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|               |  |  | F  | lame of Bi  | iliding Ow  | nor/Opera  | tor (2)  |  | 70   | S.   |  | _  |   |  |
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| x: Initial    |  |  | 5  | 20 River  | ess<br>Road   |  |  |  |  |  | _  |  | 201   | 0  |
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| Amendr        | nant #   |  | F  | lly. State.   | Zip Code  |  |  | 1  |  |  |  |  |   |  |
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| itement la Te | king Pla   | ce (3)   |  | FACILITY  | INFORM  | ATION  |  |  |  |  |  | -  |   |  |
| s Authority   | У  | (0)  |  |   |   |  | Тур  | o of Facility  | (4)  |  |  | -  |   |  |
|               |  |  |  |   |   |  |  |  |  |  |  |  |   |  |
|               |  |  |  |   |   | Direction of the last  |  | Subchante  | ER A /Ch   | er than  | K-12)  |  |   |  |
|               |  |  |  |   |   |  | ×  | Other (i.e.  | private  | & comin  | ercial   | buildi   | ngs, I  | nomos  |
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| od by Bulldin | Q Owner  | (8)  |  |   |   |  |  |  |  |  | 2113HOC  | 1)   |   |  |
| ,             | o Owner  | (0)  | A  | SCM No.   |   | Name   | of Aba   | tement Cor   | nirector   | (9)  |  |  |   |  |
|               |  |  |  |   |   | ADS  | EUAIL  | ronmenta   | I Serv   | ces I  | 10   |  |   |  |
|               |  |  |  |   |   | Street   | Addre:   | SS   |  |  |  |  |   |  |
|               |  |  |  |   |   | POB  | lox 48   | 33, 4 E G  | ate Dr   | lve  |  |  |   |  |
|               |  |  |  |   | / 100   | City. Si   | ate. Zi  | n Code   |  |  |  |  |   |  |
| g Firm        |  |  | T-:  |   | _   | Glenv  | wood   | NJ 074   | 18   |  |  |  | 7-  |  |
| V - 11111     |  |  | Tele   | phone No.   |   | Telepho  | one No   |  | -  | Lien   |  |  |   |  |
|               | Schar  | ula d'E  |  |   |   | 973-7  | 64-22  | 276  |  |  | No.  |  |   |  |
|               |  |  | mplett   | on Dato (1  | 1)  |  |  |  |  |  |  |  |   |  |
| lement (Che   | Ck Only  | lno'   |  |   |   |  |  |  |  |  |  |  | NEW YORK  | _  |
| 2.24          | _  |  |  |   | NIS.  | Street A   | ddress   | 3  |  |  |  |  |   |  |
| tside of Norr | reriod o   | Abate  | ment   |   |   |  |  |  |  |  |  |  |   |  |
|               | aciii  | ·y 1100  | 15   |   |   | City, Sta  | te, Žip  | Code   | _  |  |  |  |   |  |
| Apply)        |  |  |  |   |   |  |  |  |  |  |  |  |   |  |
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|               |  | NJ   | DEP W  | /aste   | Cubic Y   | ords   | T Ns   | ame of Ros   | island !   |  |  |  |   |  |
|               |  | Ha   | uler ID  | /aste<br>No.  | of Waste  | ards   | N <sub>2</sub>   | ame of Regi  | istered l  | -andfill   |  |  |   |  |
|               |  | Ha   | DEP Wuler ID   | /aste<br>No.  | of Waste  |  | W  | estern B   | istered l  | -andfill   |  |  |   |  |
|               |  | Ha   | uler ID  | /aste<br>No.  | of Waste<br>TBD<br>Disposal   |  | Cit  | estern Br  | erks L   | -andfill   |  |  |   |  |
|               | Title  | Ha   | uler ID  | /aste<br>No.  | of Waste<br>TBD<br>Disposal<br>TBD  |  | Cit  | estern B   | erks L   | andfill  |  |  |   |  |
|               | Emerge justificat Cancolla Cancolla Sament is Tanas Authority Sament is Tanas Authority Sament is Tanas Sament in Tanas Same | g Firm  Schedillon  Schedillon | Emergency (Including justification) Cancollation  Rement is Taking Place (3) S Authority  Schoduled Council (8)  Perform  Schoduled Council (8)  Including Entire Period of Abate (8)  Including Owner (8) | Emergency (Including justification) Cancollation  Rement is Taking Place (3) S Authority  Con (57.  Scheduled Complete 10/15/16  Rement (Check Only One) Suring Entire Period of Abatement take of Normal Facility Hours  Apply)  Renovation Demolition | Emergency (Including justification)  Cancollation  Emergency (Including justification)  Cancollation  FACILITY  FACILITY  County Code (STATE USE O  STATE USE O  ASCM No.  Scheduled Completion Dato (1  10/15/16  Rement (Check Only One)  Juring Entire Period of Abatement talde of Normal Facility Hours  Apply)  Renovation  Demolition  Is Location  Normally  Used Stelly by  Used Stelly by | Emergency (Including justification)  Cancollation  Edgewater, NJ Name of Contact Walter Paul  FACILITY INFORM  FACILITY INFOR | Emergency (Including justification)    Emergency (Including justification)   Name of Contact Walter Paul | Emergency (Including justification)  Rement Is Taking Place (3)  S Authority  FACILITY INFORMATION  FACILITY INFORMATION  Typ  Square 150  County Code (7) (STATE USE ONLY)  Street Address  Glenwood  Gly. State. Zig  Glenwood  Gly. State. Zig  Scheduled Completion Dato (11)  Name of Cost  Street Address  Scheduled Completion Dato (11)  Name of Abatement tside of Normal Facility Hours  Is Location  Normally  Is Location  Normally  Lead Scley by  Lead Scl | Emergency (Including justification)  Cancollation  Emergency (Including justification)  Cancollation  FACILITY INFORMATION  FACILITY INFORMATION  Type of Facility  School (K. Subchapte S | Emergency (Including justification)  Cancollation  Emergency (Including justification)  Cancollation  Emergency (Including justification)  Name of Contact Walter Paul  FACILITY INFORMATION  Typo of Facility (4)  School (K-12)  Subchapter 8 (Oir Surare Feet # of 1500 1  County Code (7)  (STATE USE ONLY)  Current Use (Prior if bold of 1500 1  Street Address  PO Box 483, 4 E Gate Dr  City. State. Zip Code  Glenwood, NJ 07418  Facility (4)  Subchapter 8 (Oir Subchapter 8)  Current Use (Prior if bold of 1500 1  City. State. Zip Code  Glenwood, NJ 07418  Facility (4)  Subchapter 8 (Oir Subchapter 8)  It subchapter 8 (Oir Subchapter 8)  County Code (7)  (STATE USE ONLY)  Current Use (Prior if bold of 1500 1  Including Owner (8)  Name of Abatement Contractor  ABS Environmental Service  City. State. Zip Code  Glenwood, NJ 07418  Telephone No. 973-764-2276  Name of OSHA Monitor  City. State. Zip Code  Apply)  Full Containment with N  Mini-Enclosure  Glovebag Proceduro  Non-Exempted (*) and N  Normally  Used Salohy by  Used Salohy by  Description of | Emergency (Including justification) Cancollation  Emergency (Including justification) Cancollation  FACILITY INFORMATION  Type of Facility (4) School (K-12) Subchapter 3 (Other than Other (i.e. private & commett) Square Feet 1500  Current Use (Prior if boing demote 1500 for 15 | Emergency (Including justification) Cancollation  Emergency (Including justification) Cancollation  FACILITY INFORMATION  FACILITY INFORMATION  FACILITY INFORMATION  Typo of Facility (4) School (K-12) Subset Feet South of Floore 1500  County Code (7) (STATE USE ONLY)  ASSM No.  Name of Abatement Contractor (9) ABS Environmental Services, LLC  Sireet Address  PO Box 483, 4 E Gate Drive  City. State. Zip Code Glenwood, NJ 07418  Telephone No. 973-764-2276  City. State. Zip Code Glenwood of Abatement 10/15/16  Fement (Check Only One)  Scheduled Completion Date (11)  Name of OSHA Monitor  Full Containment with Negative Press Mint-Enclosure Mint-Enclosure City. State. Zip Code  Apply)  Renovation Domolition  Is Location Normally Used Stately by Used Stately b | Emergency (Including justification) Cancollation  Rement is Taking Place (3) S Authority  FACILITY INFORMATION  Typo of Facility (4)  School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial building of the private & commercial | Emergency (Including Justification) Cancollation  Emergency (Including Justification) Cancollation  FACILITY INFORMATION  FACILITY INFORMATION  School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-1 |

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

|   | NC                   |                          | CATION                         | te of New Jerse<br>OF ASBESTOS<br>o NJAC 8:60 an | ABATEN                               |            |   | m.E                                    | Œ,                                  | E C          | V.            | 4496      |
|---|----------------------|--------------------------|--------------------------------|--|--------------------------------------|------------|---|--|-------------------------------------|--------------|---------------|-----------|
| Date of Notification (1)<br>7/29/2016   |                      |                          |                                | Building Owner/G<br>Realty Manag                 |                                      |            |   |  | ALIC                                | 1            | 201           |           |
| Agencies Notified Type Notification   |                      | (1)                      | Street Ac                      | idress<br>ennedy Blvd                            | Suite B                              | 1          |   |  | AUU                                 |              | - 20          |           |
| EPA Initial Amended   | car.                 |                          | City, Stat                     | e, Zip Code                                      |                                      | 70         |   | ASE                                    |                                     |              |               |           |
| DOL Amendmen Emergency justification)   | (including           |                          | North E                        | Bergen NJ 070<br>Contact                         | J47                                  |            |   | Telephone N                            | took a little property the large of | ENE          | HVG           |           |
| ▼ DOH       justification)         □ DCA       Cancellation   |                      |                          | Mike                           | ITV INFORMAT                                     | ION                                  |            |   |  |                                     | 3            |               |           |
| Name of Facility Where Abatement is Takin   | ng Place (3)         |                          | FACIL                          | ITY INFORMAT                                     | ION                                  | Туре       | of Facility (4)                         |  |                                     |              |               |           |
| Private Residence Street Address  |                      |                          |                                |  |                                      |            | Other (i.e. pri                         | (Other than K<br>vate & comme          |                                     | ildings      | , home        | es,       |
| City (5)<br>West New York   |                      |                          |                                |  |                                      | - 6        | etc.)<br>re Feet<br>0+                  | # of Floors<br>2+                      |                                     | Bldg.<br>50+ | Age           |           |
| County (6)<br>Hudson  |                      |                          | County C                       | Code (7)<br>ISE ONLY)                            |                                      |            | nt Use (Prior<br>dential                | if being demo                          | ished)                              |              |               |           |
| Name of Monitoring Firm Hired by Building   | Owner (8)            |                          | ASCM                           | No.  |                                      |            | ement Contr<br>ontracting               |  |                                     | -\-          |               |           |
| Street Address  |                      |                          |                                |  | Street<br>205 F                      |            | s<br>46 Suite 7                         | 7a                                     |                                     |              |               |           |
| City, State, Zip Code   |                      |                          |                                |  |                                      |            | p Code<br>I 07512                       |  |                                     |              |               |           |
| Project Manager for Monitoring Firm   |                      | Telephor                 | ne No.                         | 100000000000000000000000000000000000000          | one No<br>333-9                      |            | License<br>01232                        |  |                                     |              |               |           |
| Start Date (10)<br>8/10/16  | Scheduled<br>8/11/16 |                          | npletion (                     | Date (11)  |                                      |            | IA Monitor<br>on Consult                | ants Inc.                              |                                     |              |               |           |
| Occupancy Status During Abatement (Che  |                      |                          | 0.3304.001 #                   |  |                                      | Addres     | s<br>garaw Rd,                          | Bldg 35 E                              |                                     |              |               |           |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Nor  Other – Describe: Normal Working Ho | mal Facility         |                          |                                |  |                                      |            | p Code<br>NJ 07410                      |  |                                     |              |               |           |
| Scope of Work (Check All That Apply)  | _                    |                          |                                |  |                                      | 7          |   |  |                                     |              |               |           |
| ≥3 sf or ≥3 lf<br>× ≥160 sf or ≥260 lf  | F11112               | enova<br>emolit          |                                |  | ×                                    | Mir<br>Glo | ni-Enclosure<br>ovebag Proce            | nt with Negativedure<br>(*) and Non-Fr |                                     |              | ire           |           |
|   |                      | Locati                   |                                |  |                                      | 1 100      | II-Exempted                             | ( ) and ivon-in                        | lable i                             | Aba          | tement<br>ype |           |
| Location of<br>Asbestos-Containing Material (ACM)   | Used                 | ormal<br>i Sole<br>ntena | ly by                          | De<br>Asbestos Cor                               | escription<br>ntaining N             |            | (ACM)                                   | Amount                                 |                                     | T            |               |           |
| TO BE ABATED In Facility (13)   |                      |                          | Staff?                         |  | al system:<br>acing, VA<br>miscellar | T, or      | ation,                                  | (Specify<br>SF or LF)                  | Kemovai                             | Repair       | Encapsulate   | Enclosure |
| •   | Yes                  | No                       | N/A                            |  |                                      | 4.         |   | 20015                                  | 17                                  |              | 6             |           |
| Basement  |                      | X                        | Pipe                           | e Insula   | ition                                |            | 280 LF                                  | X                                      |                                     |              |               |           |
|   |                      |                          |                                |  |                                      |            |   |  |                                     |              |               |           |
|   |                      | UDEDW                    | factor   Corbi                 | a Varda  |                                      | Name of B  | egistered Land                          | 4611                                   |                                     |              |               |           |
| Name of Registered Waste Hauler Unicorn Contracting Corp.   |                      | H                        | IJDEP W<br>lauler ID<br>035844 | No. of Wa  | c Yards<br>aste                      |            | 200000000000000000000000000000000000000 | n Resource                             |                                     | very         | Fasc          | lity      |
| City, State<br>Totowa NJ 07512  |                      |                          | 1,12                           | Dispo<br>TBD                                     | osal Date                            |            | City, State                             | n PA                                   |                                     |              |               |           |
| Completed by<br>Dimo Golcev   | Title<br>Gene        | ral N                    | 1anage                         |  | Signature                            |            | 11                                      |  | Date<br>7/29/                       | 16           |               |           |

CK3203

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

| CK3205   |                 | NC   | יוור  |                 |                   |             |         | 60 and 5:16                       |             |          | EGE                            |          | İĿ      | , ,         |           |
|--|-----------------|--|-------|-----------------|-------------------|-------------|---------|-----------------------------------|-------------|----------|--------------------------------|----------|---------|-------------|-----------|
| Date of Notification (1)   |                 | ->   |       |                 | Name              | of Building | Owr     | ner/Operator (2                   | 2)          | 1.27     |                                |          |         | Q!          | 1         |
| 7 /  | 29 / _          | 16   |       |                 | Eliz              | abeth Sh    | erm     | an                                |             |          | ALIC                           | 2 20     | 16      | 2           |           |
| Agencies Notified  | Type Notifica   | ition                                      |       |                 | Street            | Address     |         |                                   |             | 111      | AUU                            |          |         |             | -         |
| ⊠ EPA  |                 |  |       |                 |                   |             |         |                                   |             |          |                                |          |         |             |           |
| ⊠ DOLWD  | Amended Amendme |  |       |                 | City, S           | tate, Zip C | ode     |                                   |             |          | ASBESTOS                       | SCON     | FIOL    | C           | -         |
| ☑ DOH ☐ DCA  | ☐ Emergend      | VI. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. | lina  |                 | Che               | rry Hill, I | NJ 0    | 8034                              |             |          | LICE                           | ENSING   | 1       |             |           |
| (NJAC 5:23-8)  | justification   |  | mig   |                 | Name              | of Contact  |         |                                   |             |          | Telephone Nu                   | umber    |         | ~           |           |
|  | ☐ Cancellati    | ion  |       |                 | Eliz              | abeth Sh    | erm     | an                                |             | 1        |                                |          |         |             |           |
|  |                 |  |       |                 | FAC               | CILITY IN   | FOR     | RMATION                           |             |          |                                |          |         |             |           |
| Name of Facility Where A   | Abatement is T  | aking Pla                                  | ace ( | 3)              |                   |             |         |                                   | Type of Fa  |          | -)                             |          |         |             |           |
| Sherman Residence  | е               |  |       |                 |                   |             |         |                                   | School      |          | /O                             | 40)      |         |             |           |
| Street Address   |                 |  |       |                 |                   |             |         |                                   |             |          | Other than K-<br>vate and comr |          | uilding | IS,         |           |
|  |                 |  |       |                 |                   |             |         |                                   | homes       |          |                                |          |         | 904<br>2000 |           |
| City (5)   |                 |  |       |                 |                   |             |         |                                   | Square Fe   | eet      | # of Floors                    | В        | ldg. A  | ge          |           |
| Cherry Hill  |                 |  |       |                 |                   |             |         |                                   | 1295        |          | 1                              |          | 80      |             |           |
| County (6)   |                 |  |       |                 | Coun              | ty Code (7  | )(STA   | TE USE ONLY)                      |             |          | r if being dem                 | olished) |         |             |           |
| Burlington   |                 |  |       |                 |                   |             |         |                                   | Reside      | nce      |                                |          |         |             |           |
| Name of Monitoring Firm  | Hired by Build  | ling Own                                   | er (8 | 3) /            | ASCM              | No.         | Nar     | me of Abateme                     | ent Contrac | tor (9)  |                                |          |         |             |           |
| Management & Cor   | nsulting Ser    | vices                                      |       |                 |                   |             | S       | hade Enviro                       | nmental,    | LLC      |                                |          |         |             |           |
| Street Address   |                 |  |       |                 |                   |             | Stre    | eet Address                       | V.U.S C.E.  |          |                                |          |         |             |           |
| PO Box 341   |                 |  |       |                 |                   |             | 6       | 23 Cutler Av                      | renue       |          |                                |          |         |             |           |
| City, State, Zip Code  |                 |  |       |                 |                   |             | City    | , State, Zip Co                   | ode         |          |                                |          |         |             |           |
| Chesterfield, NJ 08  | 515             |  |       |                 |                   |             | N       | laple Shade                       | NJ 0805     | 2        |                                |          |         |             |           |
| Project Manager for Mon  | itoring Firm    |  |       | Tele            | phone             | No.         | Tel     | ephone No.                        |             |          | License No.                    | Į.       |         |             |           |
| William Weisgarbe  | r               |  |       | 60              | 9-298             | 4070        | 8       | 56-755-0099                       |             |          | 00842                          |          |         |             |           |
| Start Date (10)  | S               | Schedule                                   | d Co  | mplet           | tion Da           | te (11)     | Nar     | me of OSHA M                      | lonitor     |          |                                |          |         |             |           |
| 08 /16 /   | 16              | 08   | _ /   | _23             | _ / _             | 16          | E       | MSL Analyti                       | ical, Inc.  |          |                                |          |         |             |           |
| Occupancy Status During  | g Abatement (0  | Check on                                   | ly or | ne)             |                   |             | Stre    | eet Address                       |             |          |                                |          |         |             |           |
| □ Facility Closed/Vacate   | ed During Entir | e Period                                   | of A  | bater           | nent              |             | 2       | 00 Route 13                       | 0 North     |          |                                |          |         |             |           |
| ☐ Abatement Performed  |                 |  |       |                 |                   |             | City    | , State, Zip Co                   | ode         |          |                                |          |         |             |           |
| Time of Abatement: _   | AM              | PM/_                                       |       | _PM-            |                   | AM          | С       | innaminson                        | , NJ 0807   | 7        |                                |          |         |             |           |
| Scope of Work (Check al  | I that apply)   |  |       |                 |                   |             |         |                                   |             | 41. N.L. | " - D                          | 2000     |         |             |           |
|  |                 | $\boxtimes$                                | Ren   | ovatio          | on                |             |         | ☐ Full Cont                       |             | tn Nega  | tive Pressure                  |          |         |             |           |
| ☐ ≥160 sf or ≥260 lf   |                 |  |       | nolitio         |                   |             |         | ☐ Glovebag                        | g Procedur  |          |                                |          |         |             |           |
|  |                 |  |       |                 |                   | _           |         | ☐ Non-Exe                         | mpted (*) a | nd Non-  | -Friable Proce                 |          |         | 200244      |           |
|  | -6              |  |       | _ocati<br>ormal |                   |             |         | Description o                     | £           |          |                                | A        | patem   | ent T       | 1         |
| Location<br>Asbestos-Containing  |                 |  | Jsed  | Sole            | ly by             | Asbe        | stos    | Containing Ma                     |             | 1)       | Amount                         | Rer      | Repair  | Enc         | Enclosure |
| TO BE ABA  | ATED            |  |       | ntena           | nce/<br>Staff?    | (i.e        |         | rmal systems                      |             | 15.      | (Specify                       | Removal  | air     | aps         | losi      |
| IN Facili<br>(13)  | ity             |  | Jusic | (12)            | Jiaii :           |             |         | surfacing, VAT,<br>her miscellane |             |          | SF or LF)                      | <u>n</u> |         | Encapsulate | l e       |
| (13)   |                 | Y  | es    | No              | N/A               |             | Oti     | Her miscellane                    | ous)        |          |                                |          |         | te          |           |
| Basement   |                 |  | ]     |                 |                   | Asbest      | os B    | oard on Cei                       | ling        |          | 16 SF                          |          |         |             |           |
| Basement   |                 |  | ]     |                 | $\boxtimes$       | Asbest      | os      | paper on due                      | ct          |          | 6 SF                           |          |         |             |           |
|  |                 |  |       |                 |                   |             |         |                                   |             |          |                                |          |         |             |           |
|  |                 |  |       |                 |                   |             |         |                                   | 350         |          |                                |          |         |             |           |
| Name of Registered Waste Hauler  |                 |  |       |                 |                   | Vaste       | Cut     | oic Yards of                      | Name of     | Registe  | ered Landfill                  |          |         |             |           |
| Freehold Cartage   |                 |  |       | Н               | auler II<br>15939 |             | Wa<br>1 |                                   | Cumi        | perland  | d County La                    | andfill  |         |             |           |
| City, State  |                 |  |       | T.              |                   |             |         | posal Date                        | City, Sta   |          | A .                            |          |         |             |           |
| Freehold, NJ   |                 | A Section 1                                |       |                 |                   |             | 0       | 8/23/2016                         | Newb        | urg, P   | A /                            |          |         |             |           |
| According to the control of the cont | ype) _          | Title                                      |       |                 |                   |             |         | Signature                         |             | 27       | 1/                             | Date     | . 0     |             |           |
| Diana Lynch  |                 |  |       |                 |                   |             |         | 1100                              | 7-1-1       | .4.      | 1                              | 7        | 17-     | 16          |           |

ASB-41 JAN 13

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

CK 3196

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

| CK 31916   |                             | NOT  |        |               |                  |             |  | and 5:16     |               | [ purco                      | E C E                 |         | VI          |        |             |           |
|--|-----------------------------|--|--------|---------------|------------------|-------------|--|--------------|---------------|------------------------------|-----------------------|---------|-------------|--------|-------------|-----------|
| Date of Notification (1)   |                             |  |        | N             | lame o           | f Building  | Owner                                    | Operator (2  | 2)            |                              |                       |         |             |        |             |           |
| 7 /  | 28 /                        | 16   |        |               |                  |             |  | d of Educa   |               | 11                           | e <sup>r</sup>        | 963     | nn!         | C      |             | 4         |
| Agencies Notified  | Type Notificati             | on   |        | S             | treet A          | ddress      |  |              | +=======      |                              | AUG                   | -       | 20          | 0      |             | -         |
| ⊠ EPA  | ☐ Initial                   | 011  |        |               | 170 F            | rederick    | ( Aver                                   | nue          |               | 1                            | ì                     |         |             |        | 1           | 1         |
| ☑ DOLWD  | ☐ Amended                   |  |        |               | City, Sta        | ate, Zip Co | ode                                      |              |               | -                            | ASBESTO               | S 00    | i:IT        | FICE   | - òx        |           |
| □ DOH  | Amendmer                    | The state of the s | 4      |               |                  | e Shade     |  | 8052         |               | 1                            | LICI                  | ENCH    | NG          |        |             | -         |
| ☐ DCA  | ☐ Emergency justification   |  | g      | h             | 0.50             | f Contact   |  |              |               |                              | Telephone Nur         | mber    |             |        |             |           |
| (NJAC 5:23-8)  | Cancellatio                 |  |        |               |                  | ard Wint    | er                                       |              |               |                              |                       |         |             |        |             |           |
|  |                             |  |        |               | EAC              | ILITY INF   | FORM                                     | ATION        |               |                              |                       |         |             |        |             |           |
| Name of Facility Where   | Abatamant is Ta             | king Plac  | a (3)  | 8             | FAC              | ILLI I IIVI | Ortin                                    | ATION        | Type of F     | acility (4                   | )                     |         |             |        |             |           |
|  | : Abatement is ra           | iking i iao  | C (O)  |               |                  |             |  |              | School        | ol (K-12)                    |                       |         |             |        |             |           |
| Residence  |                             |  |        |               |                  |             |  |              | Subch         | napter 8                     | Other than K-1        | 12)     | huile       | dinge  |             |           |
| Street Address   |                             |  |        |               |                  |             |  |              |               | (i.e., priv<br>s, etc.)      | rate and comm         | leiGai  | Juli        | alliga | L           |           |
|  |                             |  |        |               |                  |             |  |              | Square F      | a to the same of the same of | # of Floors           |         | Bldg        | J. Age | 9           |           |
| City (5)   |                             |  |        |               |                  |             |  |              | 1,000         |                              | 1                     |         | 80          | )      |             |           |
| Maple Shade  |                             |  | -      | -1            | Count            | v Code (7)  | /STATE                                   | USE ONLY)    |               | Jse (Prio                    | r if being demo       | olished | )           |        |             |           |
| County (6)   |                             |  |        |               | Count            | y code (/)  | ,,,,,,,                                  | 001 0/11/    |               | nt Resid                     |                       |         |             |        |             |           |
| Burlington   | III II D. III               | 0  | . /0\  |               | SCM N            | lo          | Name                                     | of Abatem    |               |                              |                       |         |             |        |             |           |
| Name of Monitoring Fin   |                             | ing Owne   | (0)    |               | OCIVI I          | NO.         | 000000000000000000000000000000000000000  | ade Envir    |               |                              |                       |         |             |        |             |           |
| Epic Environmen  | tal, LLC                    |  | _      |               |                  |             |  | t Address    |               | .,                           |                       |         |             |        |             | -         |
| Street Address   | ¥9                          |  |        |               |                  |             |  | Cutler A     | venue         |                              |                       |         |             |        |             |           |
| 1930 Brown Road  | 1                           |  |        |               |                  |             | 100000                                   | State, Zip C | September 197 |                              |                       |         | _           |        |             | _         |
| City, State, Zip Code  |                             |  |        |               |                  |             | B 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ple Shade    |               | 52                           |                       |         |             |        |             |           |
| Newfield, NJ 0834  | ./X.T.                      |  | 1 7    |               | h 8              | le .        | 100000                                   | hone No.     | , 140 000     |                              | License No.           |         |             |        |             |           |
| Project Manager for M  | onitoring Firm              |  |        |               | hone h           |             |  | 8-755-009    | 2             |                              | 00842                 |         |             |        |             |           |
| Jim Eberts   | $\overline{\perp}$          |  | 6-205- |               |                  | of OSHA     |  |              | 00012         |                              |                       |         |             |        |             |           |
| Start Date (10)  | No. 100-ment                | cheduled   |        |               |                  |             | Jane Land Share                          |              |               |                              |                       |         |             |        |             |           |
| 08 /08   | / _16_                      |  | / _    | 10            | _ / _            | 10_         | 000000                                   | ISL Analy    | licai, iiic   |                              |                       |         |             |        |             |           |
| Occupancy Status Dur   |                             |  |        |               |                  |             |  | t Address    |               |                              |                       |         |             |        |             |           |
| □ Facility Closed/Vac  | ated During Entir           | e Period   | of Ab  | aten          | nent             |             | 1000                                     | 0 Route 1:   | 557           |                              |                       |         |             |        |             |           |
| Abatement Perform  | ned Outside of No           | ormal Fac  | lity F | iours<br>DM-  | s - Des          | cribe<br>AM | 1  | State, Zip C |               |                              | ¥0                    |         |             |        |             |           |
| I ime of Abatement   | AIVI                        |  |        | . IVI         |                  | 3071        | Cit                                      | naminso      | n, NJ 080     | )//                          |                       |         |             |        |             |           |
| Scope of Work (Check   | ( all that apply)           |  |        |               |                  |             |  | M Full Cor   | tainment :    | with Nea                     | ative Pressure        |         |             |        |             |           |
| ≥3 sf or ≥3 lf   |                             |  | Reno   | vatio         | on               |             |  | ☐ Mini-En    | closure       |                              |                       |         |             |        |             |           |
| ☐ ≥160 sf or ≥260 lf   |                             | $\boxtimes$  | Dem    | olitio        | n                |             |  | Gloveba      | ag Procedi    | and Nor                      | n-Friable Proce       | dure    |             |        |             |           |
|  |                             |  | ( )    | - 15          | 12/12            | 1           |  | □ NOII-EX    | empted ( )    | and Non                      | 11110001              |         | Aha         | ateme  | ent T       | vpe       |
|  |                             |  |        | ocati<br>rmal |                  |             |  | Description  | of            |                              |                       | -       |             |        |             | 1000      |
| Locat<br>Asbestos-Containi   |                             |  | sed    | Sole          | ly by            |             | estos C                                  | ontaining M  | aterial (AC   |                              | Amount                |         | Remova      | Repair | Encapsulate | Enclosure |
| TO BE A  | ABATED                      |  | Main   | * (           | nce/<br>Staff?   | (i.e        |  | mal systems  |               | 1,                           | (Specify<br>SF or LF) |         | ova         | =      | psu         | nusc      |
| IN Fa  | 1000 Sept.                  |  |        | (12)          | 5.0011           |             |  | er miscellan |               |                              | J, J, _,              |         | _           |        | late        | Ф         |
| (1   | 5)                          | Ye   | s      | No            | N/A              |             |  |              |               |                              |                       |         |             |        |             |           |
| December   |                             |  | 1      | $\boxtimes$   |                  | Paper       | on Du                                    | ctwork       |               |                              | 12 SF                 |         | $\boxtimes$ |        |             |           |
| Basement   |                             |  | 1      |               |                  |             |  |              |               |                              |                       |         |             |        | П           |           |
|  |                             |  |        |               |                  |             |  |              |               |                              |                       |         |             |        |             |           |
|  | I                           |  |        |               |                  |             |  |              |               |                              | Ш                     | Ш       | Ш           |        |             |           |
|  |                             |  |        |               |                  |             |  |              |               |                              |                       |         |             |        |             |           |
| Name of Registered V   | Vaste Hauler                |  |        | IN            | JDEP             |             | Cubi                                     | c Yards of   | Name          | of Regis                     | tered Landfill        |         |             |        |             |           |
| Freehold Cartag  |                             |  |        | Н             | lauler I<br>1593 |             | Was                                      | te           | 4 1           |                              | nd County La          | andfill | 1           |        |             |           |
| City, State  |                             |  |        | TF ///        |                  |             | 31                                       | osal Date    | City, S       |                              |                       |         |             |        |             |           |
| Freehold, NJ   |                             |  |        |               |                  |             | 08                                       | 3/10/2016    | Nev           | wburg,                       | PA                    |         |             |        |             |           |
| ELECTRONIC SECURITION OF SECUR | or Type)                    | Title  |        |               |                  |             | 1  | Signature    | 1             | 1                            |                       | Date    |             |        | ^           |           |
| Christina Lynch  | Sompleted by (1 mm et 1)p-7 |  |        |               |                  | ger         |  | Onsh         | (Q)           | >                            | $\supset$             | 7/      | 2           | 18/    | 14          |           |

| NOCK   |              |                                       |                   | State of New<br>TON OF ASBE<br>at to NJAC 8:6 | ESTOS AB   |   | т Г                 | m E C  |         | Ī Ī       |              | P = 1     |
|--|--------------|---------------------------------------|-------------------|---|--|---|---------------------|--|---------|-----------|--------------|-----------|
| Date of Notification (1)   |              |                                       |                   |   | of Building<br>LIAN BOO                                    |   |                     | and the same of th |         |           |              |           |
| 7 / 26 /16   |              |                                       |                   | Street A                                      | ddress   |   |                     | H AÜ   | Û (     | 20        | 16           |           |
| Agencies Notified Type Notif   | cation       |                                       |                   | 155-175                                       | WEST HU  | DSON A                                  | VENUE               |  |         |           |              |           |
| DEP Ame  | Notification |                                       |                   |   | ate, Zip Coo<br>WOOD, NE                                   |   | EY 0763             | ASSES  | COS C   |           |              | 1.3       |
|  | ellation     | 40                                    |                   | Name  | f Contact  |   |                     | Telephone Nu   |         |           |              |           |
|  | RGENCY       | #3<br>NOTIF                           | FICAT             |   | N STROHL   |   |                     | l elephone Nu  | mber    |           |              |           |
|  |              |                                       |                   | ACILITY INFO                                  |  |   |                     |  |         |           |              | _         |
| Name of Facility Where Abatement THE LILLIAN BOOTH ACTORS HOM  |              | Place                                 |                   | AOILIT IIII                                   | 3 (WA) (TO)  | Туре                                    |                     | -12)<br>er 8 (Other than   |         |           |              |           |
| ·  |              |                                       |                   |   |  |   |                     | private & comm   |         |           |              | _         |
| Street Address<br>175 WEST HUDSON AVENUE   |              |                                       |                   |   |  | 100                                     | are Feet<br>0,360   | # of Floors<br>2   |         |           | g. Age<br>57 | 8         |
|  | nty (6)      |                                       | -                 | County  | Code (7)   |   |                     | ior if being dem   | nlished |           |              | h         |
| ENGLEWOOD BER  |              |                                       |                   |   | ISE ONLY)  |   | 200                 | ION BUILDING   |         | , , , , , |              |           |
| Name of Monitoring Firm Hired by E<br>ENVIRONMENTAL HEALTH INVIEST   |              |                                       |                   |   | ASCM No.   | Name                                    |                     | ment Contract  |         | ION       |              |           |
| Street Address   |              |                                       |                   |   |  | Stree                                   | t Address           |  |         |           |              |           |
| 655 WEST SHORE TRAIL   |              |                                       |                   |   |  |   |                     | OCK ROAD   |         |           |              |           |
| City, State, Zip Code  |              |                                       |                   |   |  | 100000000000000000000000000000000000000 | State, Zip          |  |         |           |              |           |
| SPARTA,  | NEW JER      | _                                     |                   | Niverban                                      |  |   | hone Num            | N YORK 10901   | cense N | lumba     |              |           |
| Project Manager for Monitoring Firm JEAN PAUL VON DOEHREN  |              |                                       | рпопе<br>729-5    | Number  |  | 200000000000000000000000000000000000000 | 69-7500             | W. C.  | 101     | MUITIDE   | <b>31</b>    |           |
| Expected State Date (10)   | Sch          |                                       |                   | tion Date (11                                 | 1  | 120000000000000000000000000000000000000 | of OSHA             |  | 101     |           |              |           |
| 7 / 12 16  |              |                                       | /                 | 30  | /16  | AMER                                    |                     | TVIOTITO!  |         |           |              |           |
| Month Day Year   |              | onth                                  |                   | Day   | Year   |   |                     |  |         |           |              |           |
| Occupancy Status During Abatement Facility Closed/Vacated Du Abatement Performed Outs X Other - Describe: Moni | ring Entire  | Perio                                 | d of A<br>acility |   | ribe:  | 117 E                                   | t Address EAST 30TH | H STREET   |         |           |              |           |
| Scope of Work (Check all that apply)  Demolition  >3SF OR LF  x >160 SF OR 260 LF                              | X Ren        | ovatio                                | n                 | X   | Mini-En<br>Gloveb  |   | edure               | NY, NY 10<br>ative Pressure  |         |           |              |           |
| Location of  | 14555        | Loca                                  |                   |   | scription of   |   |                     |  |         |           | ent T        |           |
| Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)   | Maii         | mally<br>solely<br>nt/Cus<br>Staff (* | by<br>stodial     | (ie<br>insul                                  | taining Mate<br>e. Thermal<br>lation, surfa<br>other misce | systems<br>cing, VA                     | Т,                  | Amount<br>(Specify<br>SF or LF)  | REMOVAL | REPAIR    | ENCAPSULE    | ENCLOSURE |
| 1st FLOOR WINGS 1 & 2  |              |                                       | X                 | CEILING PLA                                   | ASTER  |   |                     | 2.700 SF   | X       |           |              |           |
| LOWER LEVEL  |              |                                       | X                 | VAT & MAST                                    |  |   |                     | 600 SF   | X       |           |              |           |
| ATTLIC   |              | 1                                     | X                 | DUCT MAST                                     | 0.00   |   | -                   | 16 SF  | ×       | 1         |              | М         |
| EXTERIOR WINGS 1 & 2   |              |                                       | X                 | WINDOW CA                                     |  |   |                     | 10 SF  | X       | 1         | 1            |           |
|  |              | 1                                     |                   |   |  | ANIELO                                  |                     | 850 SF   | ×       | +         | +            | $\vdash$  |
| EXTERIOR WINGS 1 & 2   |              | 1                                     | X                 | TRANSITE V                                    |  | AINELS                                  |                     | 8 SF   | ×       | +         | +            | $\vdash$  |
| EXTERIOR WINGS 1 & 2   | -            | -                                     | X                 | BUILDING C                                    | AULLK  |   |                     |  | ×       | +         | +            | $\vdash$  |
| EXTERIOR ROOF  | FLASHING     |                                       |                   |   | 390 SF   |   | +-                  | +-   | -       |           |              |           |
| EXTERIOR PATIO   | WATERPRO     | OFING TAI                             | ₹                 |   | 60 SF  | X                                       | +-                  | +  | +       |           |              |           |
| EXTERIOR SOFFITS WINGS 1 & 2   |              |                                       | X                 | TRANSITE P                                    |  | The                                     |                     | 1,000 SF   | X       |           |              | -         |
| Name of Registered Waste Hauler<br>GLOBAL WASTE INDUSTRIES   |              | EP W<br>ler ID<br>2214                | No.               | Cubic Yards                                   | of Waste<br>30   |   |                     | ered Landfill<br>FILL/TULLYST  | OWN     | <u> </u>  |              |           |
| City, State  | 7 - 1982 1 C | -                                     | 1-1-1-1           | Disposal Date                                 |  | City,                                   |                     | n/2 4000000000000000000000000000000000000  | VOTO    |           |              |           |
| HACKETTSTOWN, NJ 07840   | Title        |                                       |                   | 7/12/16-9/30/                                 |  | IMOR                                    | MANDELL,            | PÁ 19067/TULI  | ate -   | VN,P      | A            | 1         |
| Completed by (Print or Type) BENJAMIN SANCHEZ  |              | R OF                                  | OPE               | RATIONS                                       | gnature  | 1/                                      |                     |  | 7       | 12        | 6/           | 16        |

| 10  | NO                     |   |                        | OF ASBESTOS<br>O NJAC 8:60 an |                     |                                       | [ /m]                  | E M IS                                  | n n     | ) je           | -           | •         |
|---|------------------------|---|------------------------|-------------------------------|---------------------|---------------------------------------|------------------------|---|---------|----------------|-------------|-----------|
| Date of Notification (1) 7–29–16  |                        |   |                        | uilding Owner/O               |                     |                                       | iducat.                | ion                                     | 1.      |                | -           |           |
| Agencies Notified Type Notifical  | tion                   | S   | treet Add              | ress                          | -                   |                                       | ducat.                 | AUG 2                                   | 20      | 16             | -           |           |
| ĭ EPA □ Initial   |                        |   |                        | uckelew                       | Avenue              | e<br>                                 |                        | A00 L                                   |         | 10             | 1117        |           |
| DEP Amende Amenda   |                        |   |                        | . Zip Code<br>e Townsh        | ip, N               | J 08831                               | L<br>AS                | BESTOS O                                | ONT     | AUL            | 8           |           |
| DOH Emerger   | icy (including<br>ion) | 1   | Name of C              |                               |                     |                                       | - CONTRACT             | elephone Number                         |         |                |             | _         |
| □ DCA □ Cancella  | tion                   |   |                        | Tague TY INFORMA              | TION                |                                       |                        |   |         |                |             |           |
| Name of Facility Where Abatement is Tak<br>Barclay Brook Element                        |                        | 1   | FACILI                 | TT LAPORALA                   | TION                | Type of Faci                          |                        |   |         |                |             |           |
| Street Address<br>358 Buckelew Avenue   |                        |   |                        |                               |                     |                                       |                        | er than K-12)<br>& commercial bu        | ilding  | s, hon         | es, etc     | c.)       |
| City (5)<br>Monroe Township   | 6                      |   |                        |                               |                     | Square Feet 50,000                    | . #                    | of Floors<br>2                          |         | ig. Ag<br>)yrs |             |           |
| County (6) Middlesex  | ii.                    |   | County Co<br>STATE US  |                               |                     | Current Use<br>school                 | (Prior if be           | ing demolished)                         |         |                |             |           |
| Name of Monitoring Firm Hired by Buildi<br>McCabe Environmental                         | ng Owner (8)           |   | ASCM                   | No.                           | 1200 1000 1000 1000 | of Abatement<br>ymouth I              |                        | (9)<br>nmental C                        | 0.,     | Inc            | •           |           |
| Street Address<br>464 Valley Brook Aven   | 116                    |   |                        |                               |                     | Address<br>3 Haws A                   | \tzenije               |   |         |                |             |           |
| City, State, Zip Code   |                        |   |                        |                               | 100000              | State, Zip Code                       |                        |   |         |                |             | -         |
| Lyndhurst, NJ 07071   |                        |   | Telephone              | No                            |                     | rristowi<br>hone No.                  | n, PA                  | 19401<br>License No.                    |         |                |             |           |
| Project Manager for Monitoring Firm<br>Matthew Smith                                    |                        |   |                        | 38–4839                       | 1                   | 0-239-99                              | 920                    | 00398                                   |         |                |             |           |
| Start Date (10)<br>7-5-16   | Scheduled<br>8-31-     |   | letion Dat             | e(11)                         |                     | of OSHA Mo<br>mouth E                 |                        | mental Co                               | ).,I    | nc.            |             |           |
| Occupancy Status During Abatement (Che  | eck Only One)          |   |                        |                               |                     | Address                               |                        |   |         |                |             |           |
| Facility Closed/Vacated During Enti Abatement Performed Outside of No Other – Describe: |                        |   |                        |                               | City,               | B Haws A<br>State, Zip Cod<br>ristown | e                      | 9401                                    |         |                |             |           |
| Scope of Work (Check All That Apply)  |                        |   |                        |                               | 1101                | TISCOWII                              | , FA I                 | 7401                                    |         |                |             |           |
| □ ≥3 sf or ≥3 lf  □ ≥160 sf or ≥260 lf  |                        | novat<br>moliti                                 |                        |                               |                     | ☐ Mini-End ☐ Glovebas                 | closure<br>g Procedure | ith Negative Press<br>and Non-Friable I |         | иге            |             |           |
|   | 77500                  | Locati  | Parameter 1            |                               |                     |                                       |                        |   |         | Abate          | ement<br>pe |           |
| Location of Asbestos-Containing Material (ACM <u>TO BE ABATED</u> In Facility (13)      | (1) Usec Mai           | ormall<br>I Solel<br>intenai<br>odial S<br>(12) | y by<br>nce/<br>Staff? | (i.e. thermal s               |                     | Material (ACN<br>sulation, surfactor  |                        | Amount<br>(Specify<br>SF or LF)         | Removal | Repair         | Encapsulate | Enclosure |
| various rooms   | Yes                    | X   | N/A                    | VAT & n                       | nactio              |                                       |                        | ,230 SF                                 | 37      |                |             |           |
|   | x                      |   |                        | pipe ir                       |                     |                                       |                        | ,300 LF                                 | X       |                |             |           |
| pipe tunnel   |                        |   |                        | L-Eo Ti                       |                     |                                       |                        | , |         |                |             |           |
| Name of Registered Waste Hauler   |                        | IN  | NJDEP W                | aste Cu                       | bic Yards           | l Na                                  | ime of Reg             | istered Landfill                        |         |                |             |           |
| Newark Carting  |                        | 1000  | tauler ID<br>4509      | No. of                        | Waste<br>50 CY      |                                       |                        | va Landfi                               | .11     |                |             |           |
| City, State<br>Newark, NJ   |                        |   |                        | 1 3 3 3                       | sposal Dat          |                                       | iy. State<br>Wayne     | sburg, OH                               | [       |                |             |           |
| Completed by James Kelly  | Title<br>Pre           | esid  | lent                   |                               | Signatu             | 1.7                                   | )()(),                 | / Da                                    |         | -16            |             |           |
|   |                        |   |                        |                               | 1 1                 | 1100                                  |                        | 7)                                      |         |                |             |           |

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

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|---|--|---|---|---|---|--|---|--|---|----------------|-------|----------------|-------------|
| e of Notification (1)   |  |   | Nam   | e of Bu   | ilding Owi                                  | ner/Operator (2)<br>esgrove Regio  | nal S   | School Dist  | rict AUG 2  | 2016           | 5     |                |             |
| 7 /   | 28 / 16  | 2   | W   | oodst   | own-Pile                                    | esgrove regre  |   | الما الما  | - !   |                |       |                | 1           |
|   | Type Notification  |   | Stre  | et Addr   | ress  |  |   |  |   | OUT            | CNI   | j              |             |
| ncies Notified  | Initial  |   | 13  | 35 Eas  | t Avenue                                    | е  |   |  | ASBESTOS C  | ONTE           | IUL   | ۵              | -           |
| EPA   | ⊠ Amended  |   | 555   |   | Zip Code                                    |  |   |  | LICENS  | 11117.3        |       |                | 1           |
| DOLWD   | Amendment #3   |   |   |   | town, NJ                                    |  |   |  |   |                |       |                | _           |
| DHSS<br>DCA   | ☐ Emergency (inclu   | uding   | 1.1   |   | ontact                                      |  |   | T  | elephone Number   |                |       |                |             |
| (NJAC 5:23-8)   | justification)   |   | 1   | OE Of   |   |  |   | 1  |   |                |       |                |             |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   | ☐ Cancellation   |   |   |   |   | TION   |   |  |   |                |       |                |             |
|   |  |   | F   | ACILI   | TY INFO                                     | RMATION  | Tuns  | of Facility (4)  |   |                |       |                |             |
| of Encility Where   | Abatement is Taking F  | Place (3)   |   |   |   |  |   | chool (K-12)   |   |                |       |                |             |
| Me of Pacinty Whole   | School/Middle Sch  | lool  |   |   |   |  | -   | /  | Other than K-12)  |                |       |                |             |
|   | 70110011111  |   |   |   | 87  |  | 0   | ther (i.e., priv   | ate and commercia   | al buildi      | ngs,  |                |             |
| eet Address   |  |   |   |   |   |  | h   | omes, etc.)  |   | Bldg.          |       |                |             |
| 140 East Avenue   |  |   |   |   |   |  | Squa  | are Feet   | # of Floors   | 10             | 200   |                |             |
| ty (5)  |  |   |   |   |   |  |   | 0000   | 3   |                |       |                |             |
| Woodstown   |  |   | To  | ounty (   | Code (7)(S)                                 | TATE USE ONLY)   | Curre   | ent Use (Prio  | r if being demolishe  | ea)            |       |                |             |
| ounty (6)   |  |   |   | ount,   |   |  |   |  |   |                |       |                | _           |
| Salem   |  | 101   | 100   | CM No   | N   | Name of Abateme  | ent Co  | ontractor (9)  |   |                |       |                |             |
| ame of Monitoring Firr  | n Hired by Building O  | wner (8)  | AS  | CIVI INO  |   | BRISTOL EN   | VIRC  | NMENTAL  | , INC.  |                |       |                |             |
| Horizon Group   |  |   |   |   |   | Street Address   |   |  |   |                |       |                |             |
| treet Address   |  |   |   |   | 5   | 1123 BEAVE   | RST   | REET   |   |                |       |                |             |
| PO Box 316  |  | 1 75 M  |   |   |   | City, State, Zip C   |   |  |   |                |       |                |             |
| ity, State, Zip Code  |  |   |   |   | (   |  |   | 007  |   |                |       |                |             |
| Thorofare, NJ 080   | 186  |   |   |   |   | BRISTOL, PA  | A 150   | 301  | License No.   |                |       |                |             |
|   |  | 1   | Teleph  | one No  | 0.  | Telephone No.  |   |  |   |                |       |                |             |
|   |  |   |   |   |   |  | -   |  | 00509   |                |       |                |             |
| roject Manager for Mo   | Milloring r in.  |   |   | -848-0  | 800   | 215-788-604  |   |  | 00509   |                |       |                |             |
| Steve Flanagan  |  | duled Con   | 856-  | -848-0  | 800   | 215-788-604<br>Name of OSHA  | Monito  | or   |   |                |       |                |             |
| Steve Flanagan  | Scheo  | duled Con   | 856-  | -848-0<br>n Date  | 800   | 215-788-604  | Monito  | or<br>ONMENTAL   |   |                |       |                | _           |
| Steve Flanagan<br>start Date (10)<br>6 / 20   | /16  | 8_/_  | 856-<br>npletio<br>5  | -848-0<br>n Date  | 800<br>(11) 1<br>16                         | 215-788-604<br>Name of OSHA  | Monito  | or<br>ONMENTAL   |   |                |       |                | _           |
| Steve Flanagan  itart Date (10) 6 /20  Description Status Dur   | Sched  | 8_/<br>k only one   | 856- npletio 5  | -848-0<br>in Date   | 800<br>(11) 1<br>16                         | 215-788-604<br>Name of OSHA<br>BRISTOL El<br>Street Address  | Monito  | ONMENTAL   |   | 5.0            |       |                |             |
| Steve Flanagan  itart Date (10)  6 / 20  Occupancy Status Dur   | Sched  | k only one  | 856- npletio 5 e)   | -848-0<br>in Date<br>/  | 800<br>(11)<br>16                           | 215-788-604 Name of OSHA BRISTOL Eff Street Address 1123 BEAVE   | Monito<br>NVIRO   | ONMENTAL   |   |                |       |                | _           |
| Steve Flanagan  Start Date (10)  6 / 20  Occupancy Status Dur  Facility Closed/Vac  | Sched  | k only one<br>eriod of Ab                                 | 856- pletio 5 e) patementors  | n Date / ent - Descri   | 800<br>(11)<br>16                           | 215-788-604 Name of OSHA BRISTOL Eff Street Address 1123 BEAVE City, State, Zip 0  | Monito<br>NVIRO<br>ER S   | ONMENTAL<br>TREET  |   |                |       |                |             |
| Steve Flanagan  Start Date (10)  6 / 20  Occupancy Status Dur  Facility Closed/Vac  Abatement Perform  Time of Abatement  | / Scheol / Scheol ring Abatement (Cheol rated During Entire Per red Outside of Norma t: 7:00AM-3:30PM/   | k only one<br>eriod of Ab                                 | 856- pletio 5 e) patementors  | n Date / ent - Descri   | 800<br>(11)<br>16                           | 215-788-604 Name of OSHA BRISTOL Eff Street Address 1123 BEAVE City, State, Zip G BRISTOL, P   | Monitor<br>NVIRO<br>ER S<br>Code<br>PA 19   | TREET  | , INC.  |                |       |                |             |
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| Steve Flanagan  Start Date (10)  6 / 20  Occupancy Status Dur  Facility Closed/Vac  Abatement Perform  Time of Abatement  \$\sum_{\subseteq} \subseteq \subse | Sched  /   Sched  /   Sched  /   | 8 / _<br>k only one<br>eriod of Ab<br>I Facility I<br>PM- | 856- npletio 5 e) patement  | ent - Descr   | 800<br>(11)<br>16                           | 215-788-604 Name of OSHA BRISTOL Et Street Address 1123 BEAVE City, State, Zip G BRISTOL, P  | Monitor<br>NVIRO<br>ER S <sup>-</sup><br>Code<br>PA 19  | TREET  0007  ment with Negure  | gative Pressure   |                |       |                |             |
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| Steve Flanagan  Start Date (10)  6 / 20  Occupancy Status Dur  Facility Closed/Vac  Abatement Perform  Time of Abatement  \$\sum_{\subseteq} \subseteq \subse | Sched  /   Sched  /   Sched  /   | k only one eriod of Ab I Facility I PM                    | 856- npletio 5 e) patemethours ovation nolition   | ent - Desci_AM  | 800<br>(11)<br>16                           | 215-788-604  Name of OSHA  BRISTOL Et  Street Address  1123 BEAVE  City, State, Zip 0  BRISTOL, P  Stull Co  | Monito<br>NVIRO<br>ER S <sup>-</sup><br>Code<br>PA 19<br>Intainment of the contraction of the c | TREET  0007  ment with Negure  | gative Pressure   | re<br>Aba      | ateme |                | Τ.          |
| Steve Flanagan  Start Date (10)  6 / 20  Occupancy Status Dur  Facility Closed/Vac  Abatement Perform Time of Abatement  \$\selectric{50 \infty AFED}{20}\$  Scope of Work (Check  \$\geq 3\$ sf or \$\geq 3\$ lf  \$\geq 160\$ sf or \$\geq 260\$ lf   | Sched    16  | k only one eriod of Ab I Facility I PM                    | 856- npletio 5 e) pateme Hours ovation nolition Locatio   | ent - Descr AM  | 800 (11) 1<br>16 ribe                       | 215-788-604  Name of OSHA  BRISTOL El  Street Address  1123 BEAVI  City, State, Zip ( BRISTOL, P     Full Co   Mini-E   Glovet   Non-E   | Monitor<br>NVIRO<br>ER S <sup>-</sup><br>Code<br>PA 19<br>Introduction<br>Dag Proxempt<br>In of<br>Materia  | TREET  0007  ment with Negure rocedure ted (*) and No  | gative Pressure   | re<br>Aba      | ateme |                | T.          |
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| Steve Flanagan  Start Date (10)  6 / 20  Occupancy Status Dur  Facility Closed/Vac  Abatement Perform  Time of Abatement  \$\sum_{\subseteq} \subseteq \subseteq \subseteq \subseteq \subseteq  Scope of Work (Check  \$\geq 23 \text{ sf or } \geq 3 \text{ lf}  \$\geq 2160 \text{ sf or } \geq 260 \text{ lf}  Local  Asbestos-Contain  TO BE  | In the second of | k only one riod of At I Facility I PM                     | 856- poletion 5 e) coatement Hours ovation nolition Locatic ormall d Solel ntenar odial S       | ent - Descri_AM   | 800 (11) 1<br>16 ribe                       | 215-788-604  Name of OSHA  BRISTOL Eli  Street Address  1123 BEAVI  City, State, Zip ( BRISTOL, P     Full Co   Mini-E   Glovet   Non-E   Description  stos Containing I , thermal system surfacing, V   | Monitor NVIRO ER ST Code PA 19 International Properties of Material Material Properties of                           | ONMENTAL TREET  0007 ment with Negure rocedure ted (*) and No  | gative Pressure   | re             | ateme | nt Encapsulate | Τ.          |
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| Steve Flanagan  Start Date (10)  6 / 20  Occupancy Status Dur  Facility Closed/Vac  Abatement Perform  Time of Abatement  \$ 5 0 \$ 4 7 6 0  Scope of Work (Check  > 3 sf or > 3 lf  > 160 sf or > 260 lf  Local  Asbestos-Contain  TO BE  (1)  Throughout  | In the second of | k only one riod of At I Facility I PM Ren Dem             | 856- ppletio 5 e) coateme Hours ovation condition Locatic ormall d Solel ntenar odial S (12) No | ent - Descr AM  pon y y by nce/ staff?  | 800 (11) 16 ribe Asbes (i.e.                | 215-788-604 Name of OSHA BRISTOL ER Street Address 1123 BEAVE City, State, Zip O BRISTOL, P  Street Address 1123 BEAVE City, State, Zip O BRISTOL, P  Street Address OBERISTOL, P  Street Addr | Monitor NVIRO ER ST Code PA 19 International Properties of Material Material Properties of                           | ONMENTAL TREET  0007 ment with Negure rocedure ted (*) and No  | gative Pressure on-Friable Procedu  Amount (Specify SF or LF)                 | re Aba Removal | ateme |                | Τ.          |
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| Steve Flanagan  tart Date (10)  6 / 20  Occupancy Status Dur  Facility Closed/Vac  Abatement Perform  Time of Abatement  \$ 50 \$ 4 \$ 7 \$ 50  Scope of Work (Check  \$ 3 \$ f or \$ 2 \$ 1 f  \$ \$ \$ \$ \$ 160 \$ \$ f or \$ 260 \$ 1 f  Local  Asbestos-Contain  TO BE  (1)  Throughout  | In the second of | k only one riod of At I Facility I PM Ren Dem             | 856- ppletio 5 e) coateme Hours ovation condition Locatic ormall d Solel ntenar odial S (12) No | ent - Descr AM  pon y y by nce/ staff?  | 800 (11) 16 ribe Asbes (i.e.                | 215-788-604 Name of OSHA BRISTOL ER Street Address 1123 BEAVE City, State, Zip O BRISTOL, P  Street Address 1123 BEAVE City, State, Zip O BRISTOL, P  Street Address OBERISTOL, P  Street Addr | Monitor NVIRO ER ST Code PA 19 International Properties of Material Material Properties of                           | ONMENTAL TREET  0007 ment with Negure rocedure ted (*) and No  | gative Pressure on-Friable Procedu  Amount (Specify SF or LF)                 | re Aba Removal | ateme |                | T.          |
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| Steve Flanagan  Start Date (10)  6 / 20  Occupancy Status Dur  Facility Closed/Vac  Abatement Perform Time of Abatement  1 SO LAFED  Scope of Work (Check  >3 sf or ≥3 lf  >160 sf or ≥260 lf  Local  Asbestos-Contain TO BE IN F  (1)  Throughout  Name of Registered  | Ing Abatement (Checked During Entire Person of Call that apply)  tion of Ing Material (ACM) ABATED acility (13)  | k only one riod of At I Facility I PM Sen Dem             | 856- npletio 5 e) coateme Hours ovatio nolition locatic ormall d Solel ntenar odial S (12) No   | ent - Descri_AM nn  | Asbes (i.e.  Pipe Ins Plaster               | 215-788-604  Name of OSHA  BRISTOL EN  Street Address  1123 BEAVE  City, State, Zip ( BRISTOL, P  Stull Co Mini-E Glovet Non-E  Description  stos Containing I thermal system surfacing, V other miscella  sulation  Cubic Yards of Waste  | Monitory VIRO   | TREET  0007  ment with Negure rocedure ted (*) and No  | Amount (Specify SF or LF)  20 LF  11,840 SF                                   | re Aba Removal | ateme |                | Τ.          |
| Steve Flanagan  Start Date (10)  6 / 20  Occupancy Status Dur  Facility Closed/Vac  Abatement Perform  Time of Abatement  I SO EAFED  Scope of Work (Check  >3 sf or ≥3 If  >160 sf or ≥260 If  Local  Asbestos-Contain  TO BE  IN F  (1)  Throughout   | Ing Abatement (Checked During Entire Person of Call that apply)  tion of Ing Material (ACM) ABATED acility (13)  | k only one riod of At I Facility I PM Sen Dem             | 856- npletio 5 e) coateme Hours ovatio nolition locatic ormall d Solel ntenar odial S (12) No   | ent - Descri_AM   | Asbes (i.e.  Pipe Ins  Plaster  Waste D No. | 215-788-604  Name of OSHA  BRISTOL ET  Street Address  1123 BEAVE  City, State, Zip O  BRISTOL, P  Street Address  1123 BEAVE  City, State, Zip O  BRISTOL, P  Street Address  Pull Co  Mini-E  Glovet  Non-E  Description  stos Containing I  thermal system  surfacing, V  other miscella  sulation  Cubic Yards of  Waste  100  | Monitory VIRO ER S'Code PA 19 Pontainmolosus pag Proxempt n of Materins insinsins in the insinsins insinsins in the insinsins in                           | ONMENTAL TREET  0007  ment with Negure rocedure ted (*) and Note ited (ACM) ulation, res)  Name of Reg   | Amount (Specify SF or LF)  20 LF  11,840 SF                                   | re Aba Removal | ateme |                | Τ.          |
| Steve Flanagan  Start Date (10)  6  | Ing Abatement (Checked During Entire Person of Call that apply)  tion of Ing Material (ACM) ABATED acility (13)  | k only one riod of At I Facility I PM Sen Dem             | 856- npletio 5 e) coateme Hours ovatio nolition locatic ormall d Solel ntenar odial S (12) No   | ent - Descri_AM - | Asbes (i.e.  Pipe Ins  Plaster  Waste D No. | 215-788-604 Name of OSHA BRISTOL EN Street Address 1123 BEAVE City, State, Zip OBRISTOL, P  STUIL COMMINISTRATION Description stos Containing Surfacing, Voother miscella sulation  Cubic Yards of Waste 100 Disposal Date   | Monitory VIRO ER S'Code PA 19 Pontainmolosus pag Proxempt n of Materins insinsins in the insinsins insinsins in the insinsins in                           | ONMENTAL TREET  0007  ment with Negure rocedure ted (*) and Note ted (*) a | ative Pressure on-Friable Procedu  Amount (Specify SF or LF)  20 LF 11,840 SF | re Aba Removal | ateme |                | Τ.          |
| Steve Flanagan  Start Date (10)  6  | ing Abatement (Checkated During Entire Period Outside of Normal Tr. 7:00AM-3:30PM/AREA (all that apply)  tion of ing Material (ACM) ABATED acility 13)  Waste Hauler ort Group Inc   | k only one riod of At I Facility I PM Sen Dem             | 856- npletio 5 e) coateme Hours ovatio nolition locatic ormall d Solel ntenar odial S (12) No   | ent - Descri_AM - | Asbes (i.e.  Pipe Ins  Plaster  Waste D No. | 215-788-604 Name of OSHA BRISTOL EN Street Address 1123 BEAVE City, State, Zip of BRISTOL, P  STUIL Common Mini-End Glovet Non-E  Description stos Containing of the miscellar surfacing, Voother miscellar sulation  Cubic Yards of Waste 100 Disposal Date 7/1/16  | Monitory VIRO ERS Code PA 19 International Properties in Sinsipport Sinsippor                          | ONMENTAL TREET  0007  ment with Negure rocedure ted (*) and Note ited (ACM) ulation, res)  Name of Reg   | Amount (Specify SF or LF)  20 LF 11,840 SF                                    | Removal 🛛      | ateme |                | yp Fictions |
| Steve Flanagan  Start Date (10)  6  | Ing Abatement (Check atted During Entire Pened Outside of Normal to 7:00 AM-3:30 PM/ARCA (all that apply)  Ition of ing Material (ACM) ABATED acility (13)  Waste Hauler ort Group Inc.  | k only one riod of At I Facility I PM Sen Dem             | 856- npletio 5 e) coateme Hours ovatio nolition locatic ormall d Solel ntenar odial S (12) No   | ent - Descri_AM - | Asbes (i.e.  Pipe Ins  Plaster  Waste D No. | 215-788-604 Name of OSHA BRISTOL EN Street Address 1123 BEAVE City, State, Zip OBRISTOL, P  STUIL COMMINISTRATION Description stos Containing Surfacing, Voother miscella sulation  Cubic Yards of Waste 100 Disposal Date   | Monitory VIRO ERS Code PA 19 International Properties in Sinsipport Sinsippor                          | ONMENTAL TREET  0007  ment with Negure rocedure ted (*) and Note ted (*) a | Amount (Specify SF or LF)  20 LF 11,840 SF                                    | re Aba Removal | ateme |                | T           |

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) Mount Holly Twp. Board Of Education 29 / 16 Type Notification Street Address Agencies Notified ☐ Initial **⊠** EPA 331 Levis Dr **⊠** DOLWD City, State, Zip Code Amendment #3 □ DHSS Mt. Holly, NJ 08060 Emergency (including ☑ DCA Name of Contact Telephone Number justification) (NJAC 5:23-8) Bill Buffa Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) FW Holbein Middle School Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, homes, etc.) 331 Levis Dr # of Floors Bldg. Age Square Feet City (5) Mt. Holly County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) County (6) Burlington ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) 0112 BRISTOL ENVIRONMENTAL, INC. USA Environmental Management, Inc. Street Address Street Address 1123 BEAVER STREET 344 West State St. City, State, Zip Code City, State, Zip Code BRISTOL, PA 19007 Trenton, NJ 08618 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 00509 609-656-8101 215-788-6040 William Weisgarber Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 8 / 31 / 16 BRISTOL ENVIRONMENTAL, INC. 7 / 5 / 16 Street Address Occupancy Status During Abatement (Check only one) 1123 BEAVER STREET ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-3:30PM/\_\_\_PM-1:00AM BRISTOL, PA 19007 Scope of Work (Check all that apply) □ Renovation ■ Mini-Enclosure ≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf Glovebag Procedure ☐ Demolition ■ Non-Exempted (\*) and Non-Friable Procedure Abatement Type Is Location Normally Location of Description of Remova Repair Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial Staff? surfacing, VAT, or SF or LF) IN Facility (12)other miscellaneous) (13)N/A Yes No 475 LF X X Pipe Insulation Boiler room 650 SF X M Breeching Insulation Boiler room 450 SF X X Boiler Insulation Boiler room 350 SF X M Tank Insulation Boiler room Name of Registered Landfill NJDEP Waste Cubic Yards of Name of Registered Waste Hauler Waste Hauler ID No. MINERVA LANDFILL SERVICE TRANSPORT GROUP, INC. 20990 30 Disposal Date City, State City, State 8/31/2016 WAYNESBURG, OH 44688 NEW CASTLE, DE 19720 Completed By (Print or Type) Title Signature Estimator Brian Scafiro

State of New Jersey

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

ASB-41

|      | - | (2)   | 1   | 0.0   |     |
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| 0.00 | - |       | 170 | -     |     |

| Date of Notification (1)                         |             |             |       |                |        | of Building  | Ow            | ner/Operator (2                   | 2)                               |                   |           |             |        |             |           |
|--|-------------|-------------|-------|----------------|--------|--------------|---------------|-----------------------------------|----------------------------------|-------------------|-----------|-------------|--------|-------------|-----------|
|  | 16          |             |       | N              | /lou   | int Holly    | Tw            | p. Board Of                       | Education                        | AUG               | 2 :       | 201         | 6      |             |           |
| Agencies Notified Type Notified                  | ation       |             |       | Str            | eet    | Address      |               |                                   |                                  |                   |           |             |        |             |           |
| ☑ EPA ☐ Initial                                  | 20          |             |       | 3              | 31     | Levis Dr     |               |                                   |                                  | ASSESTOS          | 001       | Tir         | ίŪL    |             |           |
| □ DOLWD  |             |             |       | City           | y, S   | tate, Zip Co | ode           |                                   |                                  | LICE              | NSF.      | 9_          |        | -)( -)      |           |
| □ DHSS   Amenda     □ DCA   □ Emerge             | _           |             | 1     | V              | /It. I | Holly, NJ    | 080           | 060                               |                                  |                   |           |             |        |             |           |
| (NJAC 5:23-8) justificat                         |             | , adamie    | ,     | Na             | me     | of Contact   |               |                                   |                                  | Telephone N       | lumber    |             |        |             |           |
| ☐ Cancella                                       | ition       |             |       | E              | Bill   | Buffa        |               |                                   |                                  |                   |           |             |        |             |           |
| 11   | <b>-</b> 1. | DI.         | (0)   | F              | AC     | ILITY INF    | FOF           | RMATION                           | T                                | /4\               |           |             |        |             |           |
| Name of Facility Where Abatement is              | l akıng     | Place       | (3)   |                |        |              |               |                                   | Type of Facility                 |                   |           |             |        |             |           |
| FW Holbein Middle School                         |             |             |       |                |        |              |               |                                   | ☐ School (K-12<br>☐ Subchapter 8 |                   | (-12)     |             |        |             |           |
| Street Address 331 Levis Dr                      |             |             |       |                |        |              |               |                                   | Other (i.e., p                   | rivate and com    |           | l bu        | ilding | S,          |           |
| City (5)   |             |             |       |                |        |              | _             |                                   | Square Feet                      | # of Floors       |           | BI          | dg. A  | 70          |           |
| Mt. Holly  |             |             |       |                |        |              |               |                                   | Oquale I eet                     | # 011 10013       |           | Di          | ıy. A  | 90          |           |
|  |             |             |       | 10             | oun    | ty Code (7)  | /CT/          | TE USE ONLY)                      | Current Use (Pr                  | ior if being den  | nolicha   | dl          |        |             |           |
| County (6) Burlington                            |             |             |       |                | Juin   | ty Code (7)  | (OIA          | TE OSE ONET                       | Current Ose (F1                  | ior ii beilig der | 110115116 | u)          |        |             |           |
| Name of Monitoring Firm Hired by Bui             | ldina O     | wner (      | (8)   | ASC            | 1 M    | No.          | Nar           | me of Abateme                     | ent Contractor (9)               |                   |           |             |        |             |           |
| USA Environmental Managem                        |             |             |       | 5              | 112    |              |               |                                   | VIRONMENTA                       |                   |           |             |        |             |           |
| Street Address                                   |             | 252/        |       |                | 9/862  |              |               | eet Address                       |                                  | ,                 |           |             | -      |             |           |
| 344 West State St.                               |             |             |       |                |        |              | 1             | 123 BEAVE                         | R STREET                         |                   |           |             |        |             |           |
| City, State, Zip Code                            |             |             | -     |                |        |              | City          | y, State, Zip Co                  | ode                              |                   | ****      |             |        |             |           |
| Trenton, NJ 08618                                |             |             |       |                |        |              | В             | BRISTOL, PA                       | 19007                            |                   |           |             |        |             |           |
| Project Manager for Monitoring Firm              | - 22.00     |             | Te    | lepho          | ne N   | No.          | Tel           | ephone No.                        |                                  | License No        | ),        |             |        |             |           |
| William Weisgarber                               |             |             | 6     | 609-6          | 56-    | 8101         | 2             | 15-788-6040                       |                                  | 00509             |           |             |        |             |           |
| Start Date (10)                                  | uled C      | ompl        | etion | Dat            | e (11) | Nar          | me of OSHA M  | Ionitor                           |                                  |                   |           |             |        |             |           |
| 7 / 5 / 16                                       | /           | _3          | 11_   | /_             | 16     | В            | BRISTOL EN    | VIRONMENTA                        | L, INC.                          |                   |           |             |        |             |           |
| Occupancy Status During Abatement                | (Check      | only o      | one)  |                |        |              | Stre          | eet Address                       |                                  |                   |           |             |        |             |           |
| ☐ Facility Closed/Vacated During Ent             |             |             |       |                |        |              | 1             | 123 BEAVER                        | R STREET                         |                   |           |             |        |             |           |
|  |             |             |       |                |        | cribe        | 0.3           | y, State, Zip Co<br>BRISTOL, PA   |                                  |                   |           |             |        |             |           |
| Scope of Work (Check all that apply)             |             |             |       |                |        |              |               |                                   |                                  |                   |           |             |        |             | -         |
| □ >3 sf or >3 lf                                 |             | ⊠ Re        | nova  | tion           |        |              |               |                                   | ainment with Neg                 | gative Pressure   | Э         |             |        |             |           |
| \(\simes \geq 160 \text{ sf or ≥260 lf}\)        |             | □ De        |       |                |        |              |               | Glovebag                          |                                  |                   |           |             |        |             |           |
| 5.50   |             |             |       |                |        |              |               | ☐ Non-Exe                         | mpted (*) and No                 | n-Friable Proc    | edure     |             |        |             |           |
|  |             |             | Loca  |                |        |              |               | 1 Proc. (1990)                    |                                  |                   | _         | Ab          |        | ent T       | уре       |
| Location of<br>Asbestos-Containing Material (ACI | 4)          |             |       | lely by        | y      | Ashes        | tos           | Description o<br>Containing Ma    |                                  | Amount            |           | Rei         | Repair | Enc         | Enc       |
| TO BE ABATED                                     | .,          |             |       | ance/<br>Staff | 200    |              | , the         | ermal systems i                   | insulation,                      | (Specify          |           | Remova      | pair   | aps         | Enclosure |
| IN Facility (13)                                 |             | Cusi        | (12   |                | •      |              |               | surfacing, VAT,<br>her miscellane |                                  | SF or LF)         |           | <u>a</u>    |        | Encapsulate | Te        |
| (15)   |             | Yes         | No    | N              | Α      |              | 0.1           | nor moodiane                      | 5457                             |                   |           |             |        | Œ           |           |
| Boiler room                                      |             | $\boxtimes$ |       |                | ]      | Fire Bric    | k             |                                   |                                  | 300 SF            |           | $\boxtimes$ |        |             |           |
| Boiler room                                      |             | $\boxtimes$ |       |                |        | Boiler Ri    | ib lı         | nsulation                         |                                  | 300 SF            |           | $\boxtimes$ |        |             |           |
| Boiler room                                      |             |             |       | Gasket         |        |              |               | 2 SF                              |                                  | $\boxtimes$       |           |             |        |             |           |
| Boiler room                                      |             |             |       | Incinerat      | tor    |              |               | 300 SF                            |                                  | $\boxtimes$       |           |             |        |             |           |
| Name of Registered Waste Hauler                  | 1.33        | NJDE        |       |                |        | oic Yards of | Name of Regis | tered Landfill                    |                                  |                   |           |             |        |             |           |
| SERVICE TRANSPORT GROU                           | P, INC      |             | Ž.    | Haule<br>209   |        | 200000       | Was           | 0                                 | MINERVA                          | LANDFILL          |           |             |        |             |           |
| City, State                                      |             |             |       |                |        |              |               | posal Date                        | City, State                      |                   |           |             |        |             |           |
| NEW CASTLE, DE 19720                             |             |             |       |                |        |              | 8/            | /31/2016                          | WAYNESB                          | URG, OH 44        | 688       |             |        |             |           |
| Completed By (Print or Type)                     | Title       |             |       |                |        |              |               | Signature                         |                                  |                   | Date      | ,           | 100    |             |           |
| Brian Scafiro                                    | Es          | timat       | tor   |                |        |              |               | Burn                              | Sister                           | )                 | 1         | 12          | 9/1    | 6           |           |

Check# 2952

### State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-15 Date of Notification (1) Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ July 27, 2016 Agencies Notified Notification Type Street Address DEPA ☑Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. D DCA ☐ Amended Notification # 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS X DOL □ Emergency (including City, State, Zip Code PISCATAWAY, NJ 08854 ☑ DEP- No Longer REQUIRED justification) X DOH Name of Contact Telephone Number □ Cancelled MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) HILL CENTER, BLDG# 3752 School (K-12) ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **BUSCH CAMPUS** Sq. Feet: N/A # of Floors: 8 Bldg. Age: 60+ years County Code (7) County (6) (State Use Only) PISCATAWAY MIDDLESEX Current Use (prior if being demolished): ACADEMIC Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Name of OSHA Monitor Scheduled Start Date (10) Scheduled Completion Date (11) 08/06/16 08/07/16 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ■ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe SOther - Describe: Shift Hours: 5:00 PM - 5:00 AM Daily (24 hours as needed) FAIRLAWN, NJ Scope of Work (Check all that apply) ■ Full Containment with Negative Pressure  $\geq$  3 sf or  $\geq$  3 lf **X**Renovation ■ Mini-Enclosure □ ≥ 160 sf or ≥ 260 lf Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure 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, (Specify SF Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) YES NO NA Room 034 X X VAT 70 SF Name of Reg. Waste Hauler NJDEP Waste Hauler ID # 5 CY Name of Registered Landfill Cubic Yards of Waste: G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State 100 New Ford Mill NJDEP # 28969 08/07/16 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 19067 NJ DEP # 04509 215-736-1700 Completed by (Print or Type) Date SENIOR PROJECT July 27, 2016 RAYMOND C. PEDALINO Raymand C. Pedalino MANAGER

Check# 12317

## State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

| GAC Project # 060-15                               |                       |   |                    | ?   |  | - 10  | 11115                   |                         | 1 4                | 1                           |            | -      |
|--|-----------------------|---|--------------------|---|--|---|-------------------------|-------------------------|--------------------|-----------------------------|------------|--------|
| Date of Notification (1)  July 29                  | . 2016                |   |                    |   |  | Name of Building Owner/Op<br>RUTGERS, THE STA     | ATE UNIVE               |                         | OF NJ              |                             |            |        |
| Agencies Notified  □EPA  □ DCA                     | ,                     | XIn                                     |                    | <u>ype</u><br>otification<br>Notification | 1000                                   | Street Address ENVIRONMENTAL H 27 ROAD 1, BLDG 40 | 086, LIVIN              | GSTON                   | CAME               | PUS                         | /          |        |
| ☑ DOL ☑ DEP- No Longer REQUI                       | RED                   |   | merge<br>ustifica  | ency (incation)                           | cluding                                | City, State, Zip Code<br>PISCATAWAY, NJ 08        | 8854                    | ESTOS (                 | 2000               |                             | ž          |        |
| ☑ DOH  |                       |   | Cancell            |   |  | Name of Contact MICHAEL SMITH, EN                 |                         | Telephone               | Numbe              | er                          |            |        |
|  |                       |   |                    |   |  | <b>HEALTH &amp; SAFETY</b>                        |                         |                         |                    |                             |            |        |
|  |                       |   |                    |   | FACILITY INFO                          |   |                         |                         |                    |                             |            |        |
| Name of Facility Where Abate RWJ MS TOWERS, B      |                       |   | ace (3)            |   |  | Type of Facility (4)  School (K-12)               | - K 12)                 |                         |                    |                             |            |        |
| Street Address BUSCH CAMPUS                        |                       |   |                    |   |  | Subchapter 8 (other than Sq. Feet: N/A # 0        |                         | ngs, homes<br>Bldg. Age | s, etc.)<br>e: 60+ | years                       |            |        |
| City (5) PISCATAWAY                                | County (              | 6)<br>DLESI                             | EX                 | County (<br>(State U                      |  | Current Use (prior if being                       | demolished):            | ACADE                   | MIC                |                             |            |        |
| Name of Monitoring Firm Hire                       | d by Blda.            | Owner (                                 | (8)                | ASCM N<br>0098                            | lo.                                    | Name of Contractor (9)                            |                         |                         |                    |                             | HIND-D-COL |        |
| ATC  |                       |   |                    | 0090                                      |  | GREENWOOD ABAT                                    | EMENT CO                | NSULTA                  | ANTS,              | INC.                        |            |        |
| Street Address                                     |                       |   |                    |   |  | Street Address                                    |                         |                         |                    |                             |            |        |
| 3 TERRI LANE                                       |                       |   |                    |   |  | 511 MAIN STREET                                   |                         |                         |                    |                             |            |        |
| City, State, Zip Code<br>BURLINGTON, NJ 08         | 3016                  |   |                    |   |  | City State, ZipCode<br>BUTLER, NJ 07405           |                         |                         |                    |                             |            |        |
| Project Manager for Monitorin                      |                       | _                                       | phone N            | A 100 1 100 1 100 100 100 100 100 100 10  |  | Telephone Number                                  |                         | License N               | umber              |                             |            |        |
| BRIAN KEARNY                                       |                       | 603                                     | 9-386-             | 0000                                      |  | 973-492-0477                                      |                         | 00840                   |                    |                             |            |        |
| Scheduled Start Date (10)                          |                       | Sche                                    |                    |   | Date (11)                              | Name of OSHA Monitor                              |                         |                         |                    |                             |            |        |
| 08/08/16   |                       |   | 08                 | /09/16                                    |  | ENVIROVISION, INC                                 |                         |                         |                    |                             |            |        |
| Occupancy Status During A                          | Abatemen<br>During En | t (Check                                | k only or          | <u>ne)</u><br>batement                    |  | Street Address                                    | 30AD                    |                         |                    |                             |            |        |
| ☐Abatement Performed O                             | utside of             | Normal I                                | Facility           | Hours -                                   |  | 20-21 WARGARAW I<br>City, State, Zip Code         | TOAD                    | _                       |                    |                             |            |        |
| Describe  Other - Describe: Shift                  | t Hours               | : 12:0                                  | 0 PM -             | - 5:00 /                                  | AM Daily                               |   |                         |                         |                    |                             |            |        |
| Mother - Describe. Offi                            | riouro                | (24 hc                                  | ours a             | s need                                    | ed)                                    | FAIRLAWN, NJ                                      |                         |                         |                    |                             |            |        |
| Scope of Work (Check all that                      | at apply)             |   |                    |   |  |   | Full Contain            | ment with               | Negativ            | e Press                     | sure       |        |
| ≥ 3 sf or  | ≥ 3 If                |   |                    |   | ▼Renovation                            |   | Mini-Enclos             |                         |                    |                             |            |        |
|  |                       |   |                    |   | ■ Demolition                           | 区   | Gloveb:<br>Non-Exem     | ag Procedu              |                    | riable F                    | Procec     | dure   |
| Location of Asbestos-Contai                        | nina Is               | Location                                | n Norma            | Ilv Used                                  | Description of Asl                     | bestos Containing Material                        | Amour                   | nt At                   | batemen            | t Type                      |            |        |
| Material (ACM) in Facility (13                     | S) So                 | olely by I<br>taff? (12)                | Maint./C           | ustodial                                  | (ACM) (i.e. therm<br>VAT, or other mis | nal systems insulation, surfaci                   | ng, (Specif<br>or LF)   |                         | emove R            | tepair En                   | ncap E     | nclose |
| Room RB-75A  | Y                     | 'ES                                     | NO X               | NA  | TSI                                    |   | <9 LF                   | =                       | 3                  |                             |            |        |
| ROOM RD-70A  |                       |   |                    |   |  |   |                         |                         |                    |                             |            |        |
|  |                       |   |                    |   |  |   |                         | Name of                 | Danietes           | red Long                    | dfill      |        |
| Name of Reg. Waste Hauler<br>See Hauler Below #1 & | & 2                   | 100000000000000000000000000000000000000 | DEP Was<br>e Belov | ste Hauler<br>W                           | <u>ID#</u>                             | Cubic Yards of Waste:                             | 5 CY                    | G.R.O.V                 | W.S. N             | orth La                     | andfi      | II     |
| Hauler #1) Greenwood Aba<br>NJDEP # 28969          |                       | onsultan                                | nts, Inc           | - Butler, 1                               | NJ 07405                               |   | Disposal Da<br>08/09/16 | ate .                   | 10                 | v, State<br>0 New F         | ord M      |        |
| Hauler #2) Newark Cart<br>NJ DEP # 045             | ting, Inc             | ., New                                  | ark, N             | J   |  |   |                         |                         | 19                 | l. Morris<br>067<br>5-736-1 |            | ıa     |
| Completed by (Print or Type                        |                       | Title                                   |                    |   |  | Signature   |                         | <u>Date</u>             | ly 29,             | 2016                        |            |        |
| RAYMOND C. PEDA                                    | LINO                  |   | NOR P              | ROJE                                      | 31                                     | Raymand C. P.                                     | dalino                  | Jul                     | ıy 25,             | 2010                        |            |        |

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP. Date of Notification (1) Street Address /16 2016 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28416 Type Notification Agencies Notified City, State, Zip Code EPA Initial Notification RAHWAY, NEW JERSEY 07065 DEP Amended Notification ASSESTOS CONTROL & DOL Cancellation Totophone Mumber Name of Contact DOH On Hold EMERGENCY NOTIFICATION | Sandra M. Schenk DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) MERCK SHARP & DOHME CORPORATION Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) # of Floors Bldg. Age Street Address Square Feet 99.082 47 126 EAST LINCOLN AVENUE - BUILDING 84 Current Use (Prior if being demolished) County Code (7) City (5) County (6) RAHWAY UNION (STATE USE ONLY) OFFICE Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. PAR ENVIRONMENTAL CORPORATION ENVIRONMETAL HEALTH INVESTIGATIONS, INC. 104 Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SUFFERN, NEW YORK 10901 SPARTA, NEW JERSEY 07871 Telephone Number License Number Project Manager for Monitoring Firm Telephone Number 845-369-7500 1101 WILLIAM S. KERBEL, CIH 973-729-5649 Sched. Completion Date (11) Name of OSHA Monitor Expected State Date (10) AMERISCI LABORATORIES INC #11480 11 / /16 /16 Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: City, State, Zip Code Other - Describe: Monday -Friday 7am-3:30 pm NEW YORK, NEW YORK 10016 Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclo. Demolition Renovation >3SF OR LF Giovebag Procedure Non-Friable Procedure >160 SF OR 260 LF Description of Asbestos-Abatement Type Location of Is Location normally used Containing Material (ACM) Amount Asbestos-containing ENCAPSULE ENCLOSURE REPAIR (ie. Thermal systems (Specify Material (ACM) solely by insulation, surfacing, VAT, SF or LF) TO BE ABATED Maint/Custodial Staff (12) or other miscellaneous) in Facility (13) Yes No N/A ROOF FLASHING 3,370 **EXTERIOR** Name of Registered Landfill NJDEP Waste | Cubic Yards of Waste Name of Registered Waste Hauler Hauler ID No. LYCOMING COUNTY RESOURCE MANAGEMENT SE FREEHOLD CARTAGE, INC. 80 447 ALEXANDER DRIVE/ROUTE 15 825 HIGHWAY 33 15939 City, State City, State Disposal Date MONTGOMERY, PA 17752 FREEHOLD. NEW JERSEY 08/09-11/30/2016 Completed by (Print or Type) Title Signature BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

| Date of Notification (1)    Date of Notification (1)   D7/28/2016   Type Notification   Name of Building Owner(Coperator (2)   Name of Notification   Name of Statistics   Name of Notification   Name of Statistics   Name of Notification   Name of National   Name of Notification   Name of Notification   Name of National   Name of Notification   Name of National   Name of Natio |  | 978  |   |            | e of New Je                             |  | AENT                 | T             | SE 64 5           | 101      | 11.0   | It     | . 1  | $\neg$ |  |
|--|--|--|---|------------|---|--|----------------------|---------------|-------------------|----------|--------|--------|------|--------|--|
| Inne Horowitz  | Project #  | TIFIC<br>Pur   | ATION C<br>suant to                     | NJAC 8:60  | and 12:120                              | )  | 111                  | Juneak # 3    | 48                | W        | 1      |        | 4    |        |  |
| Inne Horowitz  |  |  | IN                                      | ame of F   | Building Own                            | er/Operator  | (2)                  | 11.           |                   |          |        |        |      |        |  |
| Agencies Notified    Pape  |  |  |   |            |   | o,, o p a. a   | <b>(</b> -/          |               | ALIG              | 2        | 20     | 16     |      | 1      |  |
| Initial Amended   Amended   Emproperative   City, State, Zip Code   Denville, NJ 07834   Name of Contact   Telephone Number   Diallo Askew    | 450 100 100 100 100 100 100 100 100 100 1  |  |   |            |   |  |                      |               |                   |          |        |        |      | -      |  |
| Amendment # Denville, NJ 07834    County Code (7)  |  |  |   |            |   |  |                      |               |                   |          |        |        |      |        |  |
| Amendment # Denville, NJ 07834    County Code (7)  |  |  | C                                       | ity, State | e, Zip Code                             |  |                      |               | ASSESTO:          | s co     | NT     | RO     | &    |        |  |
| DOH  | Amendment Amendment  | #  | _ D                                     | enville    | , NJ 0783                               | 34   |                      |               | LICE              | ENSI     | NG     |        |      |        |  |
| DCA  | Emergency (  | including  | N                                       | ame of 0   | Contact                                 |  |                      |               | Telephone No      | umber    |        |        |      |        |  |
| Type of Facility Where Abatement is Taking Place (3)   |  |  | D                                       | iallo A    | skew                                    |  |                      |               |                   |          | -      |        |      |        |  |
| School (K-12)   School (K-12   |  |  |   | FACIL      | ITY INFORM                              | IATION   | Town of Fo           | ailib: //     |                   |          | _      |        |      |        |  |
| Subchapter & Commercial buildings, homes, etc.)  City (5)  County (6)  Morris  Name of Monitoring Firm Hired by Building Owner (8)  Street Address  City, State, Zip Code  Randolph NJ 07869  Telephone No.  Street Address  72 Brookside Rd  City, State, Zip Code  Randolph NJ 07869  Telephone No.  Street Address  72 Brookside Rd  City, State, Zip Code  Randolph NJ 07869  Street Address  73 Brookside Rd  City, State, Zip Code  Randolph NJ 07869  Telephone No.  Street Address  72 Brookside Rd  City, State, Zip Code  Randolph NJ 07869  Street Address  Street Address  72 Brookside Rd  City, State, Zip Code  Randolph NJ 07869  Street Address  Street Addr |  | g Place (3)  |   |            |   |  |                      |               |                   |          |        |        |      | 1      |  |
| City (5) Denville, NJ  County (6) Square Feet # of Floors Bidg, Age  County (6) Morris  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No. Name of Abatement Contractor (9)  Nick Restoration LLC  Street Address  72 Brookside Rd  City, State, Zip Code  Randolph NJ 07869  Project Manager for Monitoring Firm  Telephone No. 973-933-2550  Project Manager for Monitoring Firm  Telephone No. 973-933-2550  Disposal Date (10)  OB/06/2016  Occupancy Status During Abatement (Check Only One)  Steed Address  Street Address  72 Brookside Rd  City, State, Zip Code  Randolph NJ 07869  Project Manager for Monitoring Firm  Telephone No. 973-933-2550  Disposal Material (ACM)  To Beach Material (ACM)  To Beach Material Performed Outside of Normal Facility Hours  Other - Describe:  Is Location of Abatement Performed Outside of Normal Facility Hours  Other - Describe:  Is Location of Abatement Performed Outside of Normal Facility Hours  Is Location of Abatement Performed Outside of Normal Facility Hours  Is Location of Abatement Performed Outside of Normal Facility Hours  Is Location of Abatement Performed Outside of Normal Facility Hours  Is Location of Abatement Contractor (9)  Asbestos Containing Material (ACM)  To Beach Material (ACM)  To Beach Material (ACM)  To Beach Material (ACM)  To County Code (7)  To Bend Material (ACM)  To County Code (7)  Streat Address  2333 RT 22  City, State, Zip Code  Union, NJ 07083  Full Containment with Mogative Pressure Mini-Enclosure  Globechape Procedure  Non-Exempted (1) and Non-Friable Procedure  Non-Exempte |  |  |   |            |   |  | Subc                 | hanter 8      | Other than K-     | -12)     |        |        |      |        |  |
| County (6)   | Street Address   |  |   |            |   |  |                      | r (i.e. pr    | ivate & commer    | rcial bu | ilding | gs, ho | omes | q      |  |
| County (6) Morris Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Abatement Contractor (9) Nick Restoration LLC  Street Address  Street Address  72 Brookside Rd  City, State, Zip Code  Randolph NJ 07869  Telephone No.  Tele |  |  | 3_1000                                  |            |   | etc.)  | of                   | T # of Floors |                   | Blda     | . Age  | 9      | _    |        |  |
| County (6) MOTTIS  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Abatement Contractor (9) Nick Restoration LLC  Street Address  72 Brookside Rd City, State, Zip Code Randolph NJ 07869  Project Manager for Monitoring Firm  Telephone No. 973-933-2550 1133  Start Date (10) 08/08/2016  Occupancy Status During Abatement (Check Only One) Facility (13)  Scope of Work (Check All That Apply) Scope o | City (5)   |  |   |            |   |  | Square re            | et            | # 01 1 10015      |          | 2.09   | y. Age |      |        |  |
| Morris Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Abatement Contractor (9) Nick Restoration LLC  Street Address  72 Brockside Rd  City, State, Zip Code  City, State, Zip Code  Randolph NJ 07869  Project Manager for Monitoring Firm  Telephone No.  1 Telephone No.  973-933-2550  Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor  (1) Name of OSHA Monitor  (2) Street Address  (3) STR T 22  (2) Street Address  (3) STR T 25  (3) STR T 25  (4) Street Address  (5) Street Address  (6) Street Address  (7) Street Address  (2) Street Address  (3) STR T 25  (3) STR T 25  (4) Street Address  (5) Street Address  (6) Street Address  (7) Street Address  (8) Street Address  (9) Street Address  (9) Street Address  (9  |  |  | 10                                      | Saumbi C   | odo (7)                                 |  | Current Us           | se (Prio      | r if being demoli | ished)   | - 18   | -      |      | -      |  |
| Name of Monitoring Firm Hired by Building Owner (8)  Street Address  Street Address  72 Brookside Rd  City, State, Zip Code  City, State, Zip Code  Randolph NJ 07869  Project Manager for Monitoring Firm  Telephone No. 973-933-2550  O1133  Start Date (10)  O8/06/2016  O8/08/2016  Cocupancy Status During Abatement (Check Only One)  Scheduled Completion Date (11)  O8/06/2016  Cocupancy Status During Abatement (Check Only One)  Street Address  333 RT 22  City, State, Zip Code  IRIS  Street Address  72 Brookside Rd  City, State, Zip Code  Randolph NJ 07869  Full Containment with Megative Pressure  Mini-Enclosure  Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure  N  | The state of the s |  |   |            |   |  | Ourron o             | JO (1 110     |                   |          |        |        |      |        |  |
| Nick Restoration LLC   |  | Owner (8)  |   | ASCM       | No                                      | Name   | of Abateme           | ent Cont      | ractor (9)        |          |        |        |      |        |  |
| Street Address   Street Address   72 Brookside Rd   Gity, State, Zip Code   City, State, Zip Code   City, State, Zip Code   Randolph NJ 07869   City, State, Zip Code   Ol1133   City Code   City, State, Zip Code   Ol133   City Code   City, State, Zip Code   City, State   City, State, Zip Code   City, State   Cit   | Name of Monitoring Firm Hired by Building  | Owner (d)  |   | AOOW       | 110.                                    |  |                      |               |                   |          |        |        |      |        |  |
| T2 Brookside Rd   City, State, Zip Code   City, State, Zip Code   Randolph NJ 07869  | Street Address   |  | - 5                                     |            |   | 1  |                      |               |                   |          |        | il ve- |      |        |  |
| Project Manager for Monitoring Firm  Telephone No. Telephone No. 973-933-2550  Start Date (10) 08/06/2016  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe:  Scope of Work (Check All That Apply)  Saf or 23 lf Second Work (Check All That Apply)  Saf or 250 lf  Cocation of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Basement Area  K  TSI- Wrap & cut  Name of Registered Waste Hauler Nick Restoration LLC  City, State Randolph, NJ 07869  Randolph NJ 07869  License No. 973-933-2550  Ulcense No. 01133  License No. 01133  Licen | Street Address   |  |   |            | 72 B                                    | rookside   |                      |               |                   |          |        |        |      |        |  |
| Randolph NJ 07869  Telephone No. Telephone No. Dicense No. D1133  Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor IRIS  Occupancy Status During Abatement (Check Only One) Street Address 2333 RT 22  Tacility Closed/Vacated During Entire Period of Abatement Abatement Other – Describe: Demolition  Scope of Work (Check All That Apply) Renovation Demolition  To BE ABATED In Facility (13)  Basement Area  Randolph, NJ 07869  Telephone No. Telephone No. D1133  Name of OSHA Monitor IRIS  Name of OSHA Monitor IRIS  Street Address 2333 RT 22  City, State, Zip Code Union, NJ 07083  Telephone No. D1133  Name of OSHA Monitor IRIS  Street Address 2333 RT 22  City, State, Zip Code Union, NJ 07083  Telephone No. D1133  Name of OSHA Monitor IRIS  Name of OSHA Monitor IRIS  Street Address 2333 RT 22  City, State, Zip Code Union, NJ 07083  Telephone No. D1133  Name of OSHA Monitor IRIS  Name of OSHA Monitor IRIS  Street Address 2333 RT 22  City, State, Zip Code Union, NJ 07083  Telephone No. D1133  Name of OSHA Monitor IRIS  Name of Selection of Abatement Abatement With Megative Pressure Mini-Enclosure Glovebage Procedure Non-Exempted (*) and Non-Friable Procedure Non | City State Zin Code  |  |   |            | City,                                   | State, Zip Co  | ie, Zip Code         |               |                   |          |        |        |      |        |  |
| Scheduled Completion Date (11)   Name of Registered Waste Hauler   Nick Restoration LLC   Scheduled Completion Date (11)   O8/08/2016   O8/08/201    | Oily, State, 21p 33d3  |  |   |            | Rand                                    |  |                      |               |                   |          |        |        |      |        |  |
| 973-933-2550   01133   | Project Manager for Monitoring Firm  | 1  | Telephor                                | ne No.     | Telep                                   | 0.4400   |                      |               |                   |          |        |        |      |        |  |
| Start Date (10)  08/08/2016  08/08/2016  08/08/2016  08/08/2016  08/08/2016  08/08/2016  08/08/2016  08/08/2016  08/08/2016  08/08/2016  08/08/2016  08/08/2016  08/08/2016  00/08/08/2016  Street Address 2333 RT 22  City, State, Zip Code Union, NJ 07083  Scope of Work (Check All That Apply)  23 sf or ≥3 lf ≥150 sf or ≥260 lf  18 Renovation Demolition  19 Renovation Demolition  10 Renovation Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  10 BE ABATED In Facility (13)  10 BE ABATED In Facility (12)  Yes No N/A  10 BE ABATED In Facility (12)  Yes No N/A  10 BE ABATED In Facility (12)  Yes No N/A  10 BE ABATED In Facility (12)  Yes No N/A  10 BE ABATED In Facility (12)  Yes No N/A  10 BE ABATED In Facility (12)  Yes No N/A  10 BE ABATED In Facility (12)  Yes No N/A  10 BE ABATED In Facility (12)  Yes No N/A  11 BE Custodian Staff? (12)  Yes No N/A  12 BE ABATED In Facility (12)  Yes No N/A  13 Besement Area  14 Cubic Yards of Waste Hauler Nick Restoration LLC  15 Cubic Yards of Waste Hauler ID No. 33782  16 Besould Staff? 17 BE ABATED In Facility (13)  Name of Registered Landfill G.R.O.W.S  15 Cubic Yards of Waste Hauler Nick Restoration LLC  16 City, State TBD  17 Cubic Yards of Waste TBD  17 Cubic Yards of Waste TBD  18 Code Union, NJ 07869   |  |  |   |            |   | 000 2000   |                      |               |                   |          |        |        |      |        |  |
| Occupancy Status During Abatement (Check Only One)  Cocupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  Other – Describe:  Scope of Work (Check All That Apply)  Asbestos-Containing Material (ACM)  TOBE ABATED  In Facility  (13)  Renovation  Demolition  Is Location of Asbestos-Containing Material (ACM)  TOBE ABATED  Custodial Staff?  (12)  Yes No N/A   TSI- Wrap & cut  Name of Registered Waste Hauler  Nick Restoration LLC  City, State  Randolph, NJ 07869  Street Address  2333 RT 22  City, State, Zip Code  Union, NJ 07083  Full Containment with Megative Pressure  Mini-Enclosure  Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure  Non-Exemp  | Start Date (10)  |  | 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |            |   |  |                      |               |                   |          |        |        |      |        |  |
| Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:    Scope of Work (Check All That Apply)   | 08/06/2016   |  | A CONTRACTOR                            |            |   |  |                      |               |                   |          |        |        |      |        |  |
| Abatement Asbestor-Containing Material (ACM) In Facility (13)    Asbestor-Containing Material (ACM) In Facility (13)    Name of Registered Waste Hauler   Normal Facility Closed/Vacated During Entire Period of Abatement Abatement Abatement Abatement Abatement Abatement Abatement Type    City, State   | Occupancy Status During Abatement (Che   |  |   |            |   |  |                      |               |                   |          |        |        |      |        |  |
| Abatement Performed Outside of Normal Facility Hours Other – Describe:    City, State, 2jp 000e   Union, NJ 07083   Full Containment with Megative Pressure   Mini-Enclosure   Mini  | Facility Closed/Vacated During Entire  | Period of A  | Abatem                                  | ent        |   |  |                      |               |                   |          |        | _      |      |        |  |
| Scope of Work (Check All That Apply)    Scope of Work (Check All That Apply)   Scope of Work (C  |  | mal Facility   | Hours                                   |            |   | 3 3  |                      |               |                   |          |        |        |      |        |  |
| Easement Area  Renovation Demolition    Security   Person   Perso  |  |  |   |            |   | JUITIO   | 11, 145 07 0         | 700           |                   |          | _      |        |      |        |  |
| Same of Registered Waste Hauler   Name of Registered Waste Hauler   Nick Restoration LLC   Same of Registered Waste Hauler   Nick Restoration LLC   Resto    |  | <b>127</b> -   |   | ı,         |   |  | Eull Co              | ntainme       | ant with Megativ  | e Pres   | sure   | )      |      |        |  |
| Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  TSI- Wrap & cut  Name of Registered Waste Hauler Nick Restoration LLC  Type  Abatement Type  Abatement Type  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  TSI- Wrap & cut  Name of Registered Landfill Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Registered (Specify SF or LF)  Registered Landfill  STI- Wrap & cut  Name of Registered Landfill Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Registered (Specify SF or LF)  Registered Landfill Glovebag Procedure  Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Registered (Specify SF or LF)  Registered (Specify SF or LF)  Registered Landfill Glovebag Procedure  Abatement Type  Registered (Specify SF or LF)  Registered  |  | Take Street, S |   |            |   |  | Mini-Er              | nclosure      |                   |          | _      |        |      |        |  |
| Sacretion of Asbestos-Containing Material (ACM)   See Solely by Maintenance! Custodial Staff? (12)   Yes No N/A   N/A   See Solely by Maintenance! Custodial Staff? (12)   Yes No N/A   To In Facility (13)   Yes No N/A   To In Facility (13)   Yes No N/A   To In Facility (12)   Yes No N/A   To In Facility (13)   Yes No N/A   To In Facility (12)   Yes No N/A   To In Facility (13)   Yes No N/A   To In Facility (14)   Yes No N/A   To In Facility (15)   Yes No N/A   To In   | 2100 31 01 2200 11   |  |   |            |   | Gloveb   | ag Prod              | cedure        | riable P          | roce     | dure   |        |      |        |  |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Yes No N/A  Name of Registered Waste Hauler Nick Restoration LLC  City, State Randolph, NJ 07869  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF)  Normally Used Solely by Maintenance/ Custodial Staff? (Specify SF or LF)  Normally Used Solely by Maintenance/ Custodial Staff? (Specify SF or LF)  Normally Used Solely by Maintenance/ Cyterial (ACM) (Specify SF or LF)  Normally Used Solely by Maintenance/ Cyterial (ACM) (Specify SF or LF)  Normally Used Solely by Maintenance/ Cyterial (ACM) (Specify SF or LF)  Normally Used Solely by Maintenance/ Cyterial (ACM) (Specify SF or LF)  Normally Used Solely by Maintenance/ Cyterial (ACM) (Specify SF or LF)  Normally Used Solely by Maintenance/ Cyterial (ACM) (Specify SF or LF)  Normally Used Solely by Namount (Specify SF or LF)  Normally Used Solely by Namount (Specify SF or LF)  Namount (Specify SF or LF)  Normally Used Solely by Namount Namount (Specify SF or LF)  Normally Used Solely by Namount Namount (Specify SF or LF)  Normally Namount Namount (Specify SF or LF)  Normally Used Solely by Namount Namoun |  |  |   |            |   |  | Non-L                | Kemptee       | ( ) and resire    |          |        |        |      |        |  |
| Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  Name of Registered Waste Hauler Nick Restoration LLC  City, State  Randolph, NJ 07869  Used Solely by Maintenance/ Custodial Staff? (12)  Used Solely by Maintenance/ Custodial Staff? (12)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, or other miscellaneous)  Asbestos Containing Ma |  | 0) 9755  |   |            |   |  | ,                    |               |                   |          |        |        |      |        |  |
| Maintenance/ Custodial Staff?   Custodial Staff?   (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)   SF or LF   SF    |  | Use  | ed Sole                                 | ly by      | Asbestos                                |  |                      | CM)           | Amount            |          |        |        | ш.,  |        |  |
| Name of Registered Waste Hauler Nick Restoration LLC  City, State  Randolph, NJ 07869  NSI - Wrap & cut  TSI- Wrap & cut  100 LF  X  TSI- Wrap & cut  100 LF  X  TSI- Wrap & cut  100 LF  X  Cubic Yards of Waste Hauler ID No. 33782  Disposal Date TBD  City, State TBD  City, State TBD  Tullytown, PA  | TO BE ABATED   | 100000   |   |            | (i.e. th                                | ermal syster   | ms insulation        | ١,            |                   | 2        | Ren    | Re     | ncar | incl   |  |
| Name of Registered Waste Hauler Nick Restoration LLC  City, State  Randolph, NJ 07869  NSI - Wrap & cut  TSI- Wrap & cut  100 LF  X  TSI- Wrap & cut  100 LF  X  TSI- Wrap & cut  100 LF  X  Cubic Yards of Waste Hauler ID No. 33782  Disposal Date TBD  City, State TBD  City, State TBD  Tullytown, PA  |  | 000  |   |            |   |  |                      |               | SI UILI)          | 3        | 300    | pair   | suk  | osur   |  |
| Basement Area  X TSI- Wrap & cut  100 LF  X  Name of Registered Waste Hauler Nick Restoration LLC  City, State Randolph, NJ 07869  X TSI- Wrap & cut  100 LF  X  | (13)   | Vee  | No                                      | NIA        |   |  |                      |               |                   | 1        | -      |        | ate  | 0      |  |
| Name of Registered Waste Hauler Nick Restoration LLC  City, State  Randolph, NJ 07869  NJDEP Waste Hauler ID No. 33782  Disposal Date TBD  Cubic Yards of Waste TBD  City, State TBD  City, State TBD  City, State TBD  Tullytown, PA  |  | Tes  | 1000                                    | INA        | ======================================= | 2  |                      | -             | 40015             | -        | -      |        |      |        |  |
| Nick Restoration LLC  City, State Randolph, NJ 07869  Hauler ID No. 33782  Of Waste TBD  Of Waste TBD  Of Waste TBD  Oity, State TBD  Disposal Date TBD  Tullytown, PA   | Basement Area  | ×  |   | ISI- Wr    | ap & cut                                |  |                      | TOU LF        | -+'               | -        | -      |        |      |        |  |
| Nick Restoration LLC  City, State Randolph, NJ 07869  Hauler ID No. 33782  Of Waste TBD  Of Waste TBD  Of Waste TBD  Oity, State TBD  Disposal Date TBD  Tullytown, PA   | *  |  |   |            |   |  |                      |               |                   |          | -      | -      | _    | _      |  |
| Nick Restoration LLC  City, State Randolph, NJ 07869  Hauler ID No. 33782  Of Waste TBD  Of Waste TBD  Of Waste TBD  Oity, State TBD  Disposal Date TBD  Tullytown, PA   |  |  |   |            |   |  |                      |               |                   |          |        |        |      |        |  |
| Nick Restoration LLC  City, State Randolph, NJ 07869  Hauler ID No. 33782  Of Waste TBD  Of Waste TBD  Of Waste TBD  Oity, State TBD  Disposal Date TBD  Tullytown, PA   |  |  |   |            |   |  |                      |               |                   |          |        |        |      |        |  |
| Nick Restoration LLC  City, State Randolph, NJ 07869  Randolph, NJ 07869  Randolph R | Name of Registered Waste Hauler  |  |   |            |   |  | N                    | ame of        | Registered Lan    | dfill    | -      |        |      |        |  |
| City, State Disposal Date City, State TBD Tullytown, PA  |  |  |   | 1          |   | IC P O W S   |                      |               |                   |          |        |        |      |        |  |
| Randolph, NJ 07869 TBD Tullytown, PA   |  |  | 3                                       | 3/02       |   |  | te C                 | ity, Stat     | te                |          |        |        |      |        |  |
|  | Randolph, NJ 07869   |  |   |            | 1                                       | CONTRACTOR AND ADDRESS OF THE PARTY OF THE P | 100                  |               |                   |          |        |        |      |        |  |
| Elvira Mrda President Elvira Mrda 07/26/2016   |  | Title  |   |            |   |  |                      |               |                   |          |        |        |      |        |  |
|  | Elvira Mrda  | Pres   | ident                                   |            |   | 4  | EXILA MAC 07/26/2016 |               |                   |          |        |        |      |        |  |

|  |   |                  |  |                |  |  |  |                         |                                 |         |        | Prin        | t For     |  |
|--|---|------------------|--|----------------|--|--|--|-------------------------|---------------------------------|---------|--------|-------------|-----------|--|
| CK#7.  | 349   | N                |  | ATION          | te of New Jersey<br>OF ASBESTOS A<br>o NJAC 8:60 and | ABATE  |  |                         | IGEIT                           |         |        | 1           |           |  |
| Date of Notification (1)                                     | 16  | perator          | (2)                                      |                | AUG 2 20   | )16  | 1  | 2                       |                                 |         |        |             |           |  |
| Agencies Notified  | Type Notification   |                  |  | Street Ac      | idress<br>IADLEY ROA[                                | )  |  | ASI                     | EESTOS CONT                     |         | _ &    |             |           |  |
| DEP  DOL   | Initial Amended Amendment #                                   |                  |  |                | e, Zip Code<br>H PLAINFIELD                          | ), NJ (  | 7068   |                         | LICENSING                       | -       |        |             |           |  |
| DOH DCA  | Emergency (in justification) Cancellation                     | cluding          | N  | Gu             | Contact  S  A  ITY INFORMATI                         | JE   | Telephone Number   |                         |                                 |         |        |             |           |  |
| Name of Facility Where PSEY Street Address                   | Abatement is Taking   |                  | ^  | 7 D            | ITT INFORMATI  | OIN  | St St  | ther (i.e. p            |                                 |         | ings,  | home        | s,        |  |
| City (5) [A . P  | 1 A1124   | )                |  |                |  |  | Square   |                         | # of Floors                     |         | dg. A  | ge          |           |  |
| County (6) BE  | RCEN  | _                | 1  | Use (Pric      | or if being demolished                               | ed)  | T:   | ~ A                     | )                               |         |        |             |           |  |
| Name of Monitoring Firm                                      |   | wner (8)         |  | ASCN<br>0045   |  | Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA |  |                         |                                 |         |        |             |           |  |
| Street Address<br>64 BROAD STREE                             | ET  |                  |  |                |  | Street Address<br>396 WHITEHEAD AVE.                       |  |                         |                                 |         |        |             |           |  |
| City, State, Zip Code<br>MATAWAN, NJ 07                      |   |                  |  |                |  | City, State, Zip Code<br>SOUTH RIVER, NJ 08882             |  |                         |                                 |         |        |             |           |  |
| Project Manager for Mo                                       |   |                  |  | Telephor       | ne No.<br>90-2217                                    | 100000000000000000000000000000000000000                    | hone No.<br>-432-83  |                         | License No<br>01111             | ).      |        |             |           |  |
| Start Date (10)  | 16  | Schedule         | ed Com                                   | pletion I      | )ate (11)  | Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA             |  |                         |                                 |         |        |             |           |  |
| Occupancy Status Duri  |   |                  |  |                | / 6  |  | t Address<br>WHITE   | HEAD A                  | AVE                             |         |        |             |           |  |
| Abatement Perform  | cated During Entire Pe<br>med Outside of Norma<br>Mesessary o | al Facility      | Hours /                                  |                | ly.  | City, State, Zip Code<br>SOUTH RIVER, NJ 08882             |  |                         |                                 |         |        |             |           |  |
| Scope of Work (Check<br>≥3 sf or ≥3 If<br>≥160 sf or ≥260 If | All That Apply)   |                  | Renovat<br>Demoliti                      |                | _/   |  | Full<br>Mini<br>Glov   | Containme<br>-Enclosure | ent with Negative P             |         |        | e           |           |  |
|  |   | Location Normall |  | De             | a a sintia   | n of   |  | 3.5                     | Abatemen<br>Type                |         |        |             |           |  |
| Locatio Asbestos-Containin TO BE Al In Fac (13               | g Material (ACM)<br>BATED<br>sility                           | Ma<br>Cus        | ed Solel<br>aintenar<br>todial S<br>(12) | ice/<br>staff? | Asbestos Con<br>(i.e. therma<br>surfa                | systen   | Material on the material of th |                         | Amount<br>(Specify<br>SF or LF) | Removal | Repair | Encapsulate | Enclosure |  |
| WINDO  | w   | Yes              | No ×                                     | N/A            | ACM (  | 2AL  | LK;  | Ng                      | 20 LF                           | X       |        |             |           |  |
|  |   |                  |  |                |  |  |  | /                       | 1                               | -       | _      |             |           |  |

NJDEP Waste

Hauler ID No.

1125

OFFICE MGR

Cubic Yards

Disposal Date

Signature

of Waste

Date

Name of Registered Landfill

**GROWS NORTH** 

MORRISVILLE, PA

City, State

Completed by

City, State

ELIZABETH, NJ

CAROL RAIMO

Name of Registered Waste Hauler

WASTE MANAGEMENT

## NOTIFICATIO (Pursual

| State of New Jersey ON OF ASBESTOS ABATEMENT nt to NJAC 8:60 and 12:120) | Most house  |
|--|-------------|
|  | CIUC 10 110 |

| Date of Notification (1) 7/28/16                      |  | Name of Building Owner/Operator (2)  Joe Murphy  AUG 2 2016 |                |               |   |   |                             |                    |                 |   |                  |           |        |        |             |           |  |  |  |  |
|---|--|---|----------------|---------------|---|---|-----------------------------|--------------------|-----------------|---|------------------|-----------|--------|--------|-------------|-----------|--|--|--|--|
| Agencies Notified                                     |  | Street Address  |                |               |   |   |                             |                    |                 |   | 110              |           |        |        |             |           |  |  |  |  |
|   | Type Notification  |   |                | Otrootri      | 001   |   |                             |                    | į               |   | I.               |           |        |        |             |           |  |  |  |  |
| EPA<br>DEP  | Initial Amended  |   | -              | City Sta      | te, Zip Co                                  | de  |                             | ASBESTOS CONTROL 8 |                 |   |                  |           |        |        |             |           |  |  |  |  |
| × DOL   | Amendment  | #   |                |               | Ridge, N.                                   | L   | LICENSING                   |                    |                 |   |                  |           |        |        |             |           |  |  |  |  |
|   | Emergency  |   |                | -             | Contact                                     |   |                             |                    |                 |   |                  |           |        |        |             |           |  |  |  |  |
| ≥ DOH   | justification)   |   | 100            |               |   | E .   |                             | Telephone Number   |                 |   |                  |           |        |        |             |           |  |  |  |  |
| DCA Cancellation Lt. Chas Engel  FACILITY INFORMATION |  |   |                |               |   |   |                             |                    |                 |   | 0                |           |        |        | - C         |           |  |  |  |  |
| Name of Facility Where                                | Ahatement is Takin   | n Place (3)   |                | FACI          | LITTINFC                                    | KIVIATI                                       | ON                          | Type               | of Facility (4) | (4)   |                  |           |        |        |             |           |  |  |  |  |
|   | The state of the s | 9 . 1000 (0)  |                |               |   |   |                             | _                  | 2 02 E 202      | S 5 101   |                  |           |        |        |             |           |  |  |  |  |
| Street Address  |  |   |                |               |   |   |                             |                    | ichool (K-12)   |   |                  |           |        |        |             |           |  |  |  |  |
| Street Address  |  |   |                |               |   |   |                             |                    |                 | chapter 8 (Other than K-12) er (i.e. private & commercial buildings, homes, |                  |           |        |        |             |           |  |  |  |  |
|   |  |   |                |               |   |   |                             | е                  | tc.)            |   |                  |           |        |        |             |           |  |  |  |  |
| City (5)  |  |   |                |               | e Feet                                      | 1339450                                       | Floors                      |                    | 100             | ldg. A  | ge               |           |        |        |             |           |  |  |  |  |
| Glen Ridge  |  |   |                |               |   |   |                             | 2100               |                 | 2   |                  |           | 6      | 8      |             |           |  |  |  |  |
| County (6)<br>Essex                                   |  |   |                |               | Code (7)<br>JSE ONLY)                       |   |                             | Currer             | nt Use (Prior   | if bei  | ng dem           | olishe    | d)     |        |             |           |  |  |  |  |
| Name of Monitoring Firm                               | Hired by Building  | Owner (8)   |                | ASCM          | -045 19.150                                 |   | Nama                        | of Abat            | ement Contr     | actor   | (Q)              |           |        |        |             |           |  |  |  |  |
| Traine of Monitoring 1 in                             | Trined by building   | Swiler (6)  |                | AGGIV         | 1110.                                       |   |                             |                    | onmental :      |   |                  | LC.       |        |        |             |           |  |  |  |  |
| Street Address  |  |   |                |               |   |   | Street Address              |                    |                 |   |                  |           |        |        |             |           |  |  |  |  |
|   |  |   |                |               |   |   |                             |                    |                 | , 4 E Gate Drive  |                  |           |        |        |             |           |  |  |  |  |
| City, State, Zip Code                                 |  |   | -              | - interest    |   |   | City. S                     | tate Zir           |                 |   |                  |           |        |        |             |           |  |  |  |  |
| ,               |  |   |                |               | City, State, Zip Code<br>Glenwood, NJ 07418 |   |                             |                    |                 |   |                  |           |        |        |             |           |  |  |  |  |
| Project Manager for Monitoring Firm                   |  |   |                | Telephone No. |   |   | Telephone No.               |                    |                 |   | Licens           | se No.    | No.    |        |             |           |  |  |  |  |
|   |  |   |                |               | 973-7                                       | 764-22  | 276                         | 703                |                 |   |                  |           |        |        |             |           |  |  |  |  |
| Start Date (10)                                       | Con  | npletion l  | Date (11)      |               | Name of OSHA Monitor                        |   |                             |                    |                 |   |                  |           |        |        |             |           |  |  |  |  |
| 8/8/16  |  |   |                |               |   |   |                             |                    |                 |   |                  |           |        |        |             |           |  |  |  |  |
| Occupancy Status Durin                                | g Abatement (Chec  | k Only One  | )              |               | ess   |   |                             |                    |                 |   |                  |           |        |        |             |           |  |  |  |  |
| Facility Closed/Vac                                   | ated During Entire I   | Period of Ab  | atem           | ement         |   |   |                             |                    |                 |   |                  |           |        |        |             |           |  |  |  |  |
| Abatement Perform                                     | ned Outside of Norn  | nal Facility H  | Hours          | 5             |   |   | City, S                     | tate, Zij          | Code            |   |                  |           |        | - 1    |             |           |  |  |  |  |
| X Other - Describe:                                   |  |   |                |               |   |   |                             |                    |                 |   |                  |           |        |        |             |           |  |  |  |  |
| Scope of Work (Check A                                | ll That Apply)   |   |                |               |   |   |                             |                    |                 |   |                  |           | 12     |        |             |           |  |  |  |  |
| ≥3 sf or ≥3 lf  |  | Re  | nova           | tion          |   |   |                             | Full               | Containmer      | nt with   | Negati           | ve Pre    | essur  | ire    |             |           |  |  |  |  |
| × ≥160 sf or ≥260 lf                                  | molit  | ion   |                |               | ×   | Mini  | i-Enclosure                 |                    |                 |   |                  |           |        |        |             |           |  |  |  |  |
|   |  |   |                |               | F   | 4 010   | vebag Proce                 |                    | d Non E         | riable  | Dro              | Procedure |        |        |             |           |  |  |  |  |
|   |  | T   |                |               |   |   |                             | 1 14011            | -Lxempted (     | J INOII-I   | Abatement        |           |        |        |             |           |  |  |  |  |
|   |  |   | ocati<br>rmal  |               |   |   |                             |                    |                 |   |                  | Type      |        |        |             |           |  |  |  |  |
| Location<br>Asbestos-Containing                       |  | Used  |                |               | Ashost                                      | Description of<br>os Containing Material (ACN |                             |                    | (ACAA)          | A   |                  |           |        |        |             |           |  |  |  |  |
| TO BE AB  |  | Main  |                |               |   | thermal                                       |                             |                    |                 |   | mount<br>Specify |           | D      | _      | E           | m         |  |  |  |  |
| In Faci   | lity   | Custo   | dial 8<br>(12) | Staff?        |   | surfac  | cing, VA                    | T, or              |                 |   | or LF)           |           | Remova | Repair | aps         | Co        |  |  |  |  |
| (13)  |  | 1   | (12)           |               |   | other m                                       | niscellan                   | eous)              | 20              |   |                  |           | oval   | air    | Encapsulate | Enclosure |  |  |  |  |
|   |  | Yes   | No             | N/A           |   |   |                             |                    |                 |   |                  |           |        |        | te          | (0        |  |  |  |  |
| basem   | ent  |   |                | Х             |   | pipe  | insulat                     |                    | 105 LF          |   |                  | x         |        |        |             |           |  |  |  |  |
|   |  |   |                |               |   |   |                             |                    |                 |   |                  |           |        |        |             |           |  |  |  |  |
|   |  |   |                |               |   |   |                             |                    |                 |   |                  |           |        |        |             |           |  |  |  |  |
|   |  |   |                |               |   |   |                             |                    |                 |   |                  |           |        |        |             |           |  |  |  |  |
| Name of Registered Was                                | JDEP W   | Month Care  | Cubic          |               |   | Name of Re                                    | egiste                      | red Lar            | ndfill          |   | -                |           |        |        |             |           |  |  |  |  |
|   |  |   |                |               | No.   | of Was  | aste Western Berks Landfill |                    |                 |   |                  |           |        |        |             |           |  |  |  |  |
| City, State   |  |   |                |               |   | 100000000000000000000000000000000000000       | al Date                     |                    | City, State     |   | 31,4,22          |           |        |        |             |           |  |  |  |  |
| Freehold NJ   | TBD Birdsboro, PA  |   |                |               |   |   |                             |                    |                 |   |                  |           |        |        |             |           |  |  |  |  |
| Completed by  |  | Title   |                |               |   | S   | ignature                    |                    | 2               |   |                  | Date      |        |        |             |           |  |  |  |  |
| A. Scott Higgins                                      | ent  |   |                |               |   | A   | 1                           | nt 7/28/           |                 |   |                  |           |        |        |             |           |  |  |  |  |

|   | N                         | (Pur   | ATION (                                     | te of New<br>OF ASBES<br>o NJAC 8: | STOS A<br>60 and   | 12:120   | )                 | a  |                    | CE                | 15        | 4                 | 1           | 5               |  |  |  |  |
|---|---------------------------|--|---|------------------------------------|--|--|-------------------|--|--------------------|-------------------|-----------|-------------------|-------------|-----------------|--|--|--|--|
| Date of Notification (1) 7/28/16  | wner/Op                   | perator                                      | (2)   |                                    |  | AUG  | 2 2               | 016  |                    |                   |           |                   |             |                 |  |  |  |  |
| Agencies Notified Type Notification   |                           | S  | Street Ad                                   | dress                              |  | 1  |                   | 7  |                    |                   |           |                   | i           | No. of the last |  |  |  |  |
| EPA Initial Amended   |                           | C  | City, Stat                                  | e, Zip Cod                         | e  |  | -                 |  | ASE                | BESTOS            | CON       | TRO               | Là          | -               |  |  |  |  |
| X DOL Amendment #   |                           |  |   | NJ 078                             |  |  |                   | LICENSING  |                    |                   |           |                   |             |                 |  |  |  |  |
| Emergency (i justification)   | ncluaing                  | 200  | lame of<br>John                             | Contact                            |  |  |                   |  | Tele               | phone Nur         | nber      |                   |             |                 |  |  |  |  |
| DCA Cancellation  |                           |  |   | ITY INFO                           | RMATIC   | ON   | 00-101-17         |  | -                  |                   |           |                   |             |                 |  |  |  |  |
| Name of Facility Where Abatement is Taking  | Place (3)                 | )  |   |                                    |  |  | Туре              | of Facility (4   | cility (4)         |                   |           |                   |             |                 |  |  |  |  |
| home Street Address   |                           | School (K-12) Subchapter 8 (Other than K-12) |   |                                    |  |  |                   |  |                    |                   |           |                   |             |                 |  |  |  |  |
| Street Address  |                           |  |   |                                    |  |  | ×                 | Other (i.e. pretc.)  |                    |                   |           | ings,             | home        | s,              |  |  |  |  |
| City (5)  |                           |  | Square Fe                                   |                                    |  |  |                   |  | 100                | Floors            | 133.50    | dg. A             | ge          |                 |  |  |  |  |
| Sparta  |                           | County C                                     | ada (7)                                     |                                    |  | 2200   | ent Use (Prio     | 2  | na demolish        | 7:                |           |                   |             |                 |  |  |  |  |
| County (6)<br>Sussex  |                           |  |   | ISE ONLY)                          |  | _  | Curre             | siit Ose (i iio  | i ii beii          | ig demons         | monoried) |                   |             |                 |  |  |  |  |
| Name of Monitoring Firm Hired by Building C   | wner (8)                  |  | ASCM  | No.                                |  | Name of Abatement Contractor (9) ABS Environmental Services, LLC |                   |  |                    |                   |           |                   |             |                 |  |  |  |  |
| Street Address  |                           | ,  | Street Address PO Box 483, 4 E Gate D       |                                    |  |  |                   |  |                    | ate Drive         |           |                   |             |                 |  |  |  |  |
| City, State, Zip Code   |                           |  | City, State, Zip Code<br>Glenwood, NJ 07418 |                                    |  |  |                   |  |                    |                   |           |                   |             |                 |  |  |  |  |
| Project Manager for Monitoring Firm   | 1                         | Γelephor                                     | ne No.                                      |                                    | The state of the s | none N<br>764-2  |                   |  | License No.<br>703 |                   |           |                   |             |                 |  |  |  |  |
| Start Date (10)<br>8/10/16  | pletion [                 | Date (11)                                    |   | Name                               | of OSI   | HA Monitor   |                   |  |                    |                   |           |                   |             |                 |  |  |  |  |
| Occupancy Status During Abatement (Check  |                           |  | Street Address                              |                                    |  |  |                   |  |                    |                   |           |                   |             |                 |  |  |  |  |
| Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: | eriod of A<br>al Facility | Abatem<br>Hours                              | ent   |                                    |  | City, S  | State, Z          | Zip Code   |                    |                   |           |                   |             |                 |  |  |  |  |
| Scope of Work (Check All That Apply)  |                           |  |   |                                    |  |  |                   |  |                    |                   |           | -                 |             | -               |  |  |  |  |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf  |                           | Renovat<br>Demoliti                          |   |                                    |  | >  | Mi<br>Gl          | ull Containme<br>ini-Enclosure<br>ovebag Proc<br>on-Exempted | edure              | 8                 |           |                   | 0           |                 |  |  |  |  |
|   |                           | Location                                     |   |                                    |  |  |                   |  |                    |                   |           | Abatement<br>Type |             |                 |  |  |  |  |
| Location of<br>Asbestos-Containing Material (ACM)   | Use                       | Normall<br>d Solel                           | y by  | Asbest                             |  | scription  |                   | al (ACM)   | Amount             |                   |           |                   |             |                 |  |  |  |  |
| TO BE ABATED In Facility (13)   |                           | intenar<br>todial S<br>(12)                  |   |                                    | thermal<br>surfac  |  | s insul<br>AT, or | lation,  |                    | Specify<br>or LF) | Remova    | Repair            | Encapsulate | Enclosure       |  |  |  |  |
| 04.33 = 42  | Yes                       | No   | N/A   |                                    |  |  |                   |  |                    |                   | <u> =</u> | 2000              | ate         | 9               |  |  |  |  |
| attic   |                           | Х  | V   | ermicu                             | ılite in:  | sulation   | on                | 800 SF   |                    |                   |           |                   |             |                 |  |  |  |  |
|   |                           |  |   |                                    |  |  |                   |  |                    |                   | -         |                   |             |                 |  |  |  |  |
|   |                           |  |   |                                    |  |  |                   |  |                    |                   | -         |                   |             |                 |  |  |  |  |
| Name of Registered Waste Hauler   | 10000                     | JDEP W                                       |   | Cubic<br>of Was                    | Yards  |  | 10000000 000      |  | ered Landfi        |                   |           |                   |             |                 |  |  |  |  |
| Freehold Cartage  | 2                         | 1000   | 5939  | , 10.                              | TBD  |  |                   |  |                    | ks Landfi         |           |                   |             |                 |  |  |  |  |
| City, State<br>Freehold NJ  |                           | TBD  | sal Date                                    |                                    | City, State<br>Birdsbo   |  |                   |  |                    |                   |           |                   |             |                 |  |  |  |  |
| Completed by A. Scott Higgins   |                           | Signatur                                     | е   | ar                                 |  |  | ate<br>/28/1      | 6  |                    |                   |           |                   |             |                 |  |  |  |  |

Montclair, NJ 07042

8/10/16

Waynesburg, Ohio 44688

Completed By (Print or Type)
Constantine Vivian

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMEN

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

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Date of Notification 7/27/16 Name of Building Owner / Operator (2) AUG **HVA** Development Street Address AgenciesNotified Type of Notification ASBESTOS CONTROL & **EPA Emergency Notification** 247 Bridge Avenue **LICENSING** City, State & Zip Code DEP Initial Notification DOL Amended Notification Red Bank, NJ 07701 X Name of Contact Telephone Number DOH X Cancellation DCA Bill Bogdon **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Office Building Street Address Subchapter 8 (Other than K-12) X Other (i.e., private & commercial buildings, homes, etc. 1341-1343 Route 34 # of Floors Square Feet Bldg. Age County Code (7) 50 City (5) County (6) 5,000 Current Use (Prior if being demolished) Aberdeen Monmouth Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A Global Abatement Services, LLC Environmental Tactics, Inc. Street Address Street Address 443 Schoolhouse Road 64 Broad Street City, State & Zip Code City, State & Zip Code Monroe Township, NJ 08831 Matawan, NJ 07747 Project Manager for Monitoring Firm Telephone Number License Number Telephone Number Tom Geiger 732-605-9062 00714 732-290-2217 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Global Abatement Services, LLC 8/9/16 8/15/16 Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 443 Schoolhouse Road Abatement Performed Outside of Normal Facility Hours -City, State & Zip Code Describe: Monroe Township, NJ 08831 Other - Describe: Scope of Work (Check all that apply) Renovation Full Containment with Negative Pressure X Demolition Mini-Enclosure Large Project Quantity is ≥ 3 SF or ≥ 3 LF ACM Glovebag Procedure X Other: Non-friable X Quantity is ≥ 160 SF or ≥ 260 LF ACM Location of Is Location Description of Amount Abatement Type (Specify: Removal, Asbestos-Containing Normally Used Asbestos-Containing (Specify Square Feet or Material (ACM) Solely by Material (ACM) Repair. Encapsulation or Linear Feet) TO BE ABATED Maintenance or (i.e., thermal systems insulation, surfacing, VAT Enclosure) in Facility Custodial Staff? (13)(12)or other miscellaneous) 1,800 SF Removal Roofing material Roof N/A Removal N/A 304 SF Window glaze Exterior of 1341 120 SF Removal Exterior of 1343 N/A Window glaze Cu. Yds. of Waste Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Hauler ID # 20 GROWS Freehold Cartage 18693 Disposal Date City, State City, State Morrisville, PA 8/15/16 Freehold, NJ Date Completed By (Print or Type) Title Signature 7/27/16 Dominick Tringali Manager