | 7 K | ordik | | |
| Agencies Notified | | F000 00000 00 | | | 20 Sampson Avenue | AUG | 20 | | | |
| (X)USEPA | | | Notification | 1 | City, State, Zip Code | | | | | - |
| () NJDEP | |) Amen | | | Oity, State, 219 Sode | | | | | |
| (X) NJDOL | | endme | | | Seaside Heights, NJ 087 | 751 | | | | |
| (X) DOH | (X | | ency (inclu | iding | | Number | | | | |
| () DCA | 1 |) Cance | cation) | | Grace Firetto | | | | | |
| | |) Cance | | ACILITY | Y INFORMATION | | | - | | |
| Name of Facility Where Abatem | ent is Taki | ng Place (| | ACILIT | Type of Facility (4) | | | | | |
| Grace Firetto's home | | | inde. | | () School (K-12) | | | | | |
| Street Address | | | | | () Subchapter 8 (other than K-1) | 2) | | | | |
| 20 Sampson Avenue | | | | | (X) Other (i.e. private & commerce | cial bldgs., hom | nes, e | tc. | | |
| <u>City (5)</u> | County (6) | | County Coo (State Use | | Sq. Feet: ~5,000 # of Floo | rs <u>1</u> | Bldg | g. Age 🛨 | 60 | |
| Seaside Heights | Ocean | | Totale ose | OTHY | Current Use (if being demolished) | 1. | | | | |
| Name of Monitoring Firm Hired I | | vner (8) | ASCM No. | | Name of Contractor (9) | | | | | |
| Approximation of the second se | | | N/A | | Industrial Safety & Environ | mental Solu | tions | , Inc. | | |
| Street Address | | | | | Street Address 3300 Hudson Avenue | | | | | |
| City, State, Zip Code | | | | | City State, ZipCode | | | | | |
| City, State, Zip Code | | | | | Union City, NJ 07087 | | | | | |
| Project Manager for Monitoring | Firm Tel | ephone N | umber | | Telephone Number | | L | icense N | umber | |
| | | | | | (201)325-0055 | | 2.55 | 1124 | | |
| Scheduled Start Date (10) | Scl | eduled Co | ompletion Dat | e (11) | Name of OSHA Monitor | | | | | |
| 08/12/2015 | 08 | /15/201 | 5 | | ISES, Inc. | | | | | |
| Occupancy Status During Abate | ment (Che | ck only on | <u>e)</u> | | Street Address | | | | | |
| (X) Facility Closed/Vacated D () Abatement Performed Out | | | | | 3300 Hudson Avenue | | | | | |
| (X) Other - Describe: | | | 252 | | City, State, Zip Code | | | | | |
| Work area will be unoccupie | ed during | abatemei | nt | | Union City, NJ 07087 | | | | | |
| Source of Work (Check all that a | apply) | (|) Demolitio | n | (X) Renovation | | | | | |
| () Minor Project (< 25 S | F or < 10 | LF ACM | | | () Full Containment with | Negative Press | sure | | | |
| () Small Project (>25 <1 | | | | | () Mini-Enclosure | | | | | |
| (X) Large Project (>160 S | SF or > 26 | O LF ACI | Л | | () Glove-bag Procedure | | | | | |
| I and a state of Antonian | 1 | | Nameally | | (X) Non-Exempted (*) and | Non-Friable Pi | | ure Abateme | nt Type | |
| Location of Asbestos-Containi Material (ACM) | ng i | Location Used So | | (i.e. t | Description of ACM thermal systems insulation, surfacing, | (Specify SF | | Abateme | iii i ype | - |
| To be Abated in Facility (13) | | Maintena | ance or | (| VAT, or other miscellaneous.) | or LF) | | | т | |
| 20 00 00 | | ustodial S | Staff? (12) | | | | Remova | R | Encapsulate | Enclosure |
| | | | | | | | Vou | Repair | psul | JSO |
| t | Y | ES NO | N/A | | | | <u>a</u> | - | ate | ire |
| Exterior shingles | | X | | Transit | е | ~ 500 SF | X | | | |
| Interior of property | | Х | | VAT a | nd associated mastic | ~ 300 SF | Х | | | |
| Interior of property | | X | | Joint c | ompound | ~1 | X | | | |
| | | | 38 | | | | | | | |
| Name of Reg. Waste Hauler NJDEP Waste Hauler ID | | | | | Cubic Yards of Waste | Name of Reg. | | | | |
| Newark Carting, Inc. | | 0450 | | | 30 | Grand Cent | | | n | |
| Address City State | | | | | Data // | 1963 Pen A | rgyl l | Road | | - |
| Address, City, State | ingle XII | 7105 | | Disp. | | City, State | D A 44 | 2072 | | |
| 369 Raymond Blvd., New Completed by (Print or Type) | | | | Signa | 4/2015 | Pen Argyl, I | PA 18 | 00/2 | | |
| Completed by (Print or Type) Title Signs | | | | Man//// | The second second | _ | | | | |
| David Camacho | Ge | eneral N | lanager | 1 | TOVE I TOVE | 08/10/2015 |) | | | |

Check # 88/3

| | | | | | | | | | 4.4 | | | | | |
|--|------------------------------------|---------------------|----------------------|---|-----------------|-----------------------|------------------|--|------------|--------------------------|-------------|--------|--------------|-----------|
| Date of Notification (1) | | Name of CA | RRING O | wner/O | perator 92.4 | APAR | TARENTS | 10 C | 90 1 | 12E | 6-69 ELC | PINE | ivi | |
| Agencies Notified Type Notification | | | Street A | ddress | 0 | 071 | | n. ca | 200 | n si | | | | |
| EPA Initial Amended Amendment # | | - | | te, Zip Cod | | 7-110 | | CION | 12079 | 2000 | 117 | -12 | 20 | 7 |
| X DOL Amendment | - | _ | | SLBY | | 4. 10 | 50 | 2 | | | | | | |
| DOH Emergency (i | ncluding | | Name of | Contact | | | | | 1 | | | | | |
| DCA Cancellation | | | * | MAJ I | SOUTH TO SEE | |) | | _ | | | | _ | |
| Name of Facility Where Abatement is Taking | Place (3 | 3) | FACI | LITT INFO | RIVIATI | ON | Туре | of Facility (| 4) | | | | | |
| FORMER BOY'S CLUB | | | | | | | | School (K-1 | | | | | | |
| Street Address 4/16-426 BROADWAY | 1 | | | | | | X (| | | r than K-12 commercia | | dings, | home | es, |
| City (5) NEWARK | | | | | | | Squar | re Feet | # of | Floors | В | ldg. A | | |
| County (6) | | | County | Code (7) | | | | pt Upo /Pri | nr if hair | 2 ng demolishe | -4/ | 60 | | |
| ESSEX | | | | USE ONLY) | - | | Box | is clus | | DEMO | eu) | | | |
| Name of Monitoring Firm Hired by Building C | wner (8) | | ASCN | No. | | | | tement Cor intracting | | (9) | | | | |
| Street Address | | | | | | | Addres | ss and Ave. | | | | | | |
| City, State, Zip Code | | | | | | | | ip Code | | | | 7000 | | |
| Desirat Managas for Manitarina Firm | roject Manager for Monitoring Firm | | | | | | | ark, N.J. | | | | | | |
| Project Manager for Monitoring Firm | | | Telephor | ne No. | | | none No 262-5 | | | License No 00156 | • | | | |
| Start Date (10) 9/3/15 | Schedul // | ed Con | | Date (11) | | | | A Monitor vironme | ntal Se | ervices Inc |). | | | |
| Occupancy Status During Abatement (Check | Only Or | ne) | | | | 5.50 | Addres | | | | | | | |
| Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm: Other – Describe: | eriod of a al Facility | Abatem y Hours | nent | | | City, S | state, Zi | r Street p Code | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | Hack | kensa | ck, N.J. 0 | 7606 | | | | | |
| ≥3 sf or ≥3 If | П | Renova | tion | | | [2 | 7 | l Cantainm | ant with | Negative Pr | | | | |
| ≥160 sf or ≥260 lf | | Demolit | | | | 7 | Mir | i-Enclosure | 9 | Negative Pi | essu | re | | |
| | | | | | | 1 | | vebag Prod n-Exempted | | Non-Friable | e Pro | cedur | e | |
| | 1 2 | Locati | | | | | | | | | | | ement /pe | t |
| Location of Asbestos-Containing Material (ACM) | | Normal ed Sole | | Asbesto | | scription | | (ACM) | | nount | | ,', | | |
| TO BE ABATED | | intenar todial S | | | hermal | system | s insula | | (S | pecify | Re | Z. | Enca | Enc |
| In Facility (13) | | (12) | | | | cing, VA niscellar | | | SF | or LF) | Removal | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | | | = | | ate | re . |
| THROUGHOUT | | | × | V | AT | 1m | AST | 10 | 12 | ow SF | × | | | |
| THROUGHOUT | | | X | 6 | LAZ | 1wa | Ica | e creine | 3. | 500 LF | × | | | |
| THROUGHOUT | | | XI | / | PIPE | | | | 1, | 400 CF | × | | | |
| | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | 4 20 | IJDEP W lauler ID | 100000000000000000000000000000000000000 | Cubic of Was | Yards ste | | Total Court of the | | red Landfill | 1 | .1.5" | | |
| Newark Carting, Inc. | | 04 | 4509 | | | 60 | | | | l Sanitary | Lar | GT:II | | |
| City, State Newark, N.J. 07105 | | | | | 9/3 | sal Date | N | City, Stat | | 08072 | | | | |
| Completed by R. McDonald | Title Pres | sident | | | S | Signature | 101-1 | 211 | , | Dat | e / | 100 | 15 | |

CK# 249/6

| Date of Notification (1) | 01/15 | | | Nam | e of Buildir | ng Owner/Operato | S. Michael | NU15 2 5 2 | 715 | | | | |
|-------------------------------------|-----------------------|-------------|--|---------------------|----------------|---------------------------------------|-----------------------------------|------------------------|--------|--------|--------|-------------|-----------|
| | 21/15 | | | | | | Marion | | | 117 | | | |
| Agencies Notified EPA DEP | Type Notifi Initial | cation | | Stree | et Address | 40 | 07 Monmoutl | n Ave. | | | N | | |
| DEP DOL | Amenda Amenda | | | City, | State, Zip (| | | | | | | | |
| | ☐ Emerge | ncy (includ | ng | | | Spr | ing Lake, NJ | 07762 | | | | | |
| DOH DCA | justifica Cancella | | | Nam | e of Contac | | | Teler ' | | | | | |
| | | | | | Ric | hard Anderso | on | | | | | | |
| | | | | FA | CILITY IN | ORMATION | | | | | | | |
| Name of Facility Where | | | | | | | Type of Facility | | | | | | |
| Street Address | | Residen | ııaı | | | | School (K-1 | 12) r 8 (Other than | K-12 | , | | | |
| Oli Cot Address | 407 | Monmou | ith A | ve. | | | Other (i.e., | private & comm | nercia | l buil | dings | 5, | |
| City (5) | | | | | | | homes, etc | # of Floors | S | ΙB | ldg. A | Age | |
| | Sp | ring Lak | e, N. | | | | 2000 | 2 | | - | |)+/- | |
| County (6) | nmouth | | | Cou | inty Code (| 7) (STATE | Current Use (F | Prior if being de | molisi | ned) | | | _ |
| Name of Monitoring Firm | | ildina Owne | r | ASCM | l No | Name of Abaten | nent Contractor (| 0) | | _ | | | |
| (0) | MECS | 9 | | , 10011 | | | vens Environ | 77.50 | vice | s It | nc. | | |
| Street Address | | | | | | Street Address | | | 1100 | , 11 | 10. | | - |
| | PO Box | x 341 | | | | | PO I | Box 322 | | | | | |
| City, State, Zip Code | 1 1 | 311.005 | | | | City, State, Zip C | | 277.00- | | | | | |
| | osswicks, | NJ 085 | | | | | Allentow | n, NJ 0850 | | | | |] |
| Project Manager for Mor | isgarber | | | ephone | No. 98-4070 | Telephone No. | 59-9688 | License N | | 140 | 2 | | |
| Start Date (10) | 18gar DC1 | Scheduled | | | | Name of OSHA | | - | U |)49: | 3 | | _ |
| 9/11/15 | | Concadica | 9/18/ | | ate (11) | Name of OSFIA | | rironmental | 1 | | | | |
| Occupancy Status Durin | g Abatement | (Check on | | 10 | | Street Address | | | | | | | - |
| ☐ Facility Closed/Vacate | | | | | e . | | 4 Berk | eley Place | | | | | |
| Abatement Performed | | | lity Hou | irs | | City, State, Zip C | | | | | | | |
| Other - Describe: 8 | | om | | | | | Freehold | i, NJ 07728 | 8 | | | | |
| Scope of Work (Check a | Il that apply) | | | | | ☐ Full Cor | ntainment with Ne | native Pressur | -e | | | | |
| ≥3 sf or ≥3 lf | | | Renova | | | ☐ Mini-End | closure | gative i ressui | | | | | |
| ≥160 sf or ≥260 lf | | | emoliti | on | | | ag Procedure empted (*) and No | on-Friable Prod | cedure | • | | | |
| | | | Locati | | | | , , , , | | | | | ment | |
| Location of | of | | Normalled Sole | | | Description of | f I | | Ĺ | | Тур | е | |
| Asbestos-Containing N TO BE ABAT | |) Ma | intenar Sustodi | ice/ | | os Containing Mat | terial (ACM) | Amount | | | | Ш | |
| IN Facility | | ' | Staff? | 21 | (I.e., | thermal systems in surfacing, VAT, | | (Specify SF or LF) | | Rem | Repair | ncap | encl |
| (13) | | | (12) | | | other miscellaned | ous) | , | | Remova | pair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | × | | _ | | ate | c) |
| Baseme | nt | | × | | The | ermal Pipe Ins | sulation | 80 lf | | × | | | |
| Crawl sp | ace | × | | | Th | ermal Pipe In | sulation | 40 lf | | X | | | |
| | | | | | | | | | _ | | | | |
| | | | | | | | | | | | | | |
| Name of Registered Was | | 20 | 1 1 | JDEP \ lauler ID | 2000 | Cubic Yards of Waste | Name of Regi | stered Landfill | | | | | |
| Stevens Environm | nental Ser | vices, In | <u>. </u> | 182 | 292 | 2 CU | / | GROWS I | Land | fill | | | |
| City, State | A 11 | 377 | | | | Disposal Date | City, State | 1 | | | | | |
| Completed By | Allentow | | | | | 9/18/15, | 71/ | Morrisvil | | A | | | |
| Mahlon E. Ster | vens | Title P | roiec | Man | ager | Signature | 1// | Date | | 3/21 | /15 | | |
| CD 44 | | | . 0 00 | | 2501 | | | | С | 1141 | 110 | | _ |

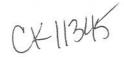
CK 006094

D&S Proj. #: 2015 288

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

AUG 2 5 2015

| | | | | | | | | | . 12. 2 | 20 10 | | | |
|---|------------------|-------------|------------|--|---------|-------------------------------------|----------------|-------------|---------------------|----------|--------|--------|---|
| Date of Notification (1) | Nar | me of Buil | ding Owne | er/Operator (2) | | | | | | | | | |
| 0 1 1 0 1 1 5 | | ASON S. | AVAGE | | | | | | | | | | 000000000000000000000000000000000000000 |
| Agencies Notified Type Notificat | on Stre | et Addres | SS | | | | | | 1 70- | | | | |
| - I Amandad | | 9 HIGH | LAND A | VENUE | | | | | | | | | |
| Amendment #: | City | , State, Z | ip Code | | | | | | | | | | |
| ☑ DOL ☑ Emergency | ₁ | MONTC | LAIR, N | J 07042 | | | | | | | | | |
| DOH (including | | ne of Con | - | | | | | Telepho | ne Numbe | er | | | |
| justification) | | IA SONI 9 | SAVAGE | 7 | | | | | | | | | |
| Cancellation | 11 - | MOON | | 75 1 2 4 4 4 4 2 1 1 1 2 2 2 2 2 2 2 2 2 2 | | | | | | | _ | | |
| | | | FACI | LITY INFORM | ATION | | | | | | | | |
| Name of facility where abatement i | s taking place | e (3) | | | | | Туре | of Facility | (4) ool (K - 12) |) | | | |
| JASON SAVAGE | | | | | | | | = | hapter 8 (0 | | oon K | 10) | |
| Street Address | | | | | | | | | r (Private/C | | | 12) | |
| | | | | | | | | | ./Homes, | etc. | | | |
| 19 HIGHLAND AVENUE | | | | | | | _ Squ | are Feet | # of Floo | ors | Blo | dg. A | ge |
| City (5) | County | (6) | | | | nty Code (7) te use only) | | | | | | 1) | |
| MONTCLAIR | ESSE | × | | | (Sia | te use only) | Cur | rent Use (| Prior if beir | ng dem | olishe | ea) | |
| Name of Monitoring Firm Hired by | | | | ASCM No. | | Name of Abatem | ent Contra | ctor (9) | | | | | |
| . | 3 | 1 -7 | - 1 | /100III 1101 | | D & S REST | | | | | | | |
| Street Address | | | | | _ | Street Address | JICATIO | v, nvc. | | | | | |
| | | | | | | 20 California | Ave. | | | | | | |
| City, State, Zip Code | | | | | - | City, State, Zip Co | BUCMING COLUMN | - | | | 1000 | | |
| | | | | | | Paterson, N. | 07503 | | | | | | |
| Project Manager for Monitoring Firm | | Pho | one Numb | er | - | Telephone Numb | | | License | e Numb | er | | |
| | | | | | | 973-345-80 |)20 | | (| 01169 | | | |
| Start Date (10) | Sched. (| Completio | n Date (11 |) | _ | Name of OSHA | | | | | | | |
| CES AT | | 85 | | | | D & S Resto | ration, In | D | | | | | |
| 08/24/15 Occupancy Status During Abatemer | 09/10/1 | | | | _ | Street Address | - | | | | | | |
| Facility closed/vacated during | | | nent | | | 20 California City, State, Zip C | | | | | _ | | |
| Abatement performed outside | | | | | | City, State, Zip Ci | oue | | | | | | |
| Describe: NORMAL H | OURS | | | | - | Paterson, N. | 1 07503 | | | | | | |
| Scope of Work (check all that apply | | | | | _ | | | ntainment | w/negative | o nroce | uro | | |
| \boxtimes >3 sf or >3 lf | Renovation | | | | | | | closure | winegativ | | uio | | |
| | Demolition | | | | | | | ag proced | | | | | |
| | Is location r | ormallu. | and anlah | | | | ∐ Non-E | kempted (| *) and Non | -friable | Proce | | |
| Location of asbestos-containing | by maintena | | | 1 | on of - | abaataa saataisis | _ | Amount | | е | e | E n | E |
| material (acm) to be | staff(12) | | г— | material (| | sbestos-containin | 9 | (Specify | SF or | m | p a | c a | n c |
| abated in facility (13) | Yes | No | N/A | | | | | LF) | | V | i | p | L |
| BASEMENT | | V | | BOILER IN | ISIII | ATION | 66 | SQ FT | | e | r | | In |
| are abrada tabda t A | | ^ | | | | | | | | | Ħ | Ħ | 一 |
| | | | | | | | | | | Ħ | ī | Ħ | I |
| | | | | | - | | | | | 青 | | F | I |
| | | | | | | | | | | 一 | Ē | Ħ | 盲 |
| Registered Waste Hauler | | Hauler II | D# C | ubic Yards of V | Vaste | Name of Registe | | | | | _ | _ | |
| D & S RESTORATION, INC. | 1350 | | | yd. | | TULLYTOW | N, RESC | URCE I | RECOVE | RY | | | |
| City, State | | | Disposal D | | | City, State | SINT DA | | | | | | |
| PATERSON, NJ 07503 | Title | | 08/25/1 | Signature | | TULLYTOV | VN, PA | | Date | | | | |
| Completed by (Print or Type) BOGDAN JOLDZIC | Title PRESIDE | NT | | Signature | | | | | | 7/ 2015 | 5 | | |
| | | | or achosto | os licensura ev | emnto | d activities | | | 30/17 | | | | |



| Date of Notification (1) | | | Name | of Buildin | g Owner/Operator (2 | 2) | | | | | |
|--|--------------------|---------------------|-------------|--------------|---------------------------------------|----------------------------------|--------------------------|-------------|--------|-------------|-----------|
| 8 /20 / | 15 | | EVI | LLC | | | AU | 6 2 | - - | 1915 | |
| Agencies Notified Type Notific | ation | | Street | Address | | | | | | | |
| ☑ EPA ☐ Initial | | | 61 5 | Sunnyhil | l Road | | | | | | |
| □ DOLWD | | | | State, Zip (| | 1876 | | | | | |
| □ DHSS Amendm | | | | ver, NJ 0 | | | | | | | |
| DCA Emerger (NJAC 5:23-8) justificati | | ng | | of Contac | | | Telephone Numb | oer . | - | | |
| (NSAC 3.23-6) Justinicali | | | | ul Patel | | | relephone Numb | /C1 | | | |
| | | | | | | | 1. | | | | |
| Name of Facility (Allieum Alexandria | D. | (0) | FAC | CILITY IN | IFORMATION | | | | | 200 | |
| Name of Facility Where Abatement is | aking Plac | e (3) | | | | Type of Facility (| 1 6 | | | | |
| Skytop Motel | | | | | | School (K-12 |) 3 (Other than K-12) | c | | | |
| Street Address | | | | | | | rivate and commen | | ildina | S. | |
| 456 US-46 | | | | | | homes, etc.) | | | J | | |
| City (5) | | | | | | Square Feet | # of Floors | Bld | lg. Ag | je | |
| Dover, NJ 07801 | | | | | | 15,000 | 1 | 5 | 9 | | |
| County (6) | | | Cour | nty Code (7 |)(STATE USE ONLY) | Current Use (Pri | or if being demolis | hed) | | | |
| Morris | | | | | | Motel | | | | | |
| Name of Monitoring Firm Hired by Buil | ding Owne | r (8) | ASCM | No. | Name of Abateme | ent Contractor (9) | | | | | |
| The Resident Engineering Ins | pection, I | nc. | NA | | Lamberta visor St | ronmental Sys | | | | | |
| Street Address | | | | | Street Address | - | 100 Tollando TV | | | | |
| 18 Kathy Street | | | | | 550 East Unio | on St. | | | | | |
| City, State, Zip Code | | | | | City, State, Zip Co | | | | | | |
| Kendall Park, NJ 08824 | | | | | West Chester | | | | | | |
| Project Manager for Monitoring Firm | | Tele | ephone | No | Telephone No. | 1,1 A 10002 | License No. | | | | |
| Badar Usmani | | 1000 | | -7228 | 610-701-9000 | 1982 | 00508 | | | | |
| | Scheduled | 353 | | | Name of OSHA N | | 00306 | | | | |
| 7 /13 /15 | | | 1_ / | | AET | ionitor | | | | | |
| Occupancy Status During Abatement | Check only | one) | | | Street Address | | | | | | |
| ☐ Facility Closed/Vacated During Ent | | | | | 28 N. Pennel | Road | | | | | |
| ☐ Abatement Performed Outside of N | ormal Facil | ity Hou | rs - Des | scribe | City, State, Zip Co | ode | | | | | |
| Time of Abatement: 7AMP | M/ <u>3:30</u> PM- | | AM | | Media, PA 19 | | | | | | |
| Scope of Work (Check all that apply) | | | | | 1 | | | | | | |
| | _ | | | | □ Full Conf | tainment with Neg | ative Pressure | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renovat Demoliti | | | ☐ Mini-Enc | | | | | | |
| 24 = 100 31 01 = 200 II | | remonu | OH | | ☐ Glovebag | g Procedure moted (*) and No. | n-Friable Procedur | 'A | | | |
| | | is Loca | tion | | | ptoa () and 110 | ir i nabio i rodedar | | ateme | ant T | VOO |
| Location of | | Norma | | | Description of | ıf | | | | | 1 |
| Asbestos-Containing Material (ACM | /I) Us | sed Sol laintena | ely by | | stos Containing Ma | | Amount | Remova | Repair | inc | Enclosure |
| TO BE ABATED IN Facility | Cu | stodial | Staff? | (i.e | e., thermal systems surfacing, VAT | | (Specify | VOC | air | aps | lost |
| (13) | | (12) | | | other miscellane | ous) | SF or LF) | m | | Encapsulate | ire |
| \$8 (847) | Yes | No No | N/A | | | | | | | O | |
| Motel | | | \boxtimes | VAT/Ma | astic | | 8000 SF | \boxtimes | | | |
| Motel | | | | AC Uni | t Caulk | | 250 LF | | | | |
| Motel | | | \boxtimes | Flashir | ıg | | 776 SF | | | | |
| Restaurant | | | \boxtimes | VAT/Ma | astic | | 2719 SF | | | | |
| Name of Registered Waste Hauler | | 1133 | NJDEP ! | | Cubic Yards of | Name of Regis | tered Landfill | | | | |
| Allstate Power Vac | | | Hauler II | U No. | Waste 90 | Minerva Er | nterprises, LLC | | | | |
| City, State | | | | | Disposal Date | City, State | | | _ | | |
| Rahway, NJ | | | | | TBD \ | Minerva, O | Н | | | | |
| Completed By (Print or Type) | Title | | | | Signature | 1/1/1 | | + | - | | |
| Senya D. Isayeff | VP, O | nerati | ons | | | AVII | Da | | 15 | _ | |
| ASB-41 | ,0 | Polati | -113 | | NO NO | MY | | 8 20 | 11- | Ŀ | |
| MAY 11 | * Do no | ot use t | his form | for asbes | tos licensure exemp | oted activities. | | 1 | | | |

| Restaurant | | | | | | NO. 2011 CHAMPER P. T. | | | | |
|--|---|-----|----|------|------------------------------------|--|-------------|--------|-------------|-----------|
| Restaurant | Asbestos-Containing Material (ACM) TO BE ABATED | YES | NO | N/A | Asbestos-Containing Material (ACM) | | Removal | Repair | Encapsulate | Enclosure |
| Restaurant | Restaurant | | | 12.0 | | 68 SF | | | | |
| Motel Image: Coverage Mastic 4600 LF 4600 LF Image: Coverage Mastic 4600 LF 4600 LF | Restaurant | | | X | Door Caulk | 18 LF | X | | | |
| Motel Image: Coverage Mastic 4600 LF 4600 LF Image: Coverage Mastic 4600 LF 4600 LF | Restaurant | | | X | Flashing | 532 SF | X | | | |
| | Motel | | | | | 4600 LF | X | | | |
| | Motel | | | X | Drywall / Joint Compound | 12,000 | \boxtimes | | | |
| | | | | X | | - Control Cont | X | | | |
| | | | | X | | 3 | X | | | |
| | | | | X | | | X | | | |
| | | | | X | | | X | | | |
| | | | | X | | | X | | | |
| | | | | X | | | X | | | |
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| | | | | X | | | X | | | |
| | | | | X | | | X | | | |
| | | | | X | , | | X | | | |
| | | | | X | 1 | - 19 | X | | | |
| Page 2 Notification 9/20/45 | Page 2. Notification 0/20/45 | | | X | | | X | | | |

Page 2 - Notification - 8/20/15

CK # 249/3

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

| Date of Notification (1) 8/ | 18/15 | | | Na | me of Buildin | ng O | wner/Operator | (2) Rubin | A | UG 25 | | ő | | |
|--|-----------------|-------------|--|--------|--------------------|-------|-------------------------------------|---------------------------------|-----------------------|--------------------------|----------|--------|-------------|-----------|
| Agencies Notified | Type Notific | cation | | St | reet Address | 0 | | 200.000.000.000 | | | | | | _ |
| EPA DEP | Initial Amende | ed | | _ | . 01-1- 7:- | 0 - 1 | | 2 Wakefield | Lane | -5 | | | | |
| ⊠ DOL | Amendn | nent# | 200 | C | y, State, Zip | Code | | cataway, NJ | 08854 | | | | | |
| M DOH □ DCA | justifica | tion) | ng | Na | me of Conta | | | | | none Numb | oer | | | |
| | ☐ Cancella | ation | | _ | | | Staples - R | ealtor | _ | | | | | _ |
| Nome of Equility Where | Λ h ata a at ia | Taldas Dia | (0) | | FACILITY IN | FOR | MATION | - (| 7.1 | | | | | |
| Name of Facility Where | | Residen | 500 | | | | | Type of Facility ☐ School (K-1 | | | | | | |
| Street Address | 32 V | Wakefie: | d La | ne | | | | Subchapter Other (i.e., p | 8 (Other private & | | | dings | , | |
| City (5) | P. | | ** ^/ | | | | | Square Feet | | Floors | В | ldg. A | 2000 | |
| County (6) | Piscat | away, 1 | 4J 08 | | ounty Code (| 77) / | OTATE | 3500 | | 2 | | 85 | +/- | |
| 5000000 | ddlesex | | | | SE ONLY) | (1) (| STATE | Current Use (P | rior it bell | ng aemolis | snea) | | | |
| Name of Monitoring Firm | | | r | AS | CM No. | Na | | ent Contractor (9 | | | | | | _ |
| (8) DB E1 | nvironmer | ntal | | _ | | _ | | ens Environ | mental | Service | es, Ir | ic. | | |
| Street Address | 4 Berkele | v Place | | | | St | reet Address | PO F | 30x 32 | 2 | | | | |
| City, State, Zip Code | | - | io | | | Ci | ty, State, Zip Co | ode | | | | | | = |
| | reehold, N | NJ 0772 | | | | _ | | Allentow | | | | | | |
| Project Manager for Mor | unocore | | | 555 | ne No. 740-8404 | 16 | lephone No. (609) 25 | 9-9688 | Licer | nse Ne . O | 049 | 3 | | |
| Start Date (10) | | Scheduled | - | | | Na | me of OSHA M | | | | 010. | | | _ |
| 8/28/15 | | | 9/4 | | | | | DB Env | ironme | ental | | | | _ |
| Occupancy Status Durin Facility Closed/Vacate | ~ | (2) | .50 | 5 | + | St | reet Address | 4 Berke | elev Pl | ace | | | | |
| Abatement Performed | d Outside of N | lormal Fac | | | | Ci | y, State, Zip Co | | cicy 11 | acc | | | | = |
| Other - Describe: | | m | | | | _ | | Freehold | l, NJ 0' | 7728 | | | | _ |
| Scope of Work (Check a | Ill that apply) | | | | | | ☐ Full Cont | ainment with Ne | gative Pr | essure | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | Renov Demoli | | | | ☐ Mini-Encl | | | | e. | | | |
| | | | Loca | 23.7 | | | | | | | T | | ment | |
| Location | | Us | ed Sol | ely by | | | Description of | | 781 | | _ | Тур | e | |
| Asbestos-Containing N <u>TO BE ABAT</u> | ED ` | | intena Custo | lial | | | Containing Mate mal systems in | | Amo (Spe | 50000000 | D. | _ | Enc | щ |
| IN Facility (13) | | | Staff (12) | | | | irfacing, VAT, of the miscellaneous | | SF or | r LF) | Remova | Repair | Encapsulate | Enclosure |
| | | Yes | No | N | 'A | | | * | | | <u>a</u> | _ | late | J.Ce |
| Baseme | nt | _ × | | 1 | Th | ern | al Pipe Ins | ulation | 110 |) lf | × | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Name of Registered Was | te Hauler | | | NIDE | P Waste | C. | bic Yards | Name of Desi | | - 4611 | | | | |
| Stevens Environn | | vices In | . | Haule | r ID No. | | Waste . | Name of Regi | | | df:11 | | | |
| City, State | ioniai Del | , 1005, III | <u>. </u> | 1 | 8292 | Dis | 2 CU posal Date # | City, Şfate | JUNU | WS Lan | uiill | | | - |
| | Allentow | | | | | _ | 9/4/15, | 1// | Morr | isville, | PA | | | |
| Completed By Mahlon E. Ste | vens | Title F | roie | ct M | anager | | Signature | 1/ | | Date | 8/18 | /15 | | |
| Tradition D. Oto | , 0110 | I — I | 1010 | OF 141 | unugui | _ | 1111 | | | | 0/10 | 111 | | |

ASB-41

MAR 00

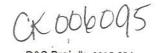
CK#24911

| Date of Notification (1) | /10/15 | | | Name | of Buildin | g Owner/Operator | r (2) ywell Manag | omant Ina | 4 E | | u . | |
|--|-------------------------|------------------|-------------------|----------------------|----------------------|--|-----------------------------------|-----------------------|----------|--------|-------------|-----------|
| Agencies Notified | 18/15 Type Notification | | | Straat | Address | Mone | ywen Manag | ement, inc | | | | _ |
| EPA | Initial | | | Street | Address | | 5014 16th St | reet | | | | |
| | ☐ Amended | | ŀ | City, S | State, Zip C | Code | | | | | | _ |
| ⊠ DOL | Amendment # | | - | | | Br | ooklyn, NY | | | | | _ |
| DOH DCA | justification) | | | Name | of Contac | | | Telephone Numb | or | | | |
| | Caricellation | | | | | Rachel Kay | | | | | _ | |
| | | | | FAC | CILITY INF | ORMATION | | | | | | |
| Name of Facility Where | | g Place denti | | | | | Type of Facility | | | | | |
| Street Address | Resi | uenn | aı | | | | School (K-1 | 8 (Other than K-12 |) | | | |
| Otteet Address | 59 Delawa | revie | w A | ve. | | | Other (i.e., phomes, etc. | orivate & commercia | al build | dings, | | |
| City (5) | | | | | | | Square Feet | # of Floors | BI | dg. A | ge | |
| | Trent | on, l | NJ | | | | 2400 | 2 | | 75 | +/- | |
| County (6) | Mercer | | | | nty Code (* ONLY) | 7) (STATE | Current Use (P | rior if being demolis | hed) | | | |
| Name of Monitoring Firm | | Owner | = | ASCM | No. | Name of Abaten | ment Contractor (| 9) | | | | _ |
| (8) DB E | nvironmental | -200000000000 | | | | Ster | vens Environ | mental Service | s, Ir | c. | | |
| Street Address | | | | | | Street Address | | | | | | |
| - | 4 Berkeley Pl | ace | | | | | | 322 Box 322 | | | | _ |
| City, State, Zip Code | Freehold, NJ 0 | 7728 | | | | City, State, Zip C | | n, NJ 08501 | | | | |
| Project Manager for Mo | | 1120 | Tele | phone | No. | Telephone No. | 7 THEITO W | License No. | | | | _ |
| from a construction of the contract of the con | Bunocore | | 10.255557 | | 0-8404 | 141000 - 15100 - 15100 - 15100 - 15100 - 15100 - 15100 - 15100 - 15100 - 15100 - 15100 - 15100 - 15100 - 15100 | 59-9688 | | 0493 | 3 | | |
| Start Date (10) | Schei | duled C | omple | tion Da | te (11) | Name of OSHA | Monitor | | | | | |
| 8/27/15 | | | 9/4/1 | 5 | | | DB Env | rironmental | | | | |
| Occupancy Status Durin | | - | | | | Street Address | 4 Doule | alari Diaga | | | | |
| Facility Closed/Vaca | | | | | | City, State, Zip C | | eley Place | | | _ | _ |
| Other - Describe: | | i i doiii | .y 110u | | | City, State, Zip C | | i, NJ 07728 | | | | _ |
| Scope of Work (Check | all that apply) | | | | | | ntainment with Ne | antive Pressure | | | | |
| ∑ ≥3 sf or ≥3 lf | | | enovat | | | Mini-En | closure | gative Flessure | | | | |
| ≥160 sf or ≥260 lf | | ☐ De | emolitic | n | | Gloveb | ag Procedure remoted (*) and N | on-Friable Procedur | e | | | |
| | | | ocatio | | | 11011 22 | iompies () and i | | _ | bater | | |
| Location | of | | ormally Solel | | | Description o | .f | | | Тур | е | |
| Asbestos-Containing | Material (ACM) | Maii | ntenan | ce/ | | tos Containing Ma | terial (ACM) | Amount | | | ш | |
| TO BE ABA | | 833593 | ustodia Staff? | 11 | (ı.e., | thermal systems surfacing, VAT | | (Specify SF or LF) | Remova | Repair | псар | indi |
| (13) | | | (12) | | | other miscellane | ous) | 27.2 | loval | oair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | | | te | (D |
| Baseme | ent | × | | | Th | ermal Pipe In | sulation | 165 lf | × | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Name of Registered Wa | | - | 1 | IJDEP V lauler ID | | Cubic Yards of Waste | Name of Reg | istered Landfill | | | | |
| Stevens Environi | mental Service | s, Inc | <u>. .</u> | | 92 | 2 CU | -/ | GROWS Lan | dfill | | | |
| City, State | Allentown, N | JI | | | | Disposal Date 9/4/15 | City, State | Morrisville, | DΛ | | | |
| Completed By | Title | | - | | | Signature// | AN V | Date | IA | | | - |
| Mahlon E. Ste | 3,000 | | ojec | Man | ager | | | | 8/18 | /15 | | _ |

Q# 2860

| | | | | | 100 - | | | |
|--|--|---------------------------|--|--------------------|-------------------|------------|--------|--------------------------|
| Date of Notification (1) | | | Owner / Operato | r (2) | | | | |
| Agencies Notified Type Notification | | acys Inc. reet Address | | | 100 | | 5 | |
| EPA Type Notification | | West Sevent | h Stroot | | | | | |
| ☐ DEP ☐ Initial | | ty, State & Zip | | | | <u> </u> | | |
| DOL Amended | | incinnati, OH | | | | | | |
| □ DOH □ Emergency | | ame of Contact | | | 17 | Telephon | e Nun | nber |
| DCA Cancellatio | | a Wenrich | | | le* | Сторитопи | | |
| | | FACILITY IN | FORMATION | | | | | |
| Name of Facility Where Abatement is 1 | | FACILITY IN | FORMATION | ib / // | | | | |
| Macys Store | raking Place (3) | | Type of Facil School (| | | | | |
| Street Address | | | | oter 8 (Other th | an K-12\ | | | |
| 495 Prospect Ave | | | | | mmercial building | as home | s etc | ١ |
| Tooped: Ave | | | Square Feet | | | Bldg. Age | | 1 |
| City (5) Coun | ty (6) Cour | nty Code (7) | - Oquale i cet | W 01116 | ,013 | iag. / igc | | |
| West Orange Esse | 2 2 2 | ny oodo (7) | Current Lise | (Prior if being o | demolished) | | | |
| vvest Orange Lase | | | Retail | (i fior ii being t | demonstreu) | | | |
| Name of Monitoring Firm Hired by Build | ting Owner (8) | ASCM No | The second secon | tement Contra | otor (0) | | | |
| Pennoni Associates, Inc. | ing Owner (6) | ASCIVITION | | ironmental, | | | | |
| Street Address | | | Street Address | | nio. | | 1417 | |
| 515 Grove St. | | | 1123 Beave | | | | | |
| City, State & Zip Code | | | City, State & | | | | | |
| Haddon Heights, NJ 08035 | | | Bristol, PA | | | | | |
| Project Manager for Monitoring Firm | Telepho | one Number | Telephone N | | License N | umber | | |
| Alan Lloyd | 856-65 | 6-2875 | (215)788-60 | 40 | 00509 | | | |
| | uled Completion | | Name of OSH | | | | | |
| 9/4/15 | 10/16/ | | | ironmental l | nc. | | | |
| Occupancy Status During Abatement (| | | Street Addres | | | | | |
| Facility Closed/Vacated During | | | 1123 Beave | | | | | |
| Abatement Performed Outside Describe: | of Normal Hours | s – 7-3:30 | City, State & | 3 | | | | |
| Facility Occupied During Abate | mont | | Bristol, PA | 19007 | | | | |
| Scope of Work (Check all that apply) | HICH | | | | | | | |
| Scope of Work (Check all that apply) | | | | Full Co | ntainment with N | egative P | ressu | ıre |
| ≥3 sf or ≥3 lf | | Renovation | | Mini-En | | -9 | | |
| ≥160 sf ≥260 lf | Name of the last o | Demolition | 94 | | Bag Procedures | | | |
| | _ | | | | empted and Non | -Friable F | Proce | dure |
| Location of | ls Lo | cation | Description | | Amount | Abate | ement | Туре |
| Asbestos-Containing | | Ily Used | Asbestos-Con | | (Specify | | | |
| Material (ACM) TO BE ABATED | | ely by nance or | Material (A | | SF or LF) | 고 | _ | Enclosure Encapsulate |
| in Facility | | ial Staff? | (i.e., thermal sy insulation, surface | | | Remova | Repair | Enclosure |
| (13) | | 12) | or other miscella | | | oval | air i | sure |
| * * | Yes 1 | No N/A | | 0.50 | | | 1 | מו " |
| Throughout | | | Floor Ti | le | 42,667 SF | | | |
| Throughout | | | Mastic | | 42,667 SF | | | |
| | | | | | | THI | TIT | ĦΠ |
| | | | | | | | TIT | TIT |
| | | | | | | | | ĪĪ |
| | | FIFI | | | | | TIT | ĪĦ |
| Name of Registered Waste Hauler | | NJDEP Waste | Cubic Yards | Name of Reg | istered Landfill | | | |
| | | Hauler ID No. | of Waste | | | | | |
| Service Transport Inc. | | 20990 | 180 Cu Yd | Minerva La | ndfill | | | |
| City, State | | <i>(</i> | Disposal Date | City, State | ******* | 1 | | |
| New Castle, Delaware | | | 10/16/15 | Waynesbur | g, OH | | | |
| Completed By (Print or Type) | | Title | Signature | 4 | | Date | | |
| Gino Pizzigoni | | Project | 100 · D | zaone | 1 7 | 8/21/ | 15 | |
| | | Manager | Smol 13 | zaoac | 1-92 | | | |

GI 15221



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

| | | | | | | | | 1.00 | 11.5 | | | | |
|-----------------------------------|-------------------------|-----------------------|--|--------------------------|--|---------------------------------------|------------|---|--------------------------|----------|--------|--------|--|
| Date of Notification | 1 (1) | Name of B | uilding Owne | er/Operator (2) | | | | | | | | | |
| 0 8 /1 9 | 1/1/5 | edna sar | filippo | | | | | 2.00 | | | | | |
| Agencies Notified | Type Notification | Street Add | 4.4 | | | | | | | | | | |
| ☐ EPA | Initial Amended | 706 Hil | crest Road | | | | | | | | | | |
| ☐ DEP | Amendment #: | | | 7 | | | | | | | | | |
| DOL | Emergency | | WOOD, N | J 07450 | | | | | | | | | |
| □ DOH | (including | Name of C | The second secon | | | | | Telepho | ne Numbe | r | | | |
| ☐ DCA | justification) | adna ar | nfilinno | | | | | | | | | | |
| | Cancellation | edila sa | infilippo | 137-72376- UN-SULLAWOODS | | | | | | | | | |
| | | | FACI | LITY INFORM | ATION | | | | | | | | |
| Name of facility wi | here abatement is | taking place (3) | | | | | | Type of Facility | (4) ol (K - 12) | | | | |
| adna canfilinno | | | | | | | | = | | | oon V | 10) | |
| edna sanfilippo Street Address |) E// | | | | | | | ☐ Subci | napter 8 (0 Private/0 | | | 12) | |
| Street Address | | | | | | 3 | | Bldgs | ./Homes, e | | | | |
| 706 Hillcrest R | Road, | | | | | | | Square Feet | # of Floo | rs | Ble | dg. Ag | ge |
| City (5) | | County (6) | | | | ty Code (7) | <u> </u> . | | | | | | |
| PERCENTAGO | 5 | BERGEN | | | (State | e use only) | Н | Current Use (F | Prior if beir | ng dem | olishe | ed) | |
| Name of Monitorin | | | | ASCM No. | | Name of Abatemer | nt Co | ontractor (9) | | | _ | | |
| ranio oi mornioni | 19 1 1111 1 111 00 0) 1 | olag. Olimor (o) | 1 | 7100m 110. | | D & S RESTO | | | | | | | |
| Street Address | | | | | - | Street Address | 10/11 | 11011, 1110. | | | | | |
| Officer Address | | | | | | 20 California | Ave. | | | | | | |
| City, State, Zip Coo | de | | | | | City, State, Zip Cod | | | | | | | |
| | | | | | | Paterson, NJ (| 0750 |)3 | | | | | |
| Project Manager fo | r Monitoring Firm | | Phone Numb | er | | Telephone Number | | | License | | er | | |
| | | 1 | | | | 973-345-802 | | | |)1169 | | | |
| Start Date (10) | | Sched. Comple | tion Date (1 | 1) | - | Name of OSHA Mo | | | | | | | |
| 08/20/15 | | 08/28/15 | | | | D & S Restora | ation | i, Inc. | | | | | |
| Occupancy Status | During Abatemen | | | - The sale - | | 20 California | Λ τιατ | au e | | | | | |
| | | entire period of aba | tement. | | 1 | City, State, Zip Coo | | iuc | | | | - | |
| Abatement p | | of normal facility ho | | | | July, Julie, _p | | | | | | | |
| Describe: Other-Descr | ibe: NORMAL H | OURS | | | _ | Paterson, NJ | 0750 |)3 | | | | | |
| Scope of Work (cl | | | | | | | Fu | II Containment | w/negative | e press | ure | | |
| >3 sf or >3 lf | | Renovation | | | | Ī | _ | ini-enclosure | | | | | |
| ≥160 sf or ≥2 | 260 If \Box | Demolition | | | | <u> </u> | | ovebag proced on-Exempted (' | | -friable | nroc | edure | 1 |
| | | Is location normal | v used solely | / | | | 140 | T Exchipted (| y and reon | R | R | E | T |
| Location of asbestos-co | ntaining | by maintenance/c | | 1 | ion of as | sbestos-containing | | Amount | | e m | e p | n | E n |
| material (acr abated in fac | | staff(12) | | material | | · · · · · · · · · · · · · · · · · · · | | (Specify LF) | SF or | 0 | a | a | C L |
| abated in rac | Cility (13) | Yes No | N/A | | | | | | | v e | l i | р | |
| BASEMENT | | X | | PIPE INSU | JLATI | ON | | 29 l ft | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| - | | | | | | | | | | | | | |
| Registered Waste | | NJDEP Haule | TO THE PERSON OF | Cubic Yards of | Waste | Name of Register TULLYTOW | | | ECOME | ρV | | | |
| D & S RESTOR | CATION, INC. | 13506 | Disposal [| l yd. Date | The state of the s | City, State | N, K | ESOURCE R | ECO VE | IV I | | | Distance of the last of the la |
| PATERSON, N | NJ 07503 | | 08/21/1 | | | TULLYTOW | N, F | PA | | | | | |
| Completed by (Prin | | Title | -1 | Signature | | | | | Date | | | | |
| BOGDAN JOL | DZIC | PRESIDENT | | | | | | | 08/1 | 9/2015 | 5 | | |
| ASB-41 | | Do not use this for | m for asbest | os licensure e | xempte | d activities. | | Marie III and American III and a second | | | | | |

Aug 19 2015 03:27pm

| 101 P 78 1 1 7 7 | _=_ | k1 .10 | State | The state of the state of | A 1 | | 53 | | | | | |
|--|-------------------------------|----------------------|----------------|---|--|-----------------------|----------------------------------|-----------------------------|----------|-----------|-----------|--------------|
| DES Brot de pars par | | | ation of Ast | | Abatement and 12:120) | | | | | | | |
| D&S Proj. #: 2015-294 | _ | (t a) o a c | un to table | 0.00 | | Г | AFF | PROVED | | _ | i | |
| | I I Simon of F | to ettallin di Onomo | -10 | delah | | 1 | J-Dent of Heal | th & Conine | Ser | visas | | - |
| Dute of Notification (1) | | | r/Operator (2) | | | 1. | Taul C | MANUEL | 4 | 2 25 | 10 | |
| Agencies Notified Type Notification | edna sar | nfilippo | | - | , | - | Date: ULIA | | 4 1 | q P | FILM | _ |
| ☐ EPA ☐ Initial | 1100000,100 | | | | | 1 | Jate: 9 LT | _Time:_ | - | | | |
| ☐ DEP ☐ Amended | 7 | Icrest Road | | THE RESERVE | <u> </u> | 1 | | | - | | | - |
| DOL Amendment #: | - | , Zip Code | Y 0# 1.70 | | | | | | | | | |
| DOH (Including | Name of C | ewood, N. | J 07450 | | - Wide | - | Telephone | Number | | | | CHANGEL, |
| justification) | | | | | | | 1 | | | | | |
| ☐ DCA ☐ Cancellation | edna s | anfilippo | | *** | 1 | - | | | | | M(a) | _ |
| | | FACII | LITY INFORM | ATION | | | 10.000 | | | | | |
| Name of facility where abatement is | taking place (d) | | | CONTROL OF THE PERSON NAMED IN COLUMN 1 | | T | pe of Facility (4 | (K - 12) | 0.00 | | | |
| edna sanfilippo | 20 | | | 6 | | | - | (N - 12) ptar 8 (Olhe | ar the | nn W | 101 | |
| Street Address | | day until 6 | | | - Value - I | - | | pter & (Othe Private/Com | | | (2) | |
| | | | | | i | | Bldgs./ | lomes, etc. | | | | |
| 706 Hillcrest Road, | | | | | | = 5 | quare Feet | of Floors | | Bld | g. Ag | ie |
| City (5) | County (6) | | | | ty Code (7) | - | Current Use (Pr | or if halpa c | ame | licha | 1) | - |
| RIDGEWOOD. | BERGEN | | | forate | , usu only | 11, | Julieni Ose (Fi | or it postigle | 10) (1) | anon to | ^/ | |
| Name of Monitoring Firm Hired by E | - and | | ASCM No. | 11 | Vame of Abatem | ent Con | tractor (9) | | | 111-1-1-1 | | The state of |
| | | ŀ | | . | D & S RESTO | RATI | ON, INC. | | | | | |
| Street Address | | | | - 5 | Street Address | | | | 7.41 | | | - |
| | | · · | | | 20 California | | | | - | | | |
| City, State, Zip Code | | | | | ity, State, Zip Co | | | | | | 200 | |
| Francisco Valley Francisco | | Phone Number | | | Paterson, NJ | | | License Ni | IPO DE | à P | LANGE CO. | |
| Project Manager for Monitoring Firm | | Prons Mund | ar . | - 11' | 973-345-80 | | | 011 | | -1 - | | |
| State Control | School, Comple | han Data (11 | | <u> </u> | Name of OSHA N | ionitor | | | | | | |
| Start Date (10) | | Stight Date () | ł | | D & S Restor | ation, | Inc. | | | | | |
| 08/20/15 | 08/28/15 | | | [| Street Address | | | %.s. ======= | | | | |
| Occupancy Status During Abatement Pacility closed/vacated during | - 21 (S7) (S) | rfement | | | 20 California | TO THE REAL PROPERTY. | 16 | | | - | | |
| Abatement performed outside | | | | 1.1 | City, State, ZIp Co | 108 | | | | | | |
| Describe: NORMAL H | OURS | - | | -11 | Paterson, NJ | 07503 | 3 | | 60 | | | |
| Scope of Work (check all that apply | | | | | | | Containment w | /negative o | essi | TLE | | |
| MENTS. | Renovation | | | | | ☐ Min | i-anclosuré | N | | | | |
| □ ≥160 sf or ≥260 lf | Demolition | | | | | | vebag procedur n-Exempted (*) | | ahla | ntocc | duna | v. |
| Location of | Is location normal | ly used solely | 1 | | | 1 1401 | t-Examples () | 1 | R | A | E | T |
| asbestos-containing | by maintenance/c staff(12) | ustodial | | | nintatnoo-eoteed | 3 | Amount | | m | 8 | h | E n |
| material (acm) to be abated in facility (13) | Yes No | N/A | material | (ACM) | | | (Specify S | | o v | B | a | C |
| | 168 140 | IWA | | | | | | | e | į. | р | |
| BASEMENT | | | PIPE INSU | JLATIC | MC | | 291ft | | X | ᆜ | | 쁜 |
| | | | | -0 | | | | | 닉 | Ц. | ᆜ | ዙ |
| | | | | | | | / | | 4 | 무 | 님 | H |
| | | - | | | 51189 | - | | | = | 누 | homi | += |
| Registered Waste Hauler | NUDEP Haul | er ID# C | ubic Yards of | Waste | Nume of Registe | ered La | ndfill | | | | | 1- |
| D&S RESTORATION, INC. | 13506 | | yd. | | TULLYTOW | | | COVERY | <u>;</u> | | | |
| City, State | | Disposal D | | | City, State | | | III. | | | | |
| PATERSON, NJ 07503 Completed by (Print or Type) | Title | 08/21/1 | Signature | | TULLYTOV | VN, P | A . | Date | الارتان | | | - |
| BOGDAN JOLDZIC | PRESIDENT | | | * | | | | 08/19/2 | 015 | ī | | |
| The state of the s | | | Luciania | - | Made and the Colonian of the C | - | | | | - | - | |

| Date of Notification (1) | | | | Name | of Building | Owner/Operator | (2) | 7:15 | A - | - | | |
|---|-------------|------------------|--------|-------------------|--------------|--------------------------------------|--------------------|------------------|-------------|---------|-------------|-----------|
| 8/21/ | 15 | | | Dip | esh Pate | 1 - | / Jol | #1508-2011 | Chl | c. #4(|)45 | |
| Agencies Notified Type Notifica | ation | | | Street | Address | | | | | | | |
| ☑ EPA ☑ Initial | | | | 110 | Davidso | n Avenue | | | | | | |
| ☑ DOLWD ☐ Amended | 5 | | | City, S | State, Zip C | ode | | 1 | | | | - |
| ☑ DHSS Amendm ☐ DCA ☐ Emergen | 0.77 | ding | | Sor | nerset, N | J 08873 | | | | | | |
| (NJAC 5:23-8) justification | | ung | Ì | Name | of Contac | t | | Telephone No | umber | | | |
| ☐ Cancellate | tion | | | Ern | ie Gando | olfo | | | | | | |
| | | | | FAG | CILITY IN | FORMATION | | | | | | |
| Name of Facility Where Abatement is 7 | Taking Pl | lace (3 |) | | | | Type of Facility | 2.0 | | | | |
| Somerset/Bridgewater Hotel | | | | 0 | | | School (K-12 | | 12\ | | | |
| Street Address | | | | | | | Other (i.e., p | | | uilding | ıs, | |
| 110 Davidson Avenue | | | | | | | homes, etc.) | | | | 2017 | |
| City (5) | | | | | | | Square Feet | # of Floors | В | dg. A | ge | |
| Somerset | | | | | | | 21,000 | 3 | | 37 | | |
| County (6) | | | | Cour | ity Code (7 |)(STATE USE ONLY) | Current Use (Pr | ior if being dem | olished) | | | |
| Somerset | | | | | | | Vacant | | | | | |
| Name of Monitoring Firm Hired by Build | ding Owr | ner (8) | , | ASCM | No. | Name of Abatem | ent Contractor (9) | | | | | |
| Horizon Environmental | | | | | | Asbestos an | d Mold Service | es, Corp. | | | | |
| Street Address | | | | | | Street Address | | | | | | |
| PO Box 316 | | | | | | 3859 Sylon E | Boulevard | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip C | ode | | | | | |
| Thorofare, NJ 08086 | | | | | | Hainesport, | NJ 08036 | | | | | |
| Project Manager for Monitoring Firm | | 17 | Tele | phone | No. | Telephone No. | | License No. | | | | |
| Dave Flanigan | | | 85 | 6-848 | -0800 | 609-702-0400 |) | 00862 | | | | |
| | Schedule | d Con | plet | tion Da | te (11) | Name of OSHA N | Monitor | | | | | |
| 9 / 3 / 15 | 9 | _ / _ | 30 | _ / _ | 15 | EMSL Analyt | tical, Inc. | | | | | |
| Occupancy Status During Abatement (| Check or | nly one |) | | | Street Address | | | | | | |
| ☐ Facility Closed/Vacated During Entite | | | | | | 200 U.S. Rou | ite 130 North | | | | | |
| Abatement Performed Outside of No | ormal Fa | cility H | lour | s - Des | cribe | City, State, Zip C | ode | | | | | \neg |
| Time of Abatement:AM | PM/_ | | ²M- | | AM | Cinnaminsor | n, NJ 08077 | | | | | |
| Scope of Work (Check all that apply) | | | | | | П г. II О | 1-1 | : B | | | | |
| ≥3 sf or ≥3 lf | | Reno | vatio | on | | ☐ Mini-End | tainment with Neg | gative Pressure | | | | |
| ≥160 sf or ≥260 lf | \boxtimes | Demo | olitio | n | | ☐ Gloveba | g Procedure | | | | | |
| | | | | | | ⊠ Non-Exe | empted (*) and No | n-Friable Proce | dure | | | |
| Location of | | ls Lo | | 30000-0 | | Description | | | At | atem | ent T | уре |
| Asbestos-Containing Material (ACM | 1) | Used S | Sole | ly by | Asbe | Description of stos Containing Ma | | Amount | Re | Repair | Ē | E |
| TO BE ABATED | | Mainte Custod | | | | ., thermal systems | insulation, | (Specify | Removal | oair | caps | Enclosure |
| IN Facility (13) | | | 12) | Juli : | | surfacing, VAT other miscellane | | SF or LF) | <u>a</u> | | Encapsulate | ure |
| | Y | es l | No | N/A | | other micoonarie | ,000) | | | | te | |
| Phase 1 - 66 Rooms on 3 Floors | | | | \boxtimes | Transit | 9 | | 2,700 SF | | | | |
| Phase 2 - 3 Buildings Date: TBD | | | | \boxtimes | Roofing | 1 | - | 20,200 SF | | | | |
| Phase 2 - 147 Rooms Dates: TBD | | | | \boxtimes | Transit | e Panels | | 3,475 SF | \boxtimes | | | |
| Phase 3 - Bal of Rooms Dates: T | BD [|] [| | \boxtimes | Transie | Panels | | 13,275 SF | | | | |
| Name of Registered Waste Hauler | | | 37.7 | JDEP V | | Cubic Yards of | Name of Regis | tered Landfill | | - | | |
| Freehold Cartage, Inc. | | | -36 | auler II 02265 | | Waste 5 | GROWS La | andfill | | | | |
| City, State | | | | | | Disposal Date | City, State | | | | | |
| Freehold, NJ | | | | | | 9/30/15 | Morrisville | , PA 19067 | | | | |
| Completed By (Print or Type) | Title | | | | | Signature / | | | Date | | | \neg |
| Kimberly A. Trumbetti | Offic | e Co | ord | inator | | da V | _ | | 8-6 | 11-1 | 5 | |

ASB-41 MAY 11

| Date of Notification (1) | | | | | Name | of Building | g Owner/Operator (2 | 2) | | | | | | |
|--|-----------------|--------|---------|----------------|-----------------|---|---------------------------------------|---|------------------|-----------|-------------|--------|-------------|-----------|
| 8/ | 20 / | 15 | | | Ms. | Jaquelir | ne Doeler | / Jo | b #1508-20 | 123 2 | Ch | k. #4 | 049 | |
| Agencies Notified | Type Notific | ation | | | Street | Address | | | | | | | | |
| ⊠ EPA | | | | | 162 | Hillside | Avenue | | | 3 | | | | |
| ⊠ DOLWD | Amended | | | | City, S | State, Zip C | Code | | | | | | | |
| ☐ DCA | Amendm Emergen | _ | | | Sou | th River | , NJ 08882 | | | | | | | |
| (NJAC 5:23-8) | justificati | | Sidding | , | Name | of Contac | t | | Telephone N | lumber | | | | |
| 1. The contract of the contrac | ☐ Cancella | tion | | | Jaq | ueline D | oeler | | 21 22 | | | | | |
| | | | | | FAC | CILITY IN | IFORMATION | | | | | | | |
| Name of Facility Where A | Abatement is | Taking | Place | (3) | 201-22-076 | T-80-70-71-71-71-71-71-71-71-71-71-71-71-71-71- | | Type of Facility | (4) | | | | | 10-4-70- |
| Residential Proper | ty | | | | | | | ☐ School (K-12 | | | | | | |
| Street Address | | | | | | | - | ☐ Subchapter 8 ☐ Other (i.e., p | | | lhu | ildina | ^ | |
| 162 Hillside Avenue | е | | | | | | | homes, etc.) | | IIIIeicia | Du | numg | 5, | |
| City (5) | | | | | 70.7 | | | Square Feet | # of Floors | | Blo | ig. A | ge | |
| South River | | | | | | | | 4000 | 3 | | | 1920 | | |
| County (6) | | | | | Coun | nty Code (7 | 7)(STATE USE ONLY) | Current Use (Pr | ior if being den | nolishe | d) | | | |
| Middlesex | | | | | | Ø W | | Residential | - 5 | | | | | |
| Name of Monitoring Firm | Hired by Buil | ding C | wner | (8) | ASCM | No. | Name of Abateme | ent Contractor (9) | 77 6 32 63 | | | | | |
| Horizon Environme | ental | | | | | | Asbestos an | d Mold Service | s, Corp. | | | | | |
| Street Address | | | | | | | Street Address | | | | | | | |
| PO Box 316 | | | | | | | 3859 Sylon B | oulevard | | | | | | |
| City, State, Zip Code | | | - 3 | | | | City, State, Zip Co | ode | | - | 3-5-75 | | | |
| Thorofare, NJ 0808 | 6 | | | | | | Hainesport, N | NJ 08036 | | | | | | |
| Project Manager for Mon | itoring Firm | | | Tele | phone | No. | Telephone No. | #8 | License No | D. | | 0 | | |
| Dave Flanigatn | | | | 8 | 56-848 | -0800 | 609-702-0400 | 1 | 00862 | | | | | |
| Start Date (10) | | Sched | uled C | omple | tion Da | te (11) | Name of OSHA N | lonitor | | | | | | |
| _8 / _31 / | _15_ | { | 9 / | 2 | / | 15 | EMSL Analyt | ical, Inc. | | | | | | |
| Occupancy Status During | Abatement (| Check | only | one) | | | Street Address | | | | | | | |
| ☐ Facility Closed/Vacate | | | | | | | 200 U.S. Rou | te 130 North | | | | | | |
| Abatement Performed | | | | | | | City, State, Zip Co | ode | | | | | | |
| Time of Abatement: _ | AM | PN | Λ/ | PM- | | AM | Cinnaminsor | n, NJ 08077 | | | | | | |
| Scope of Work (Check al | I that apply) | | | | | | | Section (I) and a section (I) the section (I) | | | 7 | | | |
| ☐ >3 sf or >3 lf | | | M Pa | novat | ion | | ⊠ □ Mini-End | Neg | gative Pressure | e End | .10. | sur. | 2 | |
| ≥160 sf or ≥260 lf | | | | molitic | | | | g Procedure | | | | | | |
| | | | | | | | | mpted (*) and No | n-Friable Proc | edure | | | | |
| | 22 | | 10000 | Loca: Norma | | | | | | | Aba | atem | ent T | уре |
| Location Asbestos-Containing | | /I) | | ed Sole | | Ashe | Description of estos Containing Ma | | Amount | | Re | Re | En | E |
| TO BE ABA | | , | | intena | 30 6 30 70 70 6 | | e., thermal systems | | (Specify | | Removal | Repair | cap | Enclosure |
| IN Facili (13) | ty | | Cus | (12) | Staff? | | surfacing, VAT | | SF or LF |) | /al | | Encapsulate | ure |
| (13) | | | Yes | No | N/A | | other miscellane | ous) | | | | | ite | |
| Basement | | | | П | | Elear T | ile & Mastic | | 425 SF | | | | | |
| Dasement | | | | | +=- | FIOOF | THE & WIASTIC | | 425 SF | | \boxtimes | | Ш | Ш |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | П | | Ī | | -1-11-1 | | | | \neg | | | |
| Name of Registered Was | te Hauler | | | | JDEP \ | | Cubic Yards of | Name of Regis | tered I andfill | | | | | |
| Freehold Cartage, I | | | | 100 | lauler II | O No. | Waste | GROWS L | | | | | | |
| City, State | | | | | 02265 | 5 | 5 Disposal Date | City, State | | | _ | | | |
| Freehold, NJ | | | | | | | 9/3/15 | | , PA 19067 | | | | | |
| Completed By (Print or T | ma) | Title | | | | | | MOLLISVIIIE | , FA 1300/ | 15. | | | | |
| Kimberly A. Trumbe | 120 J. (f) | | | 2005 | dinator | | Signature | N_= 000 | | Date | -2 | 0-1 | = | |
| 0.000 to -2.000 | | | ince (| COOR | aniatol | | PLV | | | Ď | n | v-1 | J | |
| ASB-41 MAY 11 | | * 1 | Do not | use th | nis form | for asbes | tos licensure exemp | oted activities | | | | | | |

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

Ch # 300

| Date of Notification (1) | | | | Building O | | perator (2) | | | | | | | |
|---|--------------|--------------------|------------------------|---------------------|---------|---|---|-------------|---------------------------|----------|--------|-------------|-----------|
| 8/19/2015 | | | | Property | / | | | | n en 1935 | | | | |
| Agencies Notified Type Notification | | 1 3 | treet Ade 596 Me | dress yersville | Rd | | | AUb | Z 5 ZJV | J | | | |
| EPA Initial Amended Amendment # | | 1 323 | ity, State Sillette | e, Zip Code NJ | е | | | | 7 | | | | |
| ☐ DOH Emergency (i | ncluding | N | lame of | Contact | | | | Tele | phone Num | ber | | | |
| DCA Cancellation | | J | lorge F | onseca | | | | | | | | | |
| | D) (8) | | FACIL | ITY INFO | RMATIC | | ype of Facility (4 | () | | | | | |
| Name of Facility Where Abatement is Taking Private Property | Place (3) | | | | | | School (K-1 | | | | | | |
| Street Address | | | | | | | Subchapter | 8 (Othe | er than K-12 |) | | | |
| 596 Meyersville Rd | | | | | | 5 | Other (i.e. p | rivate & | k commercia | ıl build | ings, | nome | s, |
| City (5) | | | | | | | quare Feet | 0.5.5 | Floors | | dg. A | ge | |
| Gillette NJ | | | | 1 (7) | | | 000 | 1 | na domolich | | 50 | | |
| County (6) Morris County | | | County C STATE U | ode (/) SE ONLY) | | _ | Current Use (Price | or ii bei | ng demonsh | euj | | | |
| Name of Monitoring Firm Hired by Building C | Owner (8) | | ASCM | No. | | Name of | Abatement Con | tractor | (9) | | | | |
| N/A | (-) | | N/A | | | Dinago | Environmer | nt LLC | ; | | | | |
| Street Address | | | | | | Street A | | | | | | | |
| N/A | | | | | | | fayette St | | | | | | |
| City, State, Zip Code | | | | | | | te, Zip Code k NJ 07015 | | | | | | |
| N/A | | - 17 | Γelephon | o No | | Telepho | | | License N | ο. | | | |
| Project Manager for Monitoring Firm N/A | | | N/A | E 140. | | | 91-0877 | | 01240 | | | | |
| Start Date (10) | Schedule | d Com | pletion D | Date (11) | | | OSHA Monitor | | 1.80 | | | | |
| 8/20/2015 | 8/25/20 | | | | | 2007/00/00/00/00 | nvironmental | Corp | | | | | |
| Occupancy Status During Abatement (Chec | k Only One | ∍) | | | | Street A | ddress Route 22 Wes | ef | | | | | |
| Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm | Period of A | batem | ent | | | | te, Zip Code | J. | | | | | - |
| Other – Describe: | lai i dointy | 110010 | | | _ | 500500000000000000000000000000000000000 | NJ 07083 | | | | | | |
| Scope of Work (Check All That Apply) | | | | | 23 | 1 | | | | | | | |
| ≥3 sf or ≥3 if ≥160 sf or ≥260 if | | enovat emoliti | | | | | Full Containm Mini-Enclosure Glovebag Pro- Non-Exempte | e cedure | | | | 0 | |
| | | | | | 31 | | Non-Exemple | u () ai | u Non-i nac | 1 | 5000 | ement | t |
| | | Location ormali | | | Do | scription o | s.f | | | | Ty | ре | |
| Location of Asbestos-Containing Material (ACM) | Used | d Solel | y by | Asbest | os Con | taining Ma | iterial (ACM) | | mount | _ | | щ | m |
| TO BE ABATED In Facility | 2000 | odial S | | (i.e. | | l systems icing, VAT | insulation, , or | | Specify F or LF) | Remova | Repair | cap | Enclosure |
| (13) | | (12) | | | other r | miscellane | ous) | | | oval | air | Encapsulate | sure |
| | Yes | No | N/A | | | | | | | | | е | |
| Exterior | | | X | | asbe | stos del | oris | 80 |) yards | х | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | _ | | | |
| | | | | | | V 1 | Nome of | Dogiat | arad Landfil | | | | |
| Name of Registered Waste Hauler | | 100000 | JDEP W auler ID | | of Wa | Yards aste | | | ered Landfil ham landi | | | | |
| Newark Carting Inc | | 04 | 4509 | | | | | | nam landi | 10 | | | |
| City, State Po Box 5670 Newark NJ 07105 | | | | | Dispo | sal Date | City/Sta 2335 A | | utter rd B | ethle | hem | PA | |
| Completed by | Title | | | | | Signature | 1/2- | 7/ | | ate | | | |
| Carlos Gomes | Presi | dent | | | | | 11/ | 0 | 8. | 19/2 | 015 | | |

| Date of Notification (1) | | | | Name | e of Buildi | na O | wner/Operator | (2) | 2013 O. 1 | 0.065 | | | |
|--|----------|---------|---|--------|-------------|----------------|--|--|--------------------|-----------|---------|-------------|-----------|
| 8/18/ | 15 | _ | | | | - | Control of the Contro | Job # 1508-49 | 42 Check # 74 | 127 | | | |
| Agencies Notified Type Notified | cation | | | Stree | t Address | | 1 | | | - | | | |
| | | | | 150 | Park A | veni | ue | | | | | | |
| □ DOLWD □ Amende | | | - | | State, Zip | | | | | 10 | | | |
| ☑ DHSS Amendn | | | | | terson, N | | | | | | | | |
| DCA Emerge (NJAC 5:23-8) iustificati | | uding | - | | e of Conta | | | | Telephone N | umbor | | | |
| ☐ Cancella | | | | | Schlaffe | | | | Telephone N | umber | | | |
| | | | | FA | CILITY I | NFO | RMATION | | | | - | | |
| Name of Facility Where Abatement is | Taking F | Place (| 3) | | | | | Type of Facility | (4) | | | | |
| Eastside High School | | | | | | | | School (K-1 | | | | | |
| Street Address | | | | | | | | Subchapter | 8 (Other than K | -12) | | | |
| 150 Park Avenue | | | | | | | | homes, etc | private and comi | mercial t | uildin | gs, | |
| City (5) | | | | | 100 | | | Square Feet | # of Floors | E | Bldg. A | \ge | |
| Paterson | | | | | | | | a social de la constitución de l | | | | | |
| County (6) | | | | Cour | nty Code (| 7)(S7 | ATE USE ONLY) | Current Use (P | rior if being dem | olished) | | | |
| Passaic | | | | | | | | School | | | | | |
| Name of Monitoring Firm Hired by Buil | lding Ow | ner (8) | A | SCM | No. | Na | ame of Abatem | ent Contractor (9 |)) | | | | |
| Omega Environmental | | | | | | | AbateTech, I | | • | | | | |
| Street Address | | | | | | | reet Address | | | | | | |
| 280 Huylar Street | | | | | | III CONTRACTOR | | e. PO Box 25 | | | | | |
| City, State, Zip Code | 17. | | | | | _ | ty, State, Zip C | | | | | | |
| South Hackensack, NJ 07606 | | | | | | | Lumberton, | | | | | | |
| Project Manager for Monitoring Firm | | 1 | Telep | hone | No. | | lephone No. | 110 000-10 | License No. | | | | |
| Geiser Fajardo | | | | | -8700 | | 609-265-2107 | 7 | 00529 | | | | |
| | Schedule | ed Con | | | 33.00 | | me of OSHA N | | 00025 | | | | |
| 8/20/15 | | | | | 15 | | EMSL Analyt | | | | | | |
| Occupancy Status During Abatement (| Check o | nly one | e) | | | Str | reet Address | | | | | | |
| ☐ Facility Closed/Vacated During Enti | | | | | | 2 | 200 Route 13 | 0 North | | | | | |
| ☐ Abatement Performed Outside of N | | | | | | Cit | y, State, Zip C | ode | | | | | |
| Time of Abatement:AM | | CUV | PM | _ | AM | | Cinnaminsor | | | | | | |
| Scope of Work (Check all that apply) | 3001 | 3 001 | | | | | | | 3070 00- | | | | |
| ☐ >3 sf or >3 If | ∇ | Reno | vation | 1 | | | ☐ Full Con | tainment with Ne | gative Pressure | | | | |
| ≥160 sf or ≥260 lf | | Demo | | 500 | | | | g Procedure | | | | | |
| | | | | | | | Non-Exe | mpted (*) and No | on-Friable Proce | dure | | | |
| N | | | ocatio | | | | | | | At | atem | ent T | уре |
| Location of Asbestos-Containing Material (ACN | 7) | Used S | rmally Solely | | Acho | otoo | Description of Containing Ma | | | R | Re | ш | ш |
| TO BE ABATED | | Maint | | | (i.e | the | ermal systems | insulation. | Amount (Specify | Removal | Repair | ıcaı | 1Clo |
| IN Facility | (| Custod | lial St 12) | aff? | | 5 | surfacing, VAT | , or | SF or LF) | val | - | Encapsulate | Enclosure |
| (13) | Y | | No No | N/A | | ot | her miscellane | ous) | | | | ate | 0 |
| Labs/Classrooms | | | | | Floor T | ile 8 | Mastic | | 8,600 SF | | | | |
| | Tr | | | | | _ | | | -, | | | П | |
| | | 1 [| | | | | | | | ᅢ급 | | 긤 | |
| | | 1 | 7 1 | | | | | | | ᆛᆜ | | 뷔 | 믬 |
| Name of Registered Waste Hauler | _ | 1 _ | |)ED 16 | leste. | | :- V | | | | Ш | Ш | Ш |
| AbateTech, Inc. | | | 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | DEP V | | Wa | oic Yards of ste | Name of Regis | | | | | |
| | | | 1 (65) | 8750 | | 4 | 0 | G.R.O.W.S | . Lanafili | * | | | |
| City, State | | | | | | 0.000 | posal Date | City, State | | | | | |
| Lumberton, NJ | | | | | | 8. | /31/15 | Tullytown, | PA | | | | |
| Completed By (Print or Type) | Title | 4077 | | | | | Signature | + | 1 | Date o / | 101. | _ | |
| Gwendolyn Trumbetti | Oper | ation | s Co | ordi | nator | | Gu | N | | 0 | 101 | 5 | |
| CD 44 | | | | | | | /4 / | | | | | | |

ASB-41 MAY 11

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

| ate of Notification (1) | | | Na | me of E | Building Ov | vner/Operator (2) | #1508_4941 | Check #7425 5 | 2015 | | | |
|---|---------------------------------------|----------------------|---|------------|--------------|--|------------------|---|------------|--------|-------------|-----------|
| 8 / | 17 / 15 | | F | Vlontg | omery IV | NA ROE 1300 | #1500-4541 | | | | - | |
| agencies Notified | Type Notification | | 100000000000000000000000000000000000000 | reet Ad | | | | | | V | | |
| ⊠ EPA | | | 1 | | Route 601 | | | | | | | 1 |
| ☑ DOLWD | ☐ Amended | | Ci | ty, State | e, Zip Code | е | | | | | | |
| ☑ DHSS | Amendment #_ | | 3 | Skillm | an, NJ 08 | 8558 | | N. L. | | | | - |
|] DCA | ☐ Emergency (indiginal justification) | cluding | Na | ame of | Contact | | | Telephone Numbe | ٢ | | | |
| (NJAC 5:23-8) | Cancellation | | | Ann N | larie Can | npbell | | | | | | - |
| | Cancellation | | | | | RMATION | | | | | | |
| | | Di /2 | | FACIL | all I livi C | Jens Creek | Type of Facility | y (4) | | | | |
| Name of Facility Where | | Place (3 |) | | | | School (K- | 12) | | | | |
| Montgomery Upp | er MS | | | | | | Subchapte | r 8 (Other than K-12) private and commerci | ial huildi | nas. | | |
| Street Address | | | | | | | homes, etc | private and commore | or build | 3-1 | | |
| 375 Burnt Hill Roa | ad | | | | | | Square Feet | # of Floors | Bldg. | Age | | |
| City (5) | | | | | | N. | Squareres | | | | | |
| Skillman, NJ 0855 | 58 | | | | | | Current Hea / | Prior if being demolish | ied) | | | |
| County (6) | | | | County | Code (7)(S | STATE USE ONLY) | School | I flor it boning a | 05000 | | | |
| Somerset | | | | | | | | (0) | | | | \neg |
| Name of Monitoring Fi | m Hired by Building | Owner (8) | A | SCM No | 0. | Name of Abatem | | (9) | | | | |
| Pars Environmen | ital | | | | | AbateTech, I | nc. | | | | | \dashv |
| Street Address | itui | | | | | Street Address | | | | | | |
| 6 A South Gold D |)rivo | | | | | 30 Maple Av | e. PO Box 25 | | | | _ | _ |
| | nive | | | | | City, State, Zip C | ode | | | | | |
| City, State, Zip Code | 00001 | | | | | Lumberton, | NJ 08048 | | | | | |
| Robbinsville, NJ | | | Telen | hone N | 0. | Telephone No. | | License No. | | | | |
| Project Manager for M | ionitoring Firm | | | 3-332-7 | | 609-265-210 | 7 | 00529 | | | | |
| Raphael Torres | l Oaka | eduled Co | | | | Name of OSHA | Monitor | | | | | |
| Start Date (10) | | 8 / | | | | EMSL Analy | | | | | | |
| 8 / 27 | | | | | | Street Address | | | | | | |
| Occupancy Status Du | ring Abatement (Che | ck only or | ne) | version at | | 200 Route 1 | 30 North | | | | | |
| T Facility Closed N/2 | rated During Entire P | eriod of A | baten | nent | will a | | | | | | | |
| Dat James Derform | ned Outside of Norm t:AM | al Facility | Hours | - Desc | AM | City, State, Zip Cinnamins | on, NJ 08077 | | | | | |
| Scope of Work (Chec | | 3 | 3-0191 | | | | ntainment with | Negative Pressure | | | | |
| Scope of Work (Office | it all that app 37 | M D. | 41. | | | ☐ Mini-Er | nclosure | Mogaare | | | | |
| ≥3 sf or ≥3 lf | | ⊠ Rer ☐ Der | novatio | n n | | Claurah . | og Drocedure | LN Triphic Procedu | ıre | | | |
| ≥160 sf or ≥260 lf | | | | | | ⊠ Non-E | kempted (*) and | Non-Friable Procedu | Δh | ateme | nt Tv | ne |
| | | Is | Locat | ion | | | | | | | | |
| Loca | tion of | | lorma | | | Description stos Containing N | of | Amount | Remova | Repair | inc | Enclosure |
| Ashestos-Contair | ing Material (ACM) | | d Sole intena | | Asbe | stos Containing r ., thermal system | is insulation, | (Specify | VOL | 음. | aps | USO |
| TO BE | <u>ABATED</u> | 1000000 | odial | | (1.0 | surfacing, VA | AT, or | SF or LF) | <u> </u> | | Encapsulate | re |
| | acility 13) | | (12) | | | other miscella | neous) | | | | Ф | |
| | | Yes | No | N/A | | | - 14 - 048 | 440.05 | | | П | |
| 01 | | | | | Floor ti | le and associa | ated mastic | 110 SF | | ш | | ᆜ |
| Stage Storeroom | | | - | | | | | | | | | L |
| | | $\perp \!\!\! \perp$ | | | | | | | П | | | |
| | | | | | | | | | | | | |
| | | П | П | | | | 1,000,000 | | | | | |
| | Minda Harria | | _ | NJDEP | Waste | Cubic Yards of | | Registered Landfill | | | | |
| Name of Registered | | | | Hauler I | D No. | Waste | G.R.O | .W.S. Landfill | | | | |
| AbateTech, Inc | | | | 1875 | 0 | 12 Disposal Date | City, Stat | e | | | | |
| , 1.00.10 | | | | | | The state of the s | | own, PA | | | | |
| City, State | | | | | | | | | | | | |
| 200 200 200 U U U U U U U U U U U U U U | | | | | | 8/28/15 | 22/ | | Date | 731 | | |
| City, State | | Title | | | dinator | Signature | 22/ | | Date C | 11 | nli | < |

| | | | | | ng Owner/Operator | | | | | |
|---|------------------------|--|---|-----------------------------|---|---|---|------------|------------|-------------|
| 8/14/ | 15 | | IVI | adison P | ublic Library/ Jo | b #1507-4935 | Check #742 | 26 | | |
| Agencies Notified Type Notifica | tion | | Stree | et Address | | | fe _s C | 0 4 0 | H3 15 | _ |
| Image: Sepa in the properties of | | | 39 | Keep Str | reet | | | | | |
| ☑ DOLWD ☑ Amended | | | | State, Zip | | | | - | | |
| □ DHSS | | - 1 | | | | | | | | |
| DCA Emergence | y (includi | ng | | adison, N | | | | | | |
| (NJAC 5:23-8) justificatio | | | 2000 | e of Contac | Total Control of the | | Telephone | Number | r | |
| ☐ Cancellati | on | | Na | ncy Adar | nczyk | | 1 | | | |
| Name of Facility (All Al | | | FΑ | CILITY | NFORMATION | | | | | |
| Name of Facility Where Abatement is Ta Madison Public Library | aking Pla | ce (3) | | | | Type of Facilit | | | | |
| Street Address | | | | | | Subchante | 12) r 8 (Other than | V 12\ | | |
| 39 Keep Street | | | | | | Other (i.e., | private and cor | mmercia | al buildin | as. |
| | | | | | | homes, etc | p.) | | | J |
| City (5) | | | | | | Square Feet | # of Floors | 5 | Bldg. A | (ge |
| Madison | | | | | | 40,000 | 1 | | 100- | + |
| County (6) | | | Cou | nty Code (7 | 7)(STATE USE ONLY) | Current Use (F | Prior if being de | molishe | :d) | |
| Morris | | | | | 11 | Public Lib | 77.75 | | 53 | |
| Name of Monitoring Firm Hired by Buildi | ng Owne | (8) | ASCM | No. | Name of Abateme | | | | | |
| TTI Environmental, Inc. | | | | | AbateTech, Ir | | | | | |
| Street Address | | | | | Street Address | | | | | |
| 1253 North Church Street | | | | | 30 Maple Ave | . PO Box 25 | | | | |
| City, State, Zip Code | | | | | City, State, Zip Co | | | | | |
| Moorestown, NJ 08057 | | | | | Lumberton, N | | | | | |
| Project Manager for Monitoring Firm | | Tele | phone | No | Telephone No. | 00040 | License No | | | |
| Jim Guilardi | | | | -8800 | 609-265-2107 | | 00529 | J | | |
| Start Date (10) So | heduled | | | | Name of OSHA M | onitor | 00329 | | | |
| _ 8 / _ 24 / _ 15 | 8 | / _ 28 | | 15 | EMSL Analyti | | | | | |
| Occupancy Status During Abatement (CI | | | | | Street Address | | | | | |
| ☐ Facility Closed/Vacated During Entire | Period o | Abate | ment | | 200 Route 130 | North | | | | |
| Abatement Performed Outside of Nor | mal Facili | ty Hou | s - Des | cribe | City, State, Zip Co | de | | | | |
| Time of Abatement:AM | _PM/ | PM- | | AM | Cinnaminson | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | | |
| ☐ ≥3 sf or ≥3 lf | N 0 | | | | | ainment with Ne | gative Pressure | е | | |
| \(\simes \frac{25}{10} \simes \frac{25}{10} \) \(\simes \frac{25}{10} | - | enovati emolitio | | | Mini-Enclo | | | | | |
| | | SHORE | 711 | | ☐ Glovebag | Procedure | | | | |
| | | | | | NOII-Exer | npted (*) and N | on-Friable Proc | edure | | |
| | 1 | s Locat | ion | | □ Non-Exem | npted (*) and N | on-Friable Proc | | Ahatom | ant Tue |
| Location of | | Norma | lly | | Description of | | on-Friable Proc | 1 | Abateme | |
| Asbestos-Containing Material (ACM) | Us | Norma ed Sole | lly ely by | | Description of stos Containing Mate | erial (ACM) | Amount | 1 | | |
| Asbestos-Containing Material (ACM) TO BE ABATED | Us Ma | Norma | lly ely by nce/ | | Description of stos Containing Mate , thermal systems in | erial (ACM) sulation, | Amount (Specify | 1 | | |
| Asbestos-Containing Material (ACM) | Us Ma | Norma ed Sole aintena | lly ely by nce/ | | Description of stos Containing Mate | erial (ACM) asulation, | Amount | 1 | | |
| Asbestos-Containing Material (ACM) TO BE ABATED IN Facility | Us Ma | Norma ed Sole aintena stodial | lly ely by nce/ | | Description of stos Containing Mate , thermal systems ir surfacing, VAT, | erial (ACM) asulation, | Amount (Specify | 1 | | |
| Asbestos-Containing Material (ACM) TO BE ABATED IN Facility | Us Ma Cus | Norma ed Sole aintena stodial ((12) | lly ely by nce/ Staff? | (i.e. | Description of stos Containing Mate, thermal systems in surfacing, VAT, other miscellaneo | erial (ACM) asulation, or us) | Amount (Specify | Nonloyal | Repair | Encapsulate |
| Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Picture Book Room | Us Ma Cus Yes | Norma ed Sole aintena stodial (12) No | Illy Illy by Ince/ Staff? N/A | Ceiling | Description of stos Containing Materia surfacing, VAT, other miscellaneo | erial (ACM) asulation, or us) | Amount (Specify SF or LF) |) Relieved | Repair | Encapsulate |
| Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Picture Book Room | Us Ma Cus Yes | Norma ed Sole aintena stodial (12) | Illy Illy Illy Illy Illy Illy Ince/ Staff? N/A | (i.e. | Description of stos Containing Materia surfacing, VAT, other miscellaneo | erial (ACM) asulation, or us) | Amount (Specify SF or LF) | Nonloyal | Repair | Encapsulate |
| Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Picture Book Room | Us Ma Cus Yes | Norma ed Sole aintena stodial (12) No | Illy Illy by Ince/ Staff? N/A | Ceiling | Description of stos Containing Materia surfacing, VAT, other miscellaneo | erial (ACM) asulation, or us) | Amount (Specify SF or LF) |) Relieved | Repair | Encapsulate |
| Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Picture Book Room | Us Ma Cus Yes | Norma ed Sole aintena stodial (12) No | Illy Illy Illy Illy Illy Illy Ince/ Staff? N/A | Ceiling | Description of stos Containing Materia surfacing, VAT, other miscellaneo | erial (ACM) asulation, or us) | Amount (Specify SF or LF) |) Relieved | Repair | Encapsulate |
| Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Picture Book Room 2) Locations | Us Ma Cus Yes | Norma ed Sole aintena stodial (12) No | Illy Illy Illy by Ince/ Staff? N/A | Ceiling Comple | Description of stos Containing Materia surfacing, VAT, other miscellaneo | erial (ACM) isulation, or us) al (| Amount (Specify SF or LF) 580 SF |) Relieved | Repair | Encapsulate |
| Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Picture Book Room 2) Locations | Us Ma Cus Yes | Norma ed Sole aintena stodial (12) No | Illy Illy Illy Illy Ince/ Staff? N/A D JDEP V Buller ID | Ceiling Complete Ceiling | Description of stos Containing Mate, thermal systems ir surfacing, VAT, other miscellaneo Surfacing Materite Colling Remove Plaster Cubic Yards of Waste | erial (ACM) isulation, or us) al (cal) | Amount (Specify SF or LF) 580 SF 32 SF |) Relieved | Repair | Encapsulate |
| Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Picture Book Room 2) Locations ame of Registered Waste Hauler AbateTech, Inc. | Us Ma Cus Yes | Norma ed Sole aintena stodial (12) No | Illy Illy Illy by Ince/ Staff? N/A D JDEP V | Ceiling Ceiling Vaste | Description of stos Containing Mate, thermal systems in surfacing, VAT, other miscellaneo Surfacing Materita Coiling Remove Plaster Cubic Yards of Waste 40 | erial (ACM) isulation, or us) al (cal) Name of Regia | Amount (Specify SF or LF) 580 SF 32 SF |) Relieved | Repair | Encapsulate |
| Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Picture Book Room 2) Locations ame of Registered Waste Hauler AbateTech, Inc. ity, State | Us Ma Cus Yes | Norma ed Sole aintena stodial (12) No | Illy Illy Illy Illy Ince/ Staff? N/A D JDEP V Buller ID | Ceiling Ceiling Vaste | Description of stos Containing Mate, thermal systems in surfacing, VAT, other miscellaneo Surfacing Materita Cailing Removements Cubic Yards of Waste 40 Disposal Date | Name of Regis | Amount (Specify SF or LF) 580 SF 32 SF |) Relieved | Repair | Encapsulate |
| Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Picture Book Room 2) Locations lame of Registered Waste Hauler AbateTech, Inc. ity, State Lumberton, NJ | Yes | Norma ed Sole aintena stodial (12) No | Illy Illy Illy Illy Ince/ Staff? N/A D JDEP V Buller ID | Ceiling Ceiling Vaste | Description of stos Containing Mate, thermal systems in surfacing, VAT, other miscellaneo Surfacing Materite Colling Remove Plasten Cubic Yards of Waste 40 Disposal Date 8/28/15 | erial (ACM) isulation, or us) al (cal) Name of Regia | Amount (Specify SF or LF) 580 SF 32 SF |) Relieved | Repair | Encapsulate |
| Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Picture Book Room 2) Locations lame of Registered Waste Hauler AbateTech, Inc. iity, State Lumberton, NJ | Us Ma Cus Yes | Norma ed Sole aintena stodial ((12) No | Illy Illy Illy Illy Illy Ince/ Staff? N/A D D JDEP V auler ID 18750 | Ceiling Comple Ceiling I | Description of stos Containing Mate, thermal systems in surfacing, VAT, other miscellaneo Surfacing Materita Cailing Removements Cubic Yards of Waste 40 Disposal Date | Name of Regis | Amount (Specify SF or LF) 580 SF 32 SF |) Relieved | Repair | Encapsulate |

| Date of Notification (1) 8 / 20 | / 1 | 5 | | | | 100 | ner/Operator (nson / Job # | 30.50 | heck # 7423 | | . 94 | 2 | |
|---|--------------|-----------------------|------------------|-------------------|-------------|-----------|--------------------------------|-------------------|-------------------------|---------|--------|-------------|-----------|
| Agencies Notified Type N | lotification | n | | | t Address | | NUMBER OF STREET | | A 455 - 2 | 0 4 | 19 | | |
| □ EPA | | 110 | | 0.00 | 1980 6 | n 2. | Johnson Pl | 770 | | | | | |
| ☑ DOLWD ☐ Am | ended | | | | State, Zip | | | aza | | | | | |
| | endment | W 1927 | | - ANS. | | | NJ 08933 | | | | | | |
| | ergency (| | 9 | | of Contac | 200 | , NJ 00333 | | T-IN | and and | | | |
| , | ification) | | | - Andrews | f Macor | ι | | | Telephone Nur | nber | | | |
| | icellation | 0 | | | | one need | | | | | | | |
| | | | | FA | CILITY IN | IFOF | RMATION | | | | | | |
| Name of Facility Where Abateme | | ng Place | (3) | | | | | Type of Facility | | | | | |
| J & J Executive Tower - 9 | " Floor | | | | | | | School (K-1) | 2) 8 (Other than K-1 | 2) | | | |
| Street Address | | | | | | | | | orivate and comm | | ildino | S. | |
| One Johnson & Johnson | Plaza | | | | | | | homes, etc. | | | | 2008 | |
| City (5) | | | 4 | | | | | Square Feet | # of Floors | Ble | dg. A | ge | |
| New Brunswick. NJ 08933 | | | | | | | | | | | | | |
| County (6) | | | | Cour | nty Code (7 | 7)(STA | TE USE ONLY) | Current Use (Pr | rior if being demo | lished) | | | |
| Middlesex | | | | | | | | Commercia | ıl | | | | |
| Name of Monitoring Firm Hired by | y Building | Owner | (8) | ASCM | No. | Na | me of Abateme | ent Contractor (9 |) | | | | |
| Epic Management | | | | | | A | bateTech, I | nc. | | | | | |
| Street Address | | | | | | | eet Address | | | | | | _ |
| 136 11th Street | | | | | | 3 | 0 Maple Ave | . PO Box 25 | | | | | |
| City, State, Zip Code | | | | | | | y, State, Zip Co | | | | | | _ |
| Piscataway, NJ 08854 | | | | | | 1 45 | umberton, N | | | | | | |
| Project Manager for Monitoring F | irm | | Tele | phone | No | | ephone No. | 10 000 10 | License No. | 77.5% | | | |
| Jeff Macor | | | | - | 8-8114 | 0.00 | 09-265-2107 | | 00529 | | | | |
| Start Date (10) | Sche | eduled C | | | | | me of OSHA N | | 00323 | | | | |
| 9 / 8 / 15 | | 9 / | | | | 194500000 | MSL Analyt | | | | | | |
| Occupancy Status During Abaten | nent (Che | ck only | one) | | | Stre | eet Address | | | | | | |
| ☐ Facility Closed/Vacated During | Entire P | eriod of | Abate | ment | | 2 | 00 Route 13 | 0 North | | | | | |
| ☐ Abatement Performed Outside | of Norm | al Facilit | y Hour | s - Des | | City | , State, Zip Co | ode | | | | | |
| Time of Abatement:AN | /IF | PM/ | PM- | | AM | | innaminson | | | | | | |
| Scope of Work (Check all that app | oly) | | | | | | 10 mi | <u> </u> | | | | | _ |
| ≥3 sf or ≥3 lf | | ⊠ Ba | novati | | | | | ainment with Ne | gative Pressure | | | | |
| ☐ ≥160 sf or ≥260 lf | | | molitic | | | | ☐ Mini-Enc | | | | | | |
| | | 2. 235.23 | | | | | | | n-Friable Proced | ure | | | |
| | | | Locat | | | | | | | Ab | atem | ent T | уре |
| Location of | /* O* ** | | Norma ed Sole | | | | Description o | | | D | R | т | т |
| Asbestos-Containing Material TO BE ABATED | (ACM) | | intena | | | | Containing Ma rmal systems | | Amount (Specify | Remova | Repair | nca | nclo |
| IN Facility | | Cus | todial | Staff? | (1.6 | | surfacing, VAT, | | SF or LF) | oval | = | Encapsulate | Enclosure |
| (13) | | | (12) | T | 1 | otl | her miscellane | ous) | | | | late | е |
| | - | Yes | No | N/A | | | | | | | 1 | | |
| Copy Room 9th Floor | | | \boxtimes | | Floor T | ile a | nd Mastic | | 130 SF | | | | |
| | | | | | | | | | | | | | |
| | - 1 | | - 🗆 | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Name of Registered Waste Haule | r | | N | JDEP \ | Waste | Cub | oic Yards of | Name of Regis | stered Landfill | | | | |
| AbateTech, Inc. | | | Н | auler II 18750 | | Wa | | G.R.O.W.S | . Landfill | | | | |
| City, State | | | | | | | oosal Date | City, State | | | | | \neg |
| Lumberton, NJ | | | | | | 9. | /11/15 | Tullytown, | PA | | | | |
| Completed By (Print or Type) | Tit | ile | | | | | Signature | | 1 | ate// | _ | | = |
| Gwendolyn Trumbetti | (| Operati | ons (| Coordi | inator | | mnt | | | 81 | 20 | 11: | 2 |

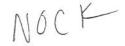
ASB-41 MAY 11 NOCK

MAY 11

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

| Date of Notification (1) | | | | Name | of Buildin | g Owner/Operator (2 | 2) | _ 10.77 | -41 | | | |
|----------------------------------|------------------------------|-----------|------------------|----------|--------------|-------------------------------------|--------------------|--------------------------|----------|--------|-------------|-----------|
| 8 / _ | 17 / 15 | i | | NJ | TA Contr | act T300.311 /Jo | b #1501-4865 | Check #7351 | | | | |
| Agencies Notified | Type Notification | | | Street | Address | | | | | | | |
| ⊠ EPA | ☐ Initial | | | PO | Box 505 | 0 | | | | | | |
| ☑ DOLWD | ☑ Amended | • | | City, S | State, Zip (| Code | | | | | | |
| □ DHSS | Amendment # | 5.00 | | Wo | odbridge | e, NJ 07095 | | 1 * 1 | | | | |
| ☐ DCA (NJAC 5:23-8) | Emergency (ir justification) | iciuairig | } | Name | of Contac | t | | Telephone Numl | per | | | |
| | Cancellation | | | Dar | n Crum | | | 1 | | | | |
| | | 8 | | FA | CILITY IN | FORMATION | | | | | | |
| Name of Facility Where A | | | (3) | | | | Type of Facility | | | | | |
| Toll Plaza- Toll Coll | lection Building | | | | | | School (K-12 | 2) 8 (Other than K-12 | | | | |
| Street Address | | _ | | | | | | rivate and commer | | uildin | gs, | |
| Intersection of 53 rd | Ave & Avenue | Ε | | | | | homes, etc.) | | | | | |
| City (5) | | | | | | | Square Feet | # of Floors | BI | dg. A | ge | |
| Bayonne | | | | | | | | | | | | |
| County (6) | | | | Cour | nty Code (7 | 7)(STATE USE ONLY) | Current Use (Pr | ior if being demolis | hed) | | | |
| Middlesex | | | | | | | Toll Plaza | | | | | |
| Name of Monitoring Firm | Hired by Building | Owner | (8) | ASCM | No. | Name of Abateme | ent Contractor (9) | | | | | |
| USA Environmenta | I | | | | | AbateTech, In | nc. | | | | | |
| Street Address | | | | | | Street Address | | | | | | |
| 344 West State Stre | et | | | | | 30 Maple Ave | e. PO Box 25 | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Co | ode | | | 341135 | | |
| Trenton, NJ 08618 | | | | | | Lumberton, N | J 08048 | | | | | |
| Project Manager for Moni | itoring Firm | | Tele | phone | No. | Telephone No. | | License No. | | | | |
| John Duggan | | | 60 | 9-656 | -8101 | 609-265-2107 | | 00529 | | | | |
| Start Date (10) | 200 | duled C | omple | tion Da | ite (11) | Name of OSHA M | lonitor | | | | | |
| _4_ / _20_ / | 15 | 9 / | 30 |)_/ | 15 | EMSL Analyti | ical | | | | | |
| Occupancy Status During | 3 (8) | 53 | 500 | | | Street Address | | | - 770 | | 2/52 | |
| ☐ Facility Closed/Vacate | | | | | | 200 Route 13 | 0 North | | | | | |
| Abatement Performed | | | | | | City, State, Zip Co | ode | | | | | |
| Time of Abatement: _ | | IVI/ | _PIVI- | | AIVI | Cinnaminson | , NJ 08077 | | | | | |
| Scope of Work (Check all | that apply) | | | | | □ Eull Cont | ainment with Neg | activo Proceuro | | | | |
| ≥3 sf or ≥3 lf | | ⊠ Re | novati | on | | ☐ Mini-Enc | | gative Fressure | | | | |
| ☐ ≥160 sf or ≥260 lf | | ☐ De | molitic | on | | Glovebag | | E . II . B | | | | |
| 4 | | 1. | 1 1 | | | ☑ Non-Exe | mpted (*) and No | n-Friable Procedu | | | | |
| Location | of | 3232 | Locat Vorma | | | Description o | | | Ab | 1 | ent T | ype |
| Asbestos-Containing I | 77.70 | Use | d Sole | ely by | Asbe | stos Containing Ma | | Amount | Rer | Repair | Enc | Enc |
| TO BE ABA | | | intena todial | | (i.e | e., thermal systems i | | (Specify | Removal | air | aps | Enclosure |
| IN Facilit | .y | Ous | (12) | otan: | | surfacing, VAT, other miscellane | | SF or LF) | <u>m</u> | | Encapsulate | ure |
| | | Yes | No | N/A | | other missenance | ous, | | | | ē | |
| Toll Plaza Utility | | | | | Windov | w Glazing | | 120 LF | | | | |
| Toll Plaza Utility | | | \boxtimes | | Windov | v Caulk | | 65 LF | | | | |
| Utility Building Ext. D | oors | | | | Door C | aulk | | 40 LF | | | | |
| | | | | | > | VIIIIX | | | | | | |
| Name of Registered Wast | te Hauler | | N | JDEP \ | Vaste | Cubic Yards of | Name of Regis | stered Landfill | | | | |
| Freehold Cartage | | | Н | auler II | | Waste | | Western Berks | Land | fill | | |
| City, State | | | | 15939 | , | 20 Disposal Date | City, State | | | | | - |
| Freehold, NJ | | | | | | 9/30/15 | Birdsboro, | PA | | | | |
| Completed By (Print or Ty | rpe) Title | 9 | | | | Signature | | Da | te | | 1950 | |
| Gwendolyn Trumbe | 31 | perati | ons (| Coordi | inator | um | 1+ | X | 11 | 71 | 15 | |
| ASB-41 | | | | | | | 11 | 0 | 1 1 | 1 | 17 | |

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



| Date of Notification (1) | | | | | | | g Owner/Operator (| | L | 2 4 | 15 | | Ē | |
|--------------------------|--------------------------|---------|--------|----------------|----------------------|--------------|---------------------------------------|----------------------------------|------------------|----------|---------|--------|-------------|-----------|
| 7 / | 30 / _ | 15 | _ | | The | College | of New Jersey | | / Job #1507- | 2008 | Chl | k. #N | IA | |
| Agencies Notified | Type Notifica | ation | | | Street | Address | | | 1.9 | | | | | |
| ⊠ EPA | ☐ Initial | | | | 200 | 0 Pennir | ngton Road | | | | | | | |
| □ DOLWD | | | | | City, S | State, Zip C | Code | | | | | | | |
| □ DHSS | Amendme | | | | | ing, NJ 0 | | | | | | | | |
| DCA | ☐ Emergend justification | | uding | | | of Contac | | | Telephone No | ımher | | | | _ |
| (NJAC 5:23-8) | ☐ Cancellati | | | | | i George | | | relephone ivi | umber | | | | |
| | Cariocilat | 1011 | | | | | | | | | | _ | | |
| Name of Facility Address | A L | | DI | (0) | FA | CILITY IN | IFORMATION | | (4) | <u> </u> | | 22.54 | | |
| Name of Facility Where | Abatement is 1 | aking i | Place | (3) | | | | Type of Facility | | | | | | |
| Forcina Hall | | | | | | | | ☐ School (K-12 ☐ Subchapter 8 | | -12\ | | | | |
| Street Address | | | | | | | | Other (i.e., pr | | | l bui | ilding | s, | |
| 2000 Pennington F | Road | | | | | 27 | | homes, etc.) | | | | 300 | 00 | |
| City (5) | | | | | | | | Square Feet | # of Floors | | Blo | lg. Aç | ge | |
| Ewing | | | | | | | | 9600 | 4 | | 5 | 55 | | |
| County (6) | | | | | Cour | nty Code (7 | 7)(STATE USE ONLY) | Current Use (Pr | or if being dem | olished | d) | | | |
| Mercer | | | | | | | | Offices & C | assrooms | | | | | |
| Name of Monitoring Firm | Hired by Build | ding Ov | vner (| (8) | ASCM | No. | Name of Abateme | ent Contractor (9) | | | | | | |
| Langan | | | | | | | Asbestos an | d Mold Service | s, Corp. | | | | | |
| Street Address | | | | | | | Street Address | | | | | | | |
| River Drive Center | 1 | | | | | | 3859 Sylon B | oulevard | | | | | | |
| City, State, Zip Code | | | | | | | City, State, Zip Co | ode | | | | | | |
| Elmwood Park, NJ | 07407 | | | | | | Hainesport, I | | | | | | | |
| Project Manager for Mor | | | | Tele | phone | No. | Telephone No. | | License No. | | | | | |
| Vijay Patel | J | | | 1000000 | | -3869 | 609-702-0400 | 520 | 00862 | | | | | |
| Start Date (10) | 18 | Schedu | led C | 100 | | ate (11) | Name of OSHA N | | 00002 | | | | | |
| 7 / 31 / | | | | | | 15 | EMSL Analyt | | | | | | | |
| Occupancy Status Durin | | | | | | 9 | Street Address | | | | | | | |
| ☐ Facility Closed/Vacat | | | | | mont | | | ta 120 Nawth | | | | | | |
| ☐ Abatement Performe | | | | | | scribe | 200 U.S. Rou | | | | | | | |
| Time of Abatement: | | | | | | | City, State, Zip Co | | | | | | | |
| 100 | | | | | 120 | - | Cinnaminsor | 1, NJ 08077 | | | | | | |
| Scope of Work (Check a | ii that apply) | | | | | | ☐ Full Con | tainment with Neg | ative Pressure | | | | | |
| ≥3 sf or ≥3 lf | | | | novat | | | ☐ Mini-End | | jative i ressure | | | | | |
| ≥160 sf or ≥260 lf | | [| _ De | moliti | on | | | g Procedure | - Frieble Deser | | | | | |
| | | | 10 | 1 000 | lian | 1 | ⊠ Non-Exe | mpted (*) and No | n-Friable Proce | | | | | 5/4-1-5 |
| Location | of | | | Loca: Norma | | | Description | | | | Aba | | ent T | _ |
| Asbestos-Containing | | 1) | Use | d Sole | ely by | Asbe | Description of estos Containing Ma | | Amount | | Rei | Repair | En | Enclosure |
| TO BE AB | ATED | | | intena | ince/ Staff? | | e., thermal systems | insulation, | (Specify | | Removal | oair | cap | clos |
| IN Facil | ity | | Cus | (12) | | | surfacing, VAT other miscellane | | SF or LF) | | a | | Encapsulate | ure |
| (13) | | | Yes | No | N/A | | other miscellane | ous) | | | | | te | |
| Office/Classrooms | | | | | | MC and an | | | 4.00015 | | | | | |
| Office/Classrooms | | | | ш | | windov | w Caulk | | 1,000 LF | - 1 | | Ш | Ш | Ш |
| | | | | | | | | | | [| | | | |
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| | | | | | | | | | | | = | |] | |
| | | | | Ш | | 1 | | | | ા | | Ш | Ш | Ш |
| Name of Registered Was | | | | - 30 | IJDEP I lauler II | | Cubic Yards of Waste | Name of Regis | | | | | | |
| Freehold Cartage, | INC. | | | , | 0226 | | 5 | GROWS La | andfill | | | | | |
| City, State | | | | | | | Disposal Date | City, State | | | | | | |
| Freehold, NJ | | | | | | | 9/11/15 | Morrisville | , PA 19067 | | | | | |
| Completed By (Print or T | ype) | Title | | | | | Signature) | \bigcap | | Date | | | | |
| Kimberly A. Trumb | etti | Off | fice (| Coord | dinato | r | (TX) | | _ | 68- | 19 | -15 | - | |
| ASB-41 | | | | | | | 7 | | | U | | | | |
| MAY 11 | | * D | o not | use th | nis form | for asbes | tos licensure exemp | oted activities. | | | | | | |

NOCK

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

| Date of Notification (1) | | | | | Name | of Buildin | ig Ow | ner/Operator (| 2) | | | | | |
|--|-------------------|---------|--------|------------------|-------------------|------------|---------|-----------------------------------|--------------------------------------|------------------|----------|----------|-------------|-----------|
| 7 /30 | / | 15 | _ | | The | e College | e of l | New Jersey | | Job #1507-2 | 008 C | nk. # | NA | |
| | pe Notifica | ation | | | Stree | t Address | | | | | | | | |
| | Initial | 3 | | | 200 | 00 Penni | ngto | n Road | | | | | | |
| ☑ DOLWD ☑ ☑ DHSS | Amended | | | | City, S | State, Zip | Code | | | | | | | |
| | Amendm Emergen | | luding | | Ew | ing, NJ (| 861 | 8 | | | | | | |
| (NJAC 5:23-8) | justificati | | iuuiii | 9 | Name | of Contac | ct | | | Telephone Nur | nber | | | |
| | Cancellat | tion | | | Laj | i George | | | | | | | | |
| | | | | | FA | CILITY II | VFO | RMATION | | | | | | |
| Name of Facility Where Abate | ement is 7 | Taking | Place | (3) | | | | | Type of Facility (| 4) | | | | |
| Forcina Hall | | | | | | | | | School (K-12) | | | | | |
| Street Address | | | | | | | | | ☐ Subchapter 8 ☑ Other (i.e., pri | | | uildin | | |
| 2000 Pennington Road | d | | | | | | | | homes, etc.) | ivate and commi | ercial D | ullaliti | J S, | |
| City (5) | | 5-110-0 | | | | | | | Square Feet | # of Floors | В | ldg. A | ge | |
| Ewing | | | | | | | | | 9600 | 4 | | 55 | • | |
| County (6) | | | | | Cour | nty Code (| 7)(STA | ATE USE ONLY) | Current Use (Prid | or if being demo | lished) | | | |
| Mercer | | | | | | | | | Offices & Cla | assrooms | | | | |
| Name of Monitoring Firm Hire | ed by Build | ding Ov | vner | (8) | ASCM | No. | Na | me of Abateme | ent Contractor (9) | | | | | |
| Langan | | | | | | | 1 | Asbestos an | d Mold Services | s, Corp. | | | | |
| Street Address | | | | | | | | eet Address | | | | | - | |
| River Drive Center 1 | | | | | | | 3 | 859 Sylon B | oulevard | | | | | |
| City, State, Zip Code | | | | | | | | y, State, Zip Co | | | | | | |
| Elmwood Park, NJ 074 | 07 | | | | | | | lainesport, I | | | | | | |
| Project Manager for Monitorin | ng Firm | | | Tele | phone | No. | | ephone No. | | License No. | | | | - |
| Vijay Patel | | | | 2 | 01-281 | -3869 | 6 | 09-702-0400 | 0 | 00862 | | | | |
| Start Date (10) | 5 | Schedu | led C | omple | tion Da | ite (11) | Na | me of OSHA N | lonitor | | | | | |
| 7 /31 /1 | | | | |)_ / | 15 | E | MSL Analyt | ical, Inc. | | | | | |
| Occupancy Status During Aba | | | | | | | Str | eet Address | | | | | | |
| ☐ Facility Closed/Vacated D | | | | | | | 2 | 00 U.S. Rou | te 130 North | | | | | |
| Abatement Performed Out | tside of No | ormal F | acilit | y Hou | s - Des | scribe | Cit | y, State, Zip Co | ode | | | | | |
| Time of Abatement: | AIVI | PIVI/ | | PIVI- | | AM | (| innaminson | , NJ 08077 | | | | | |
| Scope of Work (Check all that | t apply) | | | | | | | D Full Cont | ninna tulk Na | D | | | | |
| ≥3 sf or ≥3 If | | 0 | ⊠ Re | novat | on | | | ☐ Mini-Enc | ainment with Nega losure | ative Pressure | | | | |
| ≥160 sf or ≥260 lf | | . [| ☐ De | molitic | on | | | ☐ Glovebag | Procedure | | | | | |
| | | | | | | | | | mpted (*) and Non | -Friable Proced | ure | | | |
| Location of | | | | Locat Vorma | | | | Description | | | Al | atem | ent T | ype |
| Asbestos-Containing Mate | erial (ACM | 1) | Use | d Sole | ely by | Asbe | stos | Description o Containing Ma | | Amount | Re | Re | E | E |
| TO BE ABATED | <u>)</u> | | | intena todial | | (i.e | e., the | ermal systems | insulation, | (Specify | Removal | Repair | cap | Enclosure |
| IN Facility (13) | | | Ous | (12) | otan: | | | surfacing, VAT, her miscellane | | SF or LF) | <u>a</u> | | Encapsulate | ure |
| ************************************** | | | Yes | No | N/A | | O. | nor misochano | ous) | | | | te | |
| Office/Classrooms | |] | | | | Window | v Ca | ulk | | 1,000 LF | | | | |
| | | 1 | | | | 1 | | | | | | | | |
| | |] | | | | | | | | 7 | П | П | П | П |
| | | 1 | | | | | | | | | + | | | |
| Name of Registered Waste Ha | auler | | | N | JDEP \ | | Cut | oic Yards of | Name of Registe | ered Landfill | | 1 | ш | |
| Freehold Cartage, Inc. | | | | 297 | auler II 02265 | O No. | Wa | ste | GROWS La | | | | | |
| City, State | | | | | 02200 | | Dis | posal Date | City, State | | | | | |
| Freehold, NJ | | | | | | | | /30/15 | Morrisville, | PA 19067 | | | | |
| Completed By (Print or Type) | | Title | | | | | - | Signature | /\ | | ate | | | |
| Kimberly A. Trumbetti | | Off | ice (| Coord | linator | • | | K | | | | 1.1 | 5 | |
| 100 | | | | | 2 2 | | | MAN | 1/_ | | 8-2 | 11 | 1 | |

ASB-41 MAY 11

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

State of NJ Notification of Asbestos Abatement

B & G proj. #:

2015-150

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

| B & G proj. #. | | | | | | 1 | Superior Sup | Check | # 7358 | e e " | - 7 | | _ |
|--|--------------------|---|---|------------------------|---|--|--|--|---------------|--------|--------|----------|---|
| Date of Notification | | Name of B | uilding Ow | ner/Operator (2) | | | 211 | 925 | | | | | |
| 0 8 / 2 1 | | Name of Building Owner/Operator (2) Atlantic Health System | | | | | (44) | J 40 | | | | | |
| Agencies Notified Type Notification | | | Street Address | | | | | (-+) | 8 0 | | | | |
| EPA Initial | | | 100 Madison Avenue | | | | | | | | | | |
| DEP DOL | ment | | Zip Code | | | | | | | | | | |
| | ☐ Amend | | _ | town, NJ | 07960 | | | I Talasha | | | | | |
| DOH Cancellation | | | Name of Contact | | | | | I elephor | ne Number | | | | |
| DCA | | Peter Palmer | | | | | | | _ | | | | |
| | | | | FAC | CILITY INFORM | ATIO | N | | | | | | |
| Name of facility wh | s taking p | g place (3) | | | | Type of Facility (4) School (K - 12) | | | | | | | |
| Morristown M | r, Frankl | ıklin Building | | | | Subchapter 8 (Other than K-12) | | | | | | | |
| Street Address | 9 1M 89 | (27) | | | Other (Private/Commercial Bldgs./Homes, etc. | | | | | | | | |
| 100 Madison | floor, W | West wing | | | | | Square Feet | # of Floor | | Bl | dg. A | ge | |
| City (5) | | | County (6) | | | | unty Code (7) | | | | | | |
| Morristown | | | Morris | | | | ate use only) | Current Use (Prior if being demolished) Hospital | | | | | |
| Name of Monitorin | g Firm Hired by | Bldg. Own | er (8) | | ASCM No. | | Name of Abatement 0 | | | | | | |
| T&M Associa | | 0145 | | | | B & G Restoration, Inc. | | | | | | | |
| Street Address | | | | | | | Street Address 105 Ryerson Road | | | | | | |
| 11 Tindall Road City, State, Zip Code | | | | | | | City, State, Zip Code | | | | | | |
| Middletown, NJ 07748 | | | | | | | Lincoln Park, NJ 07035 | | | | | | |
| Project Manager for | Phone Number | | | | Telephone Number License Number (973)696-6869 00378 | | | | per | | | | |
| Kevin Burns | | 732-676-4000 | | | | (973)696-6869 00378 Name of OSHA Monitor | | | | | | | |
| Scheduled Start Da | 1 | ched. Completion Date (11) | | | | B & G Restoration, Inc. | | | | | | | |
| 09/01/2015 | | 09/03/2015 | | | | Street Address | | | | | | | |
| Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. | | | | | | | 105 Ryerson Road | | | | | | |
| Abatement pe | | mal facility hours- | | | | City, State, Zip Code | | | | | | | |
| Describe: Other-Describ | 4:00pm | m - 12:30am | | | | LincolnPark, NJ 07035 | | | | | | | |
| Scope of Work (ch | eck all that apply | /) | | | | | | | | | | | |
| ☐ Demolition | | | | Full Containment w/neg | _ | | | | | | | | |
| >3 sf or >3 lf | | f or ≥260 lf | | | | Mini-enclosure | | Non-fri | | | | | |
| asbestos-containing by ma | | | ation normally used solely aintenance/custodial | | | | asbestos-containing | Amount | - 8 | e | R e | E | E |
| material to be | | staff(12) | Τ | material (/ | | | (Specify S | SF or | m o | p a | c | C | |
| | 5) (| Yes | No | N/A | | | | | | v e | i r | р | L |
| Renovation Area | | | | X | pipe fitting | | | 50 fittings | | X | | 무. | 1 |
| Renovation Area (5 locations) | | | | X | large drain pip | | e fittings | 2 fittings | | X | H | <u> </u> | 쓔 |
| | | | | | 1 | | | | 34 | 片 | H | H | 一 |
| + | | | | | | | | | | | | | |
| Registered Waste H B & G Restorat | | | EP Hauler 19563 | ID# | Cubic Yards of W 3 yds | Vaste | | | acover (| ^ent | or | | |
| City, State | _ | Disposal Date | | | | Tullytown Resource & Recovery Center City, State | | | | | | | |
| Lincoln Park, N | | | | | 9/04/2015 | | Tullytown, F | PA | | | | | |
| Completed by (Print | or Type) | Title Secreta | rv/Treas | urer | Signature | | Gordana Luna | | Date 08/21 | /201 | 5 | | |