| Date of Notification (1) 8 / 25 / | 16 | | TERM A GREEN CO. | | Owner/Operator (2 ation Administra | 111 11 | 606-502 | 0 Chec | k #85 | 03/ | 7 , | ari |
|--|-------------|---|------------------------------|--------------|--|---|---------------------|---------|----------------|---------------------------------------|----------------|-----------|
| Agencies Notified ☐ EPA ☐ Initial ☐ DOLWD ☐ Amended ☐ DCA ☐ NJAC 5:23-8) ☐ Type Notifica ☐ Initial ☐ Amended ☐ Amended ☐ Emergence ☐ justificatio | ent #1 | | City, S | State, Zip C | International Ai | rport, NJ 08405 | | 6 2 g | | ļ | | |
| (NJAC 5:23-8) | | | Pet | | | | 1.20 | -91,77 | ,- | | | 1 |
| | | | FAG | CILITY IN | FORMATION | | - 1 | | - | · · · · · · · · · · · · · · · · · · · | - Constitution | |
| Name of Facility Where Abatement is T | aking Place | e (3) | | | | Type of Facility (4 | 4) | | | | | |
| William J. Hughes Tech Center | | | | | | School (K-12) | | V 10 | | | | |
| Street Address | | | | | | ☐ Subchapter 8 ☐ Other (i.e., pri | | | | ilding | S, | |
| Hangar B301 | | | | | | homes, etc.) | | | | | | |
| City (5) | | | | | | Square Feet | # of Flo | oors | Bio | dg. Ag | ge | |
| Atlantic City | \ | | | | | | | | | | | |
| County (6) Atlantic | | | Cour | nty Code (7) |)(STATE USE ONLY) | Current Use (Price Technical Ce | 9 | demolis | shed) | | | |
| Name of Monitoring Firm Hired by Build | ing Owner | (8) | ASCM | No. | Name of Abateme | ent Contractor (9) | | | 200 611817 | | 1200 | |
| TTI Environmental | | | | | AbateTech, Ir | 1C. | | | | | | |
| Street Address | | / | | | Street Address | | | | | | | |
| 1253 North CHurch Street | | | | | 30 Maple Ave | | | | | | | |
| City, State, Zip Code | / | | | | City, State, Zip Co | | | | | | | |
| Moorestown, NJ 08057 | | T | | | Lumberton, N | IJ 08048 | Licens | a Na | | | | |
| Project Manager for Monitoring Firm | | 2-04/6/ | phone 09-314 | | Telephone No. 609-265-2107 | | 005 | | | | | |
| Jim-Guilardi | cheduled C | | | | Name of OSHA M | | 003 | 23 | | | | |
| Start Date (10) S | | . 38 |)/_ | | EMSL Analyti | | | | 2000 2000 2000 | | | |
| Occupancy Status During Abatement (C | check only | one) | | 200 | Street Address | | | | | | | |
| Facility Closed/Vacated During Entir | | | | | 200 Route 13 | A | | | | | | |
| Abatement Performed Outside of No Time of Abatement:AM | | | | | City, State, Zip Co | | | | | | | |
| Scope of Work (Check all that apply) | | - | | | _ | | | | - | | | |
| ☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf | = - | enovat emolitic | | | ☐ Mini-Enc ☐ Glovebag | ainment with Nega losure g Procedure mpted (*) and Non | | | re | | | |
| | Is | Loca | tion | | | | | | Aba | ateme | ent T | уре |
| Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13) |) Use Ma | Norma ed Sole aintena todial (12) | ely by ince/ Staff? | | Description o stos Containing Ma ., thermal systems surfacing, VAT, other miscellane | terial (ACM) nsulation, or | Amo (Spe SF o | ecify | Removal | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | 440 | 05 | | | | |
| Exterior | | | | Roof Fla | | | 410 | 200 | | | 무 | |
| Exterior | - | | | Roof Ma | est beste vitares (AV) | | 115 | | | | ㅁ | |
| Interior | | | | | le & Mastic | | 20 | | | | 므 | |
| Exterior | | | | Roof Ma | | <u>, </u> | 50 | | \boxtimes | Ш | П | |
| Name of Registered Waste Hauler AbateTech, Inc. | | 3330 | JDEP \ lauler II 18750 | O No. | Cubic Yards of Waste 16 | Name of Regist Atlantic Co | | | ıthorit | ty | | |
| City, State Lumberton, NJ | | | | | Disposal Date 9/30/16 | City, State Egg Harbor | Towns | hip, NJ | 0823 | 4 | | |
| Completed By (Print or Type) | Title | | | | Signature | 1 | | Da | ate | 4 | | |
| Gwendolyn Trumbetti | Operat | ions | Coord | inator | 4 | WI | | | 82 | 5 | 16 | |
| ASB-41 MAY 11 | * Do no | t use ti | nis form | for asbest | os licensure exemp | l ted activities. | | | | | | |

| | Street Address Stre | | | | | | | | | | |
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| Date of Notification (1) | 16 | | | | F | heck # | FPER | 17 /J | - | two-garage | |
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| (| | | | | | | | | | The Real Property lies | |
| | | | FAC | CILITY IN | FORMATION | | 46.3 | Armough ago | - The second | 1 | |
| Name of Facility Where Abatement is T | aking Place | (3) | | | | Type of Facility (| (4) | | | | |
| Paul Robeson ES | J | | | | | | | | | | |
| Street Address | | | | | | Subchapter 8 | 3 (Other than K-12 |) cial bu | ildina | S | |
| 199 Commercial Avenue | | | | | | | | oidi bu | namg | ٥, | |
| City (5) | | | | | | Square Feet | # of Floors | Blo | dg. A | ge | |
| New Brunswick | | | | | | L | | | 35 | | |
| County (6) | -8- | | Coun | ity Code (7 |)(STATE USE ONLY) | | | shed) | | | |
| Middlesex | | | | | | | | | | | |
| Name of Monitoring Firm Hired by Build | ing Owner | (8) | ASCM | No. | Partitude de signatura de la constitución de la con | 1. 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | |
| Brinkerhoff Environmental | | | | | | nc. | | 1000 | | | |
| Street Address | | | | | | | | | | | |
| 1805 Atlantic Ave. | | | | | Constitution of the Consti | | | | | | |
| City, State, Zip Code | | | | | ↓ 1000 10, 1500 | | | | | | |
| Manasquan, NJ 08736 | | 1= 1 | t | | | NJ U8U48 | Licence No. | | | - | |
| | | | . 51 | | I | | Commence of the commen | | | | |
| Laura Brinkerhoff | chadulad C | - 25 | ALCOHOLD STATE | | | | 00023 | | | | |
| Start Date (10) S | | - 2 |) / _ | | EMSL Analyt | | | | | | |
| Occupancy Status During Abatement (0 | Check only | one) | | | Street Address | | | | | | |
| ☐ Facility Closed/Vacated During Entir | | | ment | | 200 Route 13 | 0 North | | | | | |
| Abatement Performed Outside of No | | | | cribe | City, State, Zip Co | ode | | | | - 17:00-5 | |
| Time of Abatement: 6AM-2:30PM/ | PM | - | AM) | | Cinnaminson | , NJ 08077 | | | | | |
| Scope of Work (Check all that apply) | | | | | ☐ Eull Cont | tainment with Neg | native Pressure | | | | |
| ☐ ≥3 sf or ≥3 lf | ⊠ Re | enovat | ion | | ☐ Mini-Enc | losure | jativo i resoure | | | | |
| ⊠ ≥160 sf or ≥260 lf | ☐ De | emoliti | on | | ☐ Gloveba | g Procedure | n-Friable Procedu | re | | | |
| | Is | Loca | tion | Г | | | | 1 | atem | ent T | vpe |
| Location of | | Norma | ally | | Description of | | | | | | |
| Asbestos-Containing Material (ACM | | ed Sol aintena | ely by ance/ | | stos Containing Ma | | Amount (Specify | Remova | Repair | Encapsulate | Enclosure |
| TO BE ABATED IN Facility | | todial | Staff? | (1.6 | surfacing, VAT | , or | SF or LF) | v <u>al</u> | 7 | ulsc | sure |
| (13) | | (12) | | | other miscellane | ous) | | ļ | | ate | |
| Throughout | Yes | N₀ ⊠ | N/A | Sheet F | Flooring & Assoc | ciated Glue | 24,851 SF | | | П | П |
| | | | H | Floor T | - | Siatou Giuo | 200 SF | | | | |
| Throughout | | | # | | On Sinks | | 60 SF | | | | |
| Throughout | ᆛ片 | | | | ase Mastic | | 534 LF | | F | | |
| Throughout Name of Registered Waste Hauler | | | JDEP / | | Cubic Yards of | Name of Regis | | | | | |
| AbateTech, Inc. | | | Hauler II | | Waste | G.R.O.W.S | | | | | |
| | | | 18750 |) | 40 Disposal Date | City, State | | | | | |
| City, State | | | | | 9/30/16 | Tullytown, | PA | | | | |
| Lumberton, NJ | T:41- | | | | | 1 4 1 | | ate | | | |
| Completed By (Print or Type) | Title Operat | iono | Coord | inator | Signature | an At | | 01 | 2 | 1,1 | 0 |
| Gwendolyn Trumbetti | Operat | เดกร | Coord | mator | | 100 | | 18 | 10 | 111 | 0 |

ASB-41 MAY 11

| | | | NOT | | ATION | | BES | ersey TOS ABA :60 and 5:1 | | |) E | C | | | Ŵ, | The l | N WITT FOR |
|--|-----------------|--------|----------|--------|-----------------|--------------|---|---------------------------------|------------|-----------------------------------|--|-------|--|----------|--------|-------------|------------|
| Date of Notification (1) | | | | | Name | of Buildin | g Owi | ner/Operator | (2) | — <i>III II</i> | AI | 10 | | | | 7/ | m |
| 8 / | 25 / | 16 | | | Ne | w Jersey | Insti | itute of Tec | chn | nology / Job # | 608-50 | 55 É | hệck | #8 | 540 | III | M |
| Agencies Notified | Type Notifica | ation | | | Street | Address | | | | 1-5 | Contract | | | - 10 | | IL | # |
| ⊠ EPA | | | | | 323 | Dr MLK | Jr. E | 3lvd. | | | SBEST | 08 | DATE: | Terrary. | 1 | Mac | |
| ⊠ DOLWD | Amended Amendme | 70 | | | City, S | State, Zip (| Code | | | | 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | ENS | Ma | ŮĮ, | 8 | | Acres 1 |
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| (NJAC 5:23-8) | justification | on) | | 8 | 0.00000 | of Contac | | | | | Telepho | ne Nu | ımber | | | The same | |
| | ☐ Cancellat | tion | | | Jer | ry Russa | ino | | | | | | | | | | |
| | | | | | FA | CILITY IN | IFOR | RMATION | | | | | | | | | |
| Name of Facility Where | Abatement is T | Γaking | Place | (3) | | | | | 100 | Type of Facility (4 | 1) | | | | | | |
| NJIT- Tiernan Hall | | | | | | | | | | ☐ School (K-12) ☐ Subchapter 8 | (Other th | an K- | 12) | | | | |
| Street Address | | | | | | | | | | Other (i.e., pri | vate and | comn | nercial | bui | lding | s, | |
| 323 Dr MLK Jr. Blv | d. | | | | | | | | | homes, etc.) | | | _ | | | | |
| City (5) | | | | | | | | | 8 | Square Feet | # of Flo | ors | | Bld | g. Ag | e | |
| Newark, NJ 07102 | | | | | 10 | | 7) /O.T. | TE 110E 0411 10 | 1 | Current Har (D.) | r if ha!- | dam | oliob = - | \ \ | | | |
| County (6) | | | | | Cour | ity Code (| ()(SIA | TE USE ONLY) | 1 | Current Use (Prio | r it being | aemo | olisneo |) | | | |
| Essex | 18-11-5 " | 11 | | (0) | ACCIT | Ne | At- | ma of Ak-t- | | School | | | | | | - | |
| Name of Monitoring Firm | | ding C |)wner (| (8) | ASCM | No. | 1 | | | t Contractor (9) | | | | | | | |
| Omega Environme | ntai | | | | | | 10 6306 | eet Address | mc | J. | | - | | - | | | |
| Street Address | | | | | | | 1,000,000,00 | | ' 0 | PO Box 25 | | | | | | | |
| 280 Huyler Street | | | | | | | | , State, Zip C | | | | | | | | | |
| City, State, Zip Code South Hackensack | N I 07606 | | | | | | | umberton, | | | | | | | | | |
| Project Manager for Mon | | | | Tal | ephone | No | | ephone No. | 140 | 7 00040 | Licens | e No. | | | | | _ |
| Geiser Fajardo | illoring Film | | | person | 01-489 | | 100000000000000000000000000000000000000 | 09-265-210 | 7 | | 005 | | | | | | |
| Start Date (10) | 19 | Sched | uled C | 1 | etion Da | | | me of OSHA | 000 | nitor | | | | | | | - |
| n-one and the control of the control | _16 | | | | 1_ / | | 100 | MSL Analy | | | | | | | | | |
| Occupancy Status During | g Abatement (| | | | | | Stre | eet Address | 7.52.7 | | | | | | 7/1 | | |
| ☐ Facility Closed/Vacate | | | | | ement | | 2 | 00 Route 1 | 30 | North | | | | | | | |
| ☐ Abatement Performed | d Outside of No | ormal | Facility | γ Ηοι | rs - Des | | City | , State, Zip C | Cod | le | | | | | | | |
| Time of Abatement: _ | AM | P | Λ/ | _PN | ŀ | AM | 1,000,000 | innaminso | | | | | | | | | |
| Scope of Work (Check a | Il that apply) | | =1,4/1/ | | | | | | 9335 | | | | | | | | |
| □ >2 of or >2 if | | | ⊠ Re | novo | tion | | | ☐ Full Cor | | inment with Nega | itive Pres | ssure | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | De | | | | | ☐ Gloveb | ag I | Procedure | | | | | | | |
| | | | | 920 | | 1 | | Non-Ex | em | pted (*) and Non | -Friable I | Proce | | | | | |
| 2 12 | | | | Loca | | | | Decadation | c.f | | | | | | _ | ent Ty | 1000 |
| Location Asbestos-Containing | | 1) | | | lely by | Asbe | stos | Description Containing M | | erial (ACM) | Amo | ount | . Control | 2 | Repair | Encapsulate | Enclosure |
| TO BE ABA | ATED | , | N (999) | | ance/ Staff? | | e., the | ermal systems | s ins | sulation, | (Spe | | 3 | | air | aps | losu |
| IN Facil (13) | ity | | Cus | (12 | | | | surfacing, VA her miscellan | | | SF o | r LF) | 1 5 | - | | ulat | ē |
| (13) | | | Yes | No | 1 | | 00 | moodian | | / | | | | | | Ф | |
| Room #204 | | | | | | Floor ti | le & | Mastic | | | 2,00 | 0 SF | | 3 | | | |
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| | | | | П | | | | | | | | 1801 | Г | | | | |
| Name of Registered Was | ste Hauler | - | | 500000 | NJDEP | Waste | Cur | oic Yards of | -1 | Name of Regist | ered Lan | dfill | | -1 | | | |
| AbateTech, Inc. | and industry | | | 100 | Hauler I | D No. | Wa | ste | 3 | G.R.O.W.S. | | | | | | | |
| City, State | | | | | 1875 |) | | 0 posal Date | - | City, State | | | | | | | |
| Lumberton, NJ | | | | | | | | 0/31/16 | | Tullytown, i | PA | | | | | | |
| ELANCE PRODUCT OF CAMPACHA CONTRACTOR | loovi | T;41 | | | | | | Signature | | | | -1 | Date | | 1 | | |
| Completed By (Print or T Gwendolyn Trumbe | To Tay years | Title | | ions | Coord | inator | | Signatule | 1 | IT | | | Date | 25 | 111 | 0 | |
| carrier to a series of the property of the | | | 3 | | | | | // / | y - | | | | 1 | | - | | |

ASB-41 **MAY 11**

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

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| | -10) | <u> </u> | o E | | | |

| Date of Notification (1) Remote of Building Comen(Operator (2) Responding Type Notification GOW Wilson Ave. Distal Data | | | | (11 | ursuant | to NJAC 8 | :60 and | 12:120 | " | , | (| 1 | -10 | X | \mathcal{U} | 2 |
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| EPA DOL Amended Amended Amended Processor DOL Amended Amended Amended Processor DOL Amended Amended Processor DOL Amended Amended Processor DOL Amended Amended Processor DOL Name of Facility Where Abatement is Taking Place (3) PVSC Wallington Pump Station FACILITY INFORMATION FACILIT | | | | | | | | | | sion | m | 屋面 | | | T E | 7 2000 |
| DOM DOM DOM DISTRICT (Andrews) DOM Name of Facility (Misc Donne FACILITY INFORMATION PVSC Wallington Pump Station FACILITY INFORMATION PVSC Wallington Pump Station Streat Address Strea | | | | | | | | | | | 1131 | | Angeles (1-10) | | | |
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| DOH justification Mike Dorine Facility (Mike Dorine Mike Dorine Facility (Mike Abatement is Taking Place (3) PVSC Wallington Pump Station Street Address School (K.12) Subchapter (Other than K.12) Other (Le, private & commercial buildings, homes, etc.) City (5) Sayauar Feet 300000 1 City (7) Flore | DOL | Amendment | | _ | Newar | k, NJ 071 | 05 | | | | - | | | | 5) | |
| Name of Facility Where Abatement is Taking Place (3) PVSC Wallington Pump Station Streat Address 131 River Dr Super Feet Streat Address 130000 If of Floors Bldg, Age Streat Address 1300000 If of Floors Bldg, Age Streat Address 130000 If of Floors Bldg, Age Streat Address 130000 If of Floors Bldg, Age Streat Address 130000 If of Floors Bldg, Age Streat Address 1300000 If of Flo | DOH | | (including | | | | | | | | Tele | phone ! | lumber | | | 2 |
| Name of Facility Where Abatement is Taking Place (3) PVSC Wallington Pump Station Street Address 131 River Dr Square Feet | DCA | | | | Mike L | Jonne | | | | - | | i. | EJENST | Jr. | - 4 | |
| Street Address Street Address School (K-12) Subchapter 8 (Other than K-12) Street Address Street Add | N 6 F - Ille VAIL | Ab -4 | - Diago (2 | ^ | FACI | LITY INFO | RMATIC | NC | Tyr | o of Equility | (A) | | +CALCAN L. PROPERTY | | · | |
| Street Address Stre | PVSC Wallington F | | g Place (3 | ·) | | | | | | School (K- | 12) | | . 40) | | | |
| Passaic, NJ 30000 1 75 years | | | | | | | | x | | Other (i.e. | | | | dings, | home | s, |
| Start Second Se | The second second | | | | | | - 4 | | | | 92 (200) | Floors | | | 355 | |
| Street Address Str | | | 2000 W0404 | | | | | | | | | | lished) | | | |
| City, State, Zip Code Bordentovn, NJ 0850 City, State, Zip Code Sayreville, NJ 08872 City State, Zip Code Sayreville, NJ 08872 City State, Zip Code Sayreville, NJ 08872 City State, Zip Code Sayreville, NJ 08872 Name of CSHA Monitor Tage Environmental Show Desktop.scf Street Address 234 20 th Ave City, State, Zip Code Brick, NJ 08724 City State, Zip Code Brick, NJ 08724 City State, Zip Code City State | | n Hired by Building | Owner (8) | | | | | | | | and the second second second | | | | | |
| Bordentown, NJ 0850 Sayreville, NJ 08872 | | | | | 1 | | | | | | Extens | ion, S | uite 10 |) | | |
| Tolephone No. 609-298-5520 Tolephone No. | | 0 | | | | | | | | REPORT OF THE REPORT OF THE PARTY. | 872 | | | | | |
| Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Period of Normal Facility Hours City, State, Zip Code Brick, NJ 08724 Scope of Work (Check All That Apply) Asbestos-Containing Material (ACM) In Facility (13) Scope of Work (Check All That Apply) Scope of Wor | | nitoring Firm | | | | | | Teleph | none | No. | | | | | - | |
| Scope of Work (Check All That Apply) 23 st or ≥3 lf ≥160 st or ≥260 lf Period of Abatement Performed Outside of Normal Facility Hours Period of Abatement Performed Outside of Normal Facility Hours Period of Abatement Performed Outside of Normal Facility Hours Period of Abatement Performed Outside of Normal Facility Hours Period of Abatement Performed Outside of Normal Facility Hours Period of Abatement Performed Outside of Normal Facility Hours Period Of Abatement Performed Outside of Normal Facility Hours Period Of Abatement Performed Outside of Normal Facility Hours Period Of Abatement Performed Outside of Normal Facility Hours Period Of Abatement Type Peri | | 8/25/16 | | | | Date (11) | K | | | | | | | | | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Boiler Room Storage area X City, State, Zip Code Brick, NJ 08724 City, State, Zip Code Brick, NJ 08724 Full Containment with Negative Pressure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exe | Occupancy Status Durin | g Abatement (Chec | k Only Or | ie) | | | - | Sho | w D | esktop.scf | Street Ad | dress | | | | |
| Scope of Work (Check All That Apply) 3 st or 23 lf 2160 st or 2260 lf Pull Containment with Negative Pressure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and | | | | | rent | | | 234 | 20 th | ^h Ave | | | | | | |
| Salid of 23 if Secondarion Demolition | Abatement Perform Other – Describe: | ned Outside of Norn | nal Facility | Hours | | | _ | | | | | | | | | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Boiler Room Storage area X Ceiling Plaster Name of Registered Waste Hauler Freehold Cartage Name of Registered Waste Hauler Freehold Cartage Room Storage area SLocation Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Ceiling Plaster Surfacing, VAT, or other miscellaneous) Name of Registered Waste Hauler Freehold Cartage Name of Registered Waste Hauler Freehold Cartage Name of Registered Landfill Cumberland Landfill Cumberland Landfill Cumberland Landfill City, State Freehold, NJ Disposal Date 6/27/16 Room Storage ABATED Non-Friable Procedure Abatement Type Abatement Type Abatement Type City, State Non-Friable Procedure Abatement Type Cumberland Amount (Specify SF or LF) Room Storage Abatement Type Cumberland Cumberland Landfill | Scope of Work (Check A | III That Apply) | | | J. 100 - 100 - 1 | | | | | | | | | | 1767. | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Boiler Room Storage area X Ceiling Plaster NJDEP Waste Hauler ID No. 15939 Name of Registered Waste Hauler Freehold Cartage City, State Freehold, NJ Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Ceiling Plaster Abatement Type Abatement Type Registered (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF) Registered (ACM) (Specify SF or LF) Registered Landfill Cumberland Landfill Cumberland Landfill City, State Freehold, NJ | | | | | | | | | | Mini-Enclosu Glovebag Pro | re ocedure | - | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Boiler Room Storage area X Ceiling Plaster NJDEP Waste Hauler ID No. 15939 NJDEP Waste Hauler ID No. 15939 City, State Frechold, NJ Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Amount (Specify SF or LF) Rame of Registered Waste Hauler Frechold Cartage NJDEP Waste Hauler ID No. 15939 Disposal Date 6/27/16 Newburg, PA | | | | 2000 | | | | L. | <u> </u> | Non-Exempte | ed (*) and | Non-Fi | riable Pro | | | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Boiler Room Storage area X Ceiling Plaster Name of Registered Waste Hauler Freehold Cartage NJDEP Waste Hauler ID No. 15939 Name of Registered Landfill City, State Freehold, NJ Used Solely by Maintenance/ (Le. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (Le. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (Le. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (Le. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (Specify SF or LF) Proposition Namount (Specify SF or LF) No N/A X X Ceiling Plaster Name of Registered Landfill Cumberland Landfill Cumberland Landfill City, State Freehold, NJ Newburg, PA | | | | | | | | | | | | | | 2007000 | | |
| Boiler Room Storage area X Ceiling Plaster 800 sf X X Name of Registered Waste Hauler Freehold Cartage Disposal Date Freehold, NJ Disposal Date 6/27/16 Newburg, PA | | | Use | d Sole | ly by | Asbest | | | | rial (ACM) | A | nount | | | ш | |
| Boiler Room Storage area X Ceiling Plaster 800 sf X X Name of Registered Waste Hauler Freehold Cartage Disposal Date Freehold, NJ Disposal Date 6/27/16 Newburg, PA | TO BE AB | ATED | | | | The state of the s | thermal | system | s ins | ulation, | | 0.00 | Ren | Re | ncap | nc |
| Boiler Room Storage area X Ceiling Plaster 800 sf X X Name of Registered Waste Hauler Freehold Cartage Disposal Date Freehold, NJ Disposal Date 6/27/16 Newburg, PA | | | | | 7007000 | | | | | | SF | or LF) | SVOL | pair | Sul | nso |
| Name of Registered Waste Hauler Freehold Cartage NJDEP Waste Hauler ID No. 15939 City, State Freehold, NJ Disposal Date 6/27/16 Name of Registered Landfill Cumberland Landfill City, State Newburg, PA | (.9) | | | No | N/A | | | | | | | | | | ate | |
| Name of Registered Waste Hauler Freehold Cartage NJDEP Waste Hauler ID No. 15939 City, State Freehold, NJ Disposal Date Freehold, NJ Name of Registered Landfill Cumberland Landfill City, State Newburg, PA | Boiler Room Storage | area | X | | - | Ceiling | Plaster | | | | 800 sf | | Х | | | X |
| Name of Registered Waste Hauler Freehold Cartage NJDEP Waste Hauler ID No. 15939 City, State Freehold, NJ Disposal Date Freehold, NJ Name of Registered Landfill Cumberland Landfill City, State Newburg, PA | | | | | 1 | | | | | | | | | | | |
| Freehold Cartage Hauler ID No. 15939 of Waste 30 Cumberland Landfill | | | | | | | | | | | | | × | | | |
| Freehold Cartage Hauler ID No. 15939 of Waste 30 Cumberland Landfill | | | | | | | | | | | | | | | | |
| Trechold, NJ Disposal Date City, State Freehold, NJ City, State Newburg, PA | [15] [15] (15] (15] [15] [15] [15] [15] [15] [15] [15] [| ste Hauler | | 10000 | | | | | | | | | dfill | | | |
| Freehold, NJ 6/27/16 Newburg, PA | rreenoid Cartage | | | | | NO. | | ste. | | Cullibe | manu L | anunn | | | | |
| 0.20 | | | | | | | Dispos | sal Date | 1 | | | | | | | |
| Completed by Michael Migliore Sr. Account Manager Signature Manager St. Account Manager Manager St. Account Manager | | | | | | | 6/27/ | 16 | | Newbu | rg, PA | | | | | |
| | | | 1000000 | ccoun | t Mana | ger | S | ignature | e / | 0 h | eckso | | | 5 | | |

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Check # 25830

| Date of Notification (1) | | | | | Name of Buil | ding Owr | ner/Operator (2) | | | | | |
|----------------------------|---|---|--------------|---------|---------------------------------------|-------------------|---|--|------------|-------------------|-------------|-----------|
| 8/26/2016 | | | | | THE HIBBI | ERT GR | OUP | | 3 7 53 | jamin, | - | |
| Agencies Notified | Type Notifica | tion | | | STREET ADI | DRESS | A Tomati | NEGET | WE | n | 1 | |
| □ EPA | Initial | | | | 400 PENNIN | NGTON | AVENUE L | U | | 111 | 1 | |
| ☐ DEP | ☐ Amende | ed Ame | endmer | nt # | City, State, Z | ip Code | | | | 1111 | | |
| □ DOL | ☐ Emerge | ncy (in | cluding | 1 | TRENTON, | NJ 086 | 18 | AUG 2 9 2 | 016 | IIU | H | |
| □ DOH | justifica | tion) | | | Name of Con | | 1 | | Tele | phone | Num | ber |
| □ DCA | ☐ Cancell | ation | | | DAVID D'A | NDREA | | Land of the second | | 7 | | |
| | | | | F | ACILITY IN | | | ASBESTOS CONT | THUL O | | 76.0 | |
| Name of Facility Where Ab | atement is Ta | aking P | lace (3 | | | | | Type of Facility (4) | | a (B) (a) alabada | لمد | |
| THE HIBBERT GROUP | | • | | | | | | School (K-12) | | | | |
| Street Address | | | | | | | | ☐ Subchapter 8 (C | ther tha | n K-12 | 2) | |
| 400 PENNINGTON AVI | ENUE | | | | | | | Other (i.e., priva | | | 1988 | ldinas |
| City (5) | | | | 156H132 | | | | Square Feet | | | Bldg. | |
| TRENTON, NJ | | | | | | | | | | | | 7.190 |
| County | | | | | County Code | (7) (ST | ATE USE ONLY |) Current Use (Prior if | being de | emolis | hed) | |
| MERCER | | | | | l coming come | (.) (0 | | , | Doing ac | ,,,,, | 100) | |
| Name of Monitoring Firm H | lired by Buildi | na Owi | ner (8) | | ASCM No. | Name o | f Abatement Co | ntractor (9) | | | _ | |
| MECS | , | | (0) | | | 7.0000 20400 3000 | | IRONMENTAL INC | | | | |
| Street Address | | | | | | Street A | | IKOMMENTAL INC | - | - | <u> </u> | |
| P.O. BOX 341 | | | | | | | CK FOREST | DOAD | | | | |
| City, State, Zip Code | | | | | | | ate, Zip Code | ROAD | | | // | |
| CROSSWICKS, NJ 0851 | 5 | | | | | a continue con | on, NJ 08691 | | | | | |
| Project Manager for Monito | | Telep | hone N | lo. | | Telepho | | | Lice | nse No | | |
| WILLIAM WEISGARB | | | 15-114 | | | 609-890 | | | 0067 | | | |
| Start Date (10) | | | | | ion Date (11) | | f OSHA Monitor | | 1000 | 70 | _ | 1 |
| 8/30/2016 | | 8/30/ | | | , , , , , , , , , , , , , , , , , , , | MECS | | | | | | |
| Occupancy Status During A | Abatement (C | | 7 (7) | :) | | Street A | ddress | | | | - | |
| Facility Closed/Vacate | | | | | ent | P.O. B0 | OX 341 | | | | | |
| Abatement Performed | 3.55 | | | | | | ate, Zip Code | | _ | | | |
| ESSENTIAL PERSONNEL | | | 100 may (5) | | | | SWICKS, NJ 0 | 8515 | | | | |
| Scope of Work (Check all t | hat apply) | | | | | CROSS | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ☐ Full Containmen | t with No | egative | e Pres | sure |
| 2 > 3 sf or ≥ 3 lf | 11.77 | | | | Renovat | ion | | ☐ Mini-Enclosure | | -3 | | |
| D ≥ 160 sf or ≥ 260 lf | | | | | ☐ Demoliti | | | ☐ Glovebag Proce | dure | | | |
| | | | | | | | | ☐ Non-Exempted (| | -Friab | le Pro | cedur |
| | | T Is | Locat | ion | | | | | | | Type | |
| Location of Asbestos-C | antoining | | mally I | | Description | of Asbe | stos Containing | | 1 | T | | |
| Material (ACM) TO BE A | | Name of Street | Solely I | | | | thermal systems | and the second s | or & | Į D | nca | Enclosure |
| Facility (13) | | * A C C C C C C C C C C C C C C C C C C | | /Custo | | | , VAT, or other | LF) | Remova | Repair | psu | los |
| | | Yes | Staff? No | N/A | n | niscellan | eous) | | / <u>a</u> | = | Encapsulate | ure |
| BASEMENT/BOILER R | OOM | 1 | | | PIPE INSUI | ATION | | 60L.F. | X | - | 10 | |
| DASENTEN I/DOILER N | OOM | X. | | | I II E INSUL | ATION | | 001 | X | - | | - |
| | | | | - | | | | | - A | | | |
| | | | | - | | | | | - | - | | - |
| Name of Registered Waste | Hauler | | | | NJDEP Waste | | Cubic Yards of | Name of Registered | Landfill | | | |
| CARNEVALE DISPOSA | L COMPAN | Y, IN | C. | | Hauler ID No. 17247 | | Waste 2 YDS | GROWS | | | | |
| City, State | · · · · · · · · · · · · · · · · · · · | | | | | | Disposal Date | City, State | | - | | |
| HAMILTON, NJ | | | | | | | 8/31/2016 | MORRISVILLE, P | A. | | | |
| Completed By | *************************************** | Title | | | | Signatur | 327-Mar | 00 | Date | | | |
| DAVID D'ANDREA | | PRES | SIDEN | T | | 16 | aves | Nuslen | 8/26 | /2016 | | |

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: 16-260 Name of Building Owner/Operator (2) Date of Notification (1) 0 8 / 2 0 / 1 6 CHERYL NISSENBA Agencies Notified Type Notification Street Address Initial EPA Amended DEP City, State, Zip Code ASBESTOS CONTROL & Amendment #: DOL Emergency BERGENFIELD, NJ 07621 (including DOH Name of Contact Telephone Number justification) DCA CHERYL NISSENBA Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) CHERYL NISSENBA Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) BERGENFIELD **BERGEN** Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Telephone Number License Number Project Manager for Monitoring Firm Phone Number 01169 973-345-8020 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 08/30/16 09/15/16 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure > 3 sf or > 3 lfMini-enclosure Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of E e by maintenance/custodial n asbestos-containing Amount Description of asbestos-containing n m staff(12) p C (Specify SF or material (acm) to be material (ACM) С 0 a a abated in facility (13) L Yes No N/A e 1,250 SQ FT TRANSITE SIDING X basement X TRANSITE SIDING GARAGE 120 sq ft

Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# D & S RESTORATION, INC. 13506 4 YDS TULLYTOWN, RESOURCE RECOVERY Disposal Date City, State City, State 08/31/16 PATERSON, NJ 07503 TULLYTOWN, PA Signature Completed by (Print or Type) Date Title **BOGDAN JOLDZIC** 08/20/16 PRESIDENT Do not use this form for ashestos licensure exempted activities

| | | | | (1 | ursuar | IL LO NOA | 10 0.00 and 5.10 | | 1 | | There are a | 711 | 11 |
|--|-------------------------------------|--------|--------------|------------|----------------------|------------------------|--|--|--------------------|-------------|-------------|--|--|
| Date of Notification (1) | 26 / | 16 | _ | | LICENSTAL PROPERTY. | of Buildin Luke's H | g Owner/Operator (lospital | 2) | AUG 2 | 9 201 | 6 | The second secon | $J\!\!\!/$ |
| Agencies Notified ☑ EPA ☑ DOLWD | Type Notifica ⊠ Initial □ Amended | | | | 185 | Address Rosebe | | Language and the second | ASBESTOS O | ONTAC | DL & | 2 2 2 2 | Control of the Contro |
| ☑ DHSS | Amendme | _ | | | | | ı, NJ 08865 | | | | | order despite | |
| ☐ DCA (NJAC 5:23-8) | ☐ Emergene justification | | cluding | | 50, 000 | of Contac | | | Telephone Nur | nher | | A CONTRACTOR | |
| (110,10 0.20 0) | ☐ Cancellat | | | | Tec | Ruhf | | | 1005-331-60 | | | | |
| Y | | | | | FAC | CILITY IN | FORMATION | | | | | | |
| Name of Facility Where A | Abatement is T | Taking | Place | (3) | | | | Type of Facility (| 4) | | | | |
| St. Luke's Hospital | | | | | | | | School (K-12) | | (297) | | | |
| Street Address | | | | | | | | ☐ Subchapter 8 ☐ Other (i.e., pri | | | ildine | 10 | |
| 185 Roseberry St. | | | | | | | | homes, etc.) | vate and commi | ziolai bu | name | , | |
| City (5) | | | | | | | | Square Feet | # of Floors | Blo | dg. A | ge | |
| Phillipsburg, NJ 08 | 865 | | | | | | | 100,000÷ | 2 | 1 | 41+ | | |
| County (6) | | | | | Cour | nty Code (7 | 7)(STATE USE ONLY) | Current Use (Price | or if being demol | ished) | 201111 | | |
| Warren | | | | | | | | Hospital | | | | | |
| Name of Monitoring Firm | Hired by Build | ding O | wner (| 8) | ASCM | No. | Name of Abateme | ent Contractor (9) | | | | | |
| Pennonni Assoc. | | | | | NA | | Alliance Envi | ironmental Sys | tems | | | | |
| Street Address | | | | | | | Street Address | | | | | | |
| 515 Grove St. | | | | | | | 550 East Unio | | | | | | |
| City, State, Zip Code | | | | | | | City, State, Zip Co | | | | | | |
| Haddon Heights, N. | | | | | | | West Cheste | r, PA 19382 | | | <u> </u> | | |
| Project Manager for Moni | itoring Firm | | | 1000 | ephone | | Telephone No. | | License No. | | | | |
| Tom Adams | | | | | 56-547 | | 610-701-9000 | | 00508 | | | | |
| Start Date (10) | economic 10 5 | | | 700 | etion Da | S. 250 | Name of OSHA M | Ionitor | ta sa ta | | | | |
| 9 / 12 / | | | | | 4_/_ | 16 | AET | | | | | | |
| Occupancy Status During | | | | | | | Street Address | <u></u> | | | | | |
| Facility Closed/Vacate | | | | | | oribo | 28 N. Pennel | | | | | | |
| Abatement Performed Time of Abatement: 7 | | | | | | cribe | City, State, Zip Co | | | | | | |
| | | | | | | | Media, PA 19 | 063 | | | | | |
| Scope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | i that apply) | | ⊠ Re □ De | | | | ☐ Mini-Enc ☐ Gloveba | tainment with Nega losure g Procedure mpted (*) and Nor | | ure | | | |
| | | | Is | Loca | ition | | | | | | atem | ent T | vpe |
| Location | | | | lorm: | ally ely by | | Description of | | | - | | | T - |
| Asbestos-Containing I TO BE ABA | | 1) | | | ance/ | Asbe | estos Containing Ma e., thermal systems | iterial (ACM) | Amount (Specify | Removal | Repair | Encapsulate | Enclosure |
| IN Facilit | | | Cust | | Staff? | (| surfacing, VAT | , or | SF or LF) | val | = | lusc | sure |
| (13) | | | Yes | (12) No | N/A | | other miscellane | ous) | | | | ate | W. |
| 1st Floor Sub Phases | 5 & 6 | | | | \boxtimes | VAT & | Mastic | | 5140 SF | \boxtimes | | | |
| | | | | | | | | | | | П | П | |
| | | | 32.53 | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | * | | | | | | | | | | Ш | Ш | Ш |
| Name of Registered Was | | | | | NJDEP I Hauler II | | Cubic Yards of Waste | Name of Regist | | 7 =2 | | | |
| Richard Burns & Co | o. | | | , | 19955 | | 40 | Western Be | erks Commun | ity Lan | idfill | in 0 | - |
| City, State | | | | | | | Disposal Date | City, State | | | | | |
| Phila., PA | | | | | | | TBD | Birdsboro, | PA | | | | |
| Completed By (Print or Ty Mark H. Griffin | /pe) | Title | stimat | tor | | | Signature | M | | B/2 | 26 | /10 | 1 |
| SR-41 | | | | | | | | #// | | 1 | -/ | 100 | |

ASB-41 MAY 11

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

| | | | | | | | | | | 1 | P | | Trans. His | | | - |
|--|---|---------------------------|-----------------------------------|-------------------------------|--|--|--|-------------------------------|--|----------------------|---|------------------------|--------------------|--|--------------------|--|
| Date of Notification (1) 8 25 | 16 | | | | Building C | | | | PANI | Djr | | 5 | 5 | | 7 E | |
| Agencies Notified | Type Notification | | | Ciront A | ol ol an an | | | | 417 | 111 | 10 AI | 10 | | 004 | • | IIII |
| | ☑ Initial ☐ Amended | ** | r | City, Sta | te, Zib Coo | ie | | | 1 | H | A | JG . | 2 9 | 201 | <u> </u> | 世 |
| 図 DOL | Amendment Emergency (i | | - | | Contact | 14 | 03 | 0. | 7434 | L Te [®] | | | - | | | _ |
| 図 DOH 口 DCA | justification) Cancellation | | | | MIKE | F | - | | 1 | 11 | | | | | | |
| | | DI (0) | | FACI | LITY INFO | RMAT | ION | | | - | | | | and the second | | |
| Name of Facility Where At | | | | | | | direction | | of Facility (4) chool (K-12) |) | | | | | | |
| Street Address 430 G-RE | ENWOOD | AUE | = | | | | | ⊠ 0 | ubchapter 8 Ither (i.e. privetc.) | | | | buildi | ings, i | nome | s, |
| City (5) WYCKOFF | | | | | | | | ~~~~~ * *********** | e Feet | # of | Floors | | В | G G | | |
| County (6) BERGEN | | www.www.henc. | | County (| Code (7) JSE ONLY) | | | | nt Use (Prior | | | | | an a | | |
| Name of Monitoring Firm I | Hired by Building O | wner (8) | | ASC | M No | A portice Manufacture and Constitution of | | of Abat | ement Contr tracting Inc | | | | | TO THE WILL | | |
| Street Address | | | | L | | | Street A | Address | | | | | | | | |
| City, State, Zip Code | | | | | | | City, St | | o Code c NJ 07432 | | *************************************** | hause the construction | | | etten desta da una | |
| Project Manager for Monito | oring Firm | | T | Telepi | hone No. | | Telepho | |). | | Licens 001 | | | | | |
| Start Date (10) 9/7 | /16 | Scheduled // | Gom | pletion [| Date (11) | Minimum grane (MANA) | Name o | of OSH | A Monitor | l | | 30 | **** | | | |
| Occupancy Status During Facility Closed/Vacate Abatement Performed Other - Describe: | ed During Entire P | k Only One eriod of Ab |) ateme | According to | | Andrews State (1982) | Street / 280 H City, St | Addres uyer Si ate, Zij | s treet | | | - Prince | | | Washanser as as | NAMES AND ASSOCIATION OF THE PARTY OF THE PA |
| Scope of Work (Check All | That Apply) | | | | A | | | | | | | | | | - | \neg |
| ☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf | | | novati molitic | | | | | Mini- | Containment Enclosure ebag Proced Exempted (* | dure | | | | | | the distance and the second se |
| | | le l | ocatio | n. | | | - | 14011 | | Juna | | Idioic | THE REAL PROPERTY. | - | ment | |
| Location | of | N | omall | у | | De | escription | of | | | | | | Ту | ре | |
| Asbestos-Containing N TO BE ABA In Facility (13) | TED | Main Custo | Solel itenar dial S (12) | ice/ | | therma surfa | ntaining N Il systems acing, VAT miscellane | insulat r, or | | (8 | mount Specify or LF) | | Remova | Repair | Encapsulate | Enclosura |
| The same of the sa | | Yes | No | N/A | | | | or conseque | | ************** | | | orac awa | - | <i>চ</i> | |
| THROUGHOUT | | | | X | | | /ma | - | <u> </u> | - | , 00 | | - | | | |
| ROOF | and a substitute of the substitute of | | | × | | and the same of th | 514100 | and the latest desired | | | 700 | - | Lamouron | | | - |
| OUTSIDE | | | | X | | | NS17 | | | - | 000 | SF | - | | | |
| SUPERMARK | | | | X | ************************************** | | 1015/ | Pill | | | 37 | 1 | X | antenno. | | |
| Name of Registered Waste Newark Carting, Inc | e Hauler | | | JDEP W auler ID I 04509 | No. | of Wa | Yards ste 20 | | Name of Ri | | | | ll Cor | D. | | |
| City, State, Zip Code Newark, NJ 07105 | | | and Carrier | entransia di Propositi | | Dispo | sal Date | 6 01 | City, State, | Zip C | | - | ALCO DIVINO | *************************************** | | |
| Completed by R. McDonald | | Title Presider | nt | | | - | Signature | 201 | n Honal | 1 | audioseg Sillino Tito e South | Date | | 25 | /16 | |
| | | | | | | | V - | 9. | 000 | | | | 9/ | 00 | 110 | |

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2016-125

Check # 7977 Date of Notification (1) Name of Building Owner/Operator (2) 10 18 1/12 16 1/11 16 1 Stephanie Graham Agencies Notified Type Notification Street Address 29 2016 EPA X Initial DEP City, State, Zip Code X DOL CONTRO Amendment Ridgefield Park, NJ 07660 X DOH Name of Contact Telephone Number Cancellation ☐ DCA Stephanie Graham **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Stephanie Graham Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. # of Floors Bldg. Age Square Feet County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) Ridgefield Park, NJ 07660 Bergen residential Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Telephone Number License Number Phone Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 09/09/2016 09/09/2016 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition Renovation Full Containment w/negative pressure Glovebag procedure ✗ Mini-enclosure \times >3 sf or >3 lf ≥160 sf or ≥260 lf Non-friable procedure Is location normally used solely Location of Ε e by maintenance/custodial Amount n asbestos-containing Description of asbestos-containing m n staff(12) p C (Specify SF or material to be material (ACM) C 0 a a abated in facility (13) L Yes No N/A p 7 If pipe (wrap & cut) X basement crawl space beiler room 6 sf X fire board NJDEP Hauler ID# 19563 Registered Waste Hauler Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. Tullytown Resource & Recovery Center Disposal Date City, State City, State Lincoln Park, NJ 09/10/2016 Tullytown, PA Signature Completed by (Print or Type) Gordana Luna Gordana Luna Secretary/Treasurer 08/26/2016

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2016-120

Check # 7976

| Date of Notification | (1) | | Name of Bu | ıildina Ow | ner/Operator (2) | , | - | | | | | | |
|-------------------------------------|-------------------|------------------|------------------------------|--------------------|-------------------------|-------|--|----------------------------------|--|---------------|--------|---------|----------|
| 10 18 1/12 16 |]/116 | | Andrea | | non-operator (E | | | | | 67 - 19 | | | |
| Agencies Notified | Type Notifica | ation | Street Addre | ess | | | | | The second secon | 111 | | | |
| ∐ EPA □ DEP | X Initial | | | | | | II | | Section 2 | | | | |
| ₩ DOL | ☐ Amend | iment | City, State, | | | | III III AII | G 2 9 201 | 6 | Ĵ | | | |
| | L Amen | - 11 | | , NJ 072 | 203 | | III III AO | 0 2.3 | f 1 | | | | |
| ⋈ DOH | ☐ Cance | - 11 | Name of Co | | | | | and a supplemental of the second | one Numb | er | | | |
| ☐ DCA | | | Andrea | Ferraro |) | | 25B8A | 108 "" | | 189 | | | |
| | | | | FAC | CILITY INFORM | IATIO | N | | | | | | |
| Name of facility wh | ere abatement | is taking p | lace (3) | | | | | Type of Facilit | | 2) | | | |
| Andrea Ferrar | О | | | | | | 11 | | ool (K - 12 | 37 | | (40) | |
| Street Address | | | | | | | | | chapter 8 (er (Private/ | | | | |
| | | | | | | | 11 | Bldg | s./Homes, | etc. | | | |
| City (5) | | Cor | unty (6) | | | Cor | unty Code (7) | Square Feet | # of Flo | ors | В | ildg. A | ge |
| Roselle, NJ 0 | 7202 | | nion | | | | ate use only) | Current Use | Prior if be | ing der | nolish | ied) | |
| Name of Monitoring | | | | | | L., | | residential | | | | | |
| Name of Worldonn | ; riiiii milea by | blug. Owl | ier (o) | | ASCM No. n/a | | Name of Abatement Co | | | | | | |
| Street Address | | | | | | - | B & G Restoratio | n, Inc. | | | | - | |
| | | | | | | | 105 Ryerson Ro | ad | | | | | |
| City, State, Zip Code | 2 | | | | | | City, State, Zip Code | | | | | | |
| | | | | | | | Lincoln Park, N | J 07035 | | | | | |
| Project Manager for | Monitoring Fire | n | Ph | one Numb | ber | | Telephone Number (973)696-6869 | | Licens | e Num 0378 | oer | | |
| Scheduled Start Date | 0 (10) | IScho | d. Completio | n Data (1 | 1\ | | Name of OSHA Monito | r | | 0070 | | | |
| 09/07/2016 | e (10) | | d. completic /08/2016 | on Date (1 | 1) | | B & G Restoratio | n, Inc. | | | 45 | | |
| Occupancy Status D | urina Ahatama | _ | | | | _ | Street Address | - d | | | | | |
| Facility closed | (8.5) | 570 | 50 50 | ment. | | | 105 Ryerson Roa City, State, Zip Code | au | | | | | |
| | rformed outside | | | | | | Oity, State, Zip Code | | | | | | |
| Other-Describ | e: | | | | | -1 | LincolnPark, NJ | 07035 | | | | | |
| Scope of Work (che | ck all that appl | y) | | | | | | | | | | | |
| ☐ Demolition | X | Renovati | on | | | ☐ F | full Containment w/negat | tive pressure | K Glove | ebag pr | oced | ure | |
| >3 sf or >3 lf | | ≥160 sf or | | **** | | X | Mini-enclosure | | ☐ Non- | friable | огосе | dure | |
| Location of asbestos-conta | ainina | | on normally u enance/cust | | | | | Amount | | R | R | E n | E |
| material to be | | staff(12) | | т | Description material (A | | sbestos-containing | (Specify | SF or | m | p a | С | n |
| abated in facili | ty (13) | Yes | No | N/A | | | | LF) | | v e | i | a p | L |
| basement & ga | rage | | | X | pipe insula | tion | | 120 lf | | X | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | - | | | | | |
| | | | | | | | | | | 井 | 님 | # | H |
| Registered Waste Ha | | | EP Hauler II |)# C | ubic Yards of W | /aste | Name of Registered La | | | - | | Щ | <u> </u> |
| B & G Restoration | on, Inc. | | 19563 | | 2 | | Tullytown Re | | ecovery | Cent | er | | |
| City, State Lincoln Park, N. | J | | | Disposal D 09/0 | oate 08/2016 | | City, State Tullytown, PA | 4 | | | | | |
| Completed by (Print of Gordana Luna | or Type) | Title Secreta | ry/Treasu | rer | Signature | (| Gordana Luna | | Date 08/2 | 6/201 | 6 | | |

CK 1824

| Date of Notification (1) | | | | Name o | of Building | Owner/ | Operator | (2) | | | | | | | 1 | |
|--------------------------------------|-----------------------|----------------|-------|---|----------------------|---------|---|---------------------|------------------------------|----------|------------------|-----------|-------------|--------|-------------|-----------|
| 7/11/2016 | | | - 9 | Laure | n Carbo | ne | | | | | | | | | | |
| Agencies Notified | Type Notification | A. | | Street A | Address | | | | | | | | | | | |
| × EPA | × Initial | | | | | | | | | | | | | | | |
| DEP | Amended | | | | ate, Zip Co | | | | | | | | | | | |
| ⊠ DOL | Amendmen Emergency | | - | | ington T | WP, N | NJ 0767 | 76 | | | | | | | | |
| DOH DCA | justification) | | | | of Contact | | 1000 | | | Tele | ephone | e Num | ber | | | |
| DCA | Cancellation | 1 | | Laure | n Carbo | ne | | | | | | | | | | |
| Name of Facility Where | Abatamant is Takir | a Diago (2) | | FAC | ILITY INFO | DRMAT | ION | - | | | | | | | | |
| Private | Abatement is Takir | ig Place (3) | | | | | | Type o | of Facility (4 | .) | | | | | | |
| Street Address | | | | uppi — me | | | | | chool (K-12 | | 570 | 14 45 | | | | |
| Street Address | | | | | | | | × | ubchapter (ther (i.e. pr | ivate 8 | comp | K-12 |) Lbuild | dinas | hom | 96 |
| 0:1 (5) | | | | | | | | е е | tc.) | | | 1101010 | , built | anigo, | 110111 | , |
| City (5) | | | | | | | | Square | e Feet | # of | Floors | 5 | В | ldg. A | ge | |
| Washington TWP | | | | | | | | | | | | | | | | |
| County (6) | | | | | Code (7) USE ONLY | ¥ | Ì | Curren | t Use (Prio | r if bei | ng den | nolishe | ed) | | | |
| Bergen | | | | *************************************** | | | | | | | | - | | | | |
| Name of Monitoring Firm | Hired by Building | Owner (8) | | ASCI | M No. | | 1 | | ement Cont | | (9) | | | | | |
| Cheek Address | | | | | | | | | ces Corp | | | | | | | |
| Street Address | | | | | | | 5 | Address | | 1. 114 | | | | | | |
| City, State, Zip Code | | | | | | | | | 23 Sout | n, #1 | 11 | | | | | |
| City, State, Zip Code | | | | | | | 100000000000000000000000000000000000000 | tate, Zip ne, NJ | 07470 | | | | | | | |
| Project Manager for Mon | itoring Firm | | T | Telepho | ne No. | | 10.50 | none No. | | - | Licen | se No | | | | - |
| | 33 | | | | | | | 750-07 | | | 0125 | | | | | |
| Start Date (10) | | Scheduled | | npletion | Date (11) | | Name | of OSH | A Monitor | | | | | | | |
| 7/20/2016 | | 7/22/20 | | | | | Envir | roVisio | n Consul | Itants | | | | | | |
| Occupancy Status During | Abatement (Chec | k Only One |) | | | | 0.75.18.20.20.19.00.00 | Address | | | | | | | | |
| ➤ Facility Closed/Vaca | ated During Entire | Period of Ab | aten | nent | | | | | araw Roa | ad | | | | | | |
| Abatement Performe Other – Describe: | ed Outside of Norn | nal Facility H | lours | 3 | | | | tate, Zip | | | | | | | | |
| | | | | | | | Fair | Lawn, | NJ 0747 | 0 | | | | | | |
| Scope of Work (Check Al | I That Apply) | | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | | _ | nova | | | | × | | Containmer | nt with | Negat | ive Pr | essur | e | | - 1 |
| 2100 St of 2200 If | | ☐ De | molit | ion | | | | | Enclosure ebag Proce | dura | | | | | | |
| | | | | | | | | | Exempted | | Non-F | Friable | Pro | edur | е | |
| | | ls L | ocati | ion | | | | | 1 | | | | | Abate | ment | |
| Location | of | | rmal | | ĺ | De | scription | of | 1 | | | į | | Ту | ре | i |
| Asbestos-Containing | | Used Main | | | | | taining M | | | | nount | | | | m | _ |
| TO BE ABA In Facili | | Custo | | Staff? | (i.e. | thermal | systems cing, VA | s insulati Tor | on, | | pecify or LF) | | Ren | Re | nca | ncl |
| (13) | | | 12) | | | other r | niscellan | eous) | | O. | 01 L1 / | | Remova | Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | | | | | <u>m</u> | | ate | 6 |
| Attic | | | | X | | 1/0 | rmiculit | to. | - | 0/ | 20-6 | | 77 | | | - |
| 71110 | | - | | | | Ve | imicum | ie – | | | 00sf | | Х | | | |
| | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | |
| Name of Registered Was | te Hauler | | N | JDEP W | /aste | Cubic | Yards | | Name of R | egister | ed Lar | ndfill | | | | |
| GSC Services Corp. | | | 7770 | auler ID | | of Wa | ste | | TRRF | | | A27 15(0) | | | | |
| City, State | | | 00 | 036309 | 1 | | | | | | | | | | | |
| Wayne, NJ | | | | | | Dispos | sal Date | | City, State | - 54 | | | | | | |
| Completed by | | Tip'- | | | | 1 3 | | \perp | Tullytow | n, PA | | | | | | |
| Daniela Antic | | Title Owner | | | | S | ignature | | 1 | | | Date | | | | |
| Daniola Antic | | Owner | | | | | | / | / | | | 7/1 | 1/20 | 16 | | |

Aug 12 2016 03:45PM NJ Asbestos Control 609.633.0664 page 1 Aug. 11. 2016 3:49PM FAMM State of New Jerasy NOTIFICATION OF ABBESTOS ABATEMENT AUG 29 2016 (Fursuant to NJAC 8:50 and 12:120) Dale of Notification (1) Name of Building Owner/Operator (2) 8/11/2016 David Lakin ASSESTOS CONTROL 8 Agencies Notified Type Notification Street Address EPA Initial DEP Amended Cily, Slale, Zip Code DOL Amendment # Rutherford, NJ Emergency (including DOH Name of Contact justification) Telephone Number DCA Cancellation David Lakin FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Fecility (4) Private Street Address Sahool (K-12) Subchapter 8 (Other than K-12) X Other (i.e. private & commercial buildings, homes, City (5) elc.) Square Feet # of Floors Rutherford Bldg. Age County (6) County Code (7) (STATE USE ONLY) Current Use (Prior II being demolished) Bergen Name of Monitoring Firm Hired by Building Owner (6) ASCM No. Name of Abatement Contractor (9) GSC Services Corp Sireal Address Street Address 1465 Routs 23 South, #111 City, State, Zip Code Cily, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Talaphona No. License No. 973-750-0752 01253 Start Dale (10) Scheduled Completion Date (11) Name of OSHA Monitor B/12/16 8/13/18 EnviroVision Consultants Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vecaled During Entire Period of Abatement 20-21 Wagaraw Road Abalement Performed Gutside of Normal Facility Hours City, Stale, Zip Code Other - Describe: Fair Lawn, NJ 07470 Scope of Work (Check All Thai Apply) ≥3 sfor ≥3 [[Renovation Full Containment with Negative Pressure ... ≥160 st or ≥260 II XX Dempittion Mini-Enclosure Glovebag Procedure Non-Exempled (*) and Non-Friable Procedure is Location Abatemani Normally Location of Турь Description of Asbestos-Containing Matarial (ACM) Used Solely by Asbestos Containing Material (ACM) Maintenance/ TO BE ABATED Amount (i.e. thermal systems insulation, Encapsulate Custodial Staff? In Facility (Spacify Endosure Removal surfacing, VAT, or Repair (12) (13) SF or LF) other miscellaneous) Yes No N/A Basement X TEI 70LF X Name of Registered Waste Hauler MJDEP Waste Cubic Yards Name of Registered Landell Hauter ID No. GSC Services Corp. of Waster 0036309 TRRF City, State Disposal Dala Wayne, NJ City, State

THINKING DA

page 1

| Aug | 18 | 2016 | 02:24PM | NJ | Asbestos | Control | 609.633.0664 |
|-----|----|--------|---------|----|----------|---------|--------------|
| | | Aug. 1 | 8. 2016 | 1: | 15 PM | FAMM | |

| Colo of Nacidania | | | NOT | (Pulsus | ant to NJAC | BESTOS ABAT 8:50 and 12:1 | 20) | The state of the s | į | UG | 2 9 | 20 | 16 |
|---------------------------------------|--------------------------|------------------------|---------------------------|---------------|---------------|---|----------------------|--|----------------------------|---------------|---------|-------------|----------|
| Date of Notification (1) 8/18/2016 | | | | Nam | e of Building | Owner/Operat | or (2) | | ASSE | TO. | Nou | NIF | OL. |
| Agencies Notified | Type Notification | On. | | | berly Leg | in . | | | The same of the same | LIUE | INSI | VG | ense. |
| M EPA | rea | | | Sires | I Adgress | | | ì | i i | | er 1975 | | _ |
| DEP | Initial Amended | | | CIIV | State, Zip Co | -de | | | | , : | îi | 7. | |
| N DOL | Amendme | en[# | | Whi | itehouse S | ilation, NJ D | 9990 | i | 1 0/ | AA | ΛΛ | | |
| ☐ DOH | Emergent justificatio | includh Sy (includh | ng | Name | of Contact | Total Dir. | 0008 | | فتشبئ | M | VV | \subseteq | |
| ☐ DCA | Cancellati | on | | | berly Legi | n | | 111 | alecitions 6 | | | 500 | |
| Name of Facility (4/1) | | | | | CILITY INF | | | | | | _ | | |
| Name of Facility Where A | Datement is Tal | king Place | (3) | | | | Type of Fac | ilily (4) | | - | | — | |
| Street Address City (5) | | | | | | | X Olhar etc.) | i.a. private | ther than K- | 12) olal b | ullding | 76, ho | mes, |
| Whitehouse Station | | | | | | | Square Fee | # | of Floors | | Bidg | Age | |
| County (6) | | | | Count | y Code (7) | | Cumanilla | (Delay III) | | | | | |
| Huntardon | | _ | | (STAT | E USE OHLY) | | Curant Use | (Huor II D | ðing demali | (berf | | | |
| Name of Monitoring Firm 6 | Hired by Building | Owner (| 3) | ASC | M No. | Name | of Abatemen | Contracto | r /01 | | | | |
| Street Address | | | | | | GS | Services (| Corp | , (6) | | | | |
| attagt Vogt888 | | | | | | | Address | | | | | _ | ALVE 115 |
| City, State, Zip Code | | | | | | 146 | 5 Route 23 | South, # | 111 | | | | |
| City, 31214, 210 C008 | | | | | | | late, Zip Code | The state of the s | | | | | |
| Project Manager for Monito | wine Elem | <u> </u> | | | | | ne, NJ 074 | 70 | | | | | |
| - 19/-22 manager tot Model | and Lim | | | Teleph | ons No. | | none No. | | License I | Vo. | | | |
| Start Date (10) | | - E-b-di | | | | | 750-0752 | | 01253 | | | | |
| 6/19/2018 | | 8/20/2 | 104 CO | mplellon | Dale (11) | | of OSHA Mon | | | _ | | _ | _ |
| Occupancy Status During A | Abalameni (Che | ck Only O | ne) | | | | roVision Co | nsultant | 8 | | | | |
| Fedilly Closedyacete | d During Enline | Darlad -f | AL | | | | Address 1 Wagaraw | Bood | | | | | |
| Abatemant Performed Other – Describe: | Outside of Norr | nal Facility | A Hone | 3 1141/f | | | late, Zip Code | | | | | | |
| | | | | | | | Lawn, NJ 0 | | | | | | |
| Scope of Work (Check All T | hat Apply) | | - | | | 1 | Lawri, 140 O | 7410 | | | | | |
| ≥3 af or ≥3 lf ≥160 ef or ≥260 if | | | Remova | illon lion | | X | Glovebag F | rocedura Procedura | Negalive i | | | (a | |
| | | ls | Locat | ion | | | | | | П | | amen | 1 |
| Location of Asbestos-Containing Ma | itariai (ACM) | Use | vormal d Sole | ly by | | Description | of | 1 | | | T | pe | _ |
| TO BE ABATE In Facility (13) | <u>:D</u> | Cust | intene odiei S (12) | Stall? | (1.0. lh | s Containing M. ermal systems surfacing, VAT ther miscellane | insulation, | (8 | mount ipecify or LF) | Evous | Repair | Encapsulate | Endosure |
| | | Yes | No | N/A | | | | | | 1 | | 1 | எ |
| Basement | | 1 | | × | | Duct Insulat | ion | | 3sf | × | | X | |
| | | 1 | | | | | *** | | | | | | |
| | | | | | | | | | | | | | |
| ame of Registered Waste H | laulae | | | | | | | | | | | _ | _ |
| SC Services Corp. | G.VIDE | | Ha | IDEP W | Na. a | ubic Yarda I Waste | 1 | | ed Landill | | | | |
| ily, State | | | 700 | 36309 | | | TRRE | | | | | | |
| layne, NJ | | | | | 0 | ispossi Dale | City, St | ale | ··· | | | - | |

| D. 1. (A) 115 11 (A) | | , | | | O 0.00 an | | | - 11 |) (| بر | X | / | | |
|---|--------------|--------------------|--------------------|---------------------|--------------------|------------------|---|--------------------------|------------------|------------------|--------------|--------------|--|------------------|
| Date of Notification (1) 8/18/2016 | | | | | g Owner/(| Operato | or (2) | | | | - | | | |
| Agencies Notified Type Notificati | on | | | n Janko | VIC | | | enteres e vic | | ***** | | | | |
| | OII | | Street | Address | | | | | | E | | W | | |
| EPA X Initial DEP Amended | ı. | | City S | tate, Zip (| -ode | | | 14 | W W | et to the time | A | ********* | DELO | |
| X DOL Amendm | ent# | | 32.000.00 | | J 07043 | | # | | 4116 | | ~ ^ | 016 | The state of the s | |
| DOH Emergen | cy (includin | g | | of Contac | | | 9 | Tel | AU(| | | 016 | | W. |
| DCA Cancellat | | | Daryı | n Janko | vic | | Ì | 1.0. | эрпоп | | | | 1 | |
| N (5 %) | | | FAC | ILITY IN | FORMATI | ON | | AS | BEST | OS | ON | TRO | <u></u> | |
| Name of Facility Where Abatement is Ta Private | king Place | (3) | | | | | Type of Facilit | y (4) | | CEN | SIM | j. | - 126.00 | -74 |
| Street Address | | | | | | | School (K | | | | ě | | | |
| | | | | | | | Subchapt Other (i.e etc.) | er 8 (Oth . private 8 | er thar & com | n K-12 mercia |) al buil | dings | , hom | ies, |
| City (5) | | | | | | | Square Feet | # 0 | Floor | S | E | Bldg. | Age | |
| Montclair | | | | | | | | | | | | | | |
| County (6) Essex | | | | Code (7) USE ONL | | | Current Use (F | rior if bei | ng den | nolish | ed) | | | |
| Name of Monitoring Firm Hired by Buildir | g Owner (8 | 3) | ASC | M No. | | | of Abatement C C Services Co | | (9) | | | | | |
| Street Address | | | _ | | | | t Address | | | | | | | |
| | | | | | | 146 | 5 Route 23 So | outh, #1 | 11 | | | | | |
| City, State, Zip Code | | | , | | | | State, Zip Code | | | | | | | |
| Drainet Manager for Marita da El | | | | | | | /ne, NJ 07470 |) | | | | | | |
| Project Manager for Monitoring Firm | | | Telepho | ne No. | | | hone No. -750-0752 | | Licen 012 | se No |). | | | Control (Control |
| Start Date (10) | Schedu | led Cor | npletion | Date (11) | | | of OSHA Monito | | 0120 | | | | | |
| 9/1/2016 | 9/2/20 | | | , | | | iroVision Con | 18-0 | | | | | | |
| Occupancy Status During Abatement (Ch | eck Only O | ne) | | | | Street | Address | | | - | | | | |
| Facility Closed/Vacated During Entir | e Period of | Abaten | nent | | | 20-2 | 1 Wagaraw F | Road | | | | | | |
| Abatement Performed Outside of No Other – Describe: | rmal Facilit | y Hours | 3 | | | City, S | State, Zip Code | | | | | | | |
| | | | | | | Fair | Lawn, NJ 074 | 170 | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | - | | | | | | | -22 122 |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | - | Renova Demolit | | | | > | Full Containr Mini-Enclosu Glovebag Pro | re ocedure | | | | | | |
| | | | | I | | | Non-Exempte | ed (*) and | Non-l | -riable | | | emen | |
| Location of | | s Locati Normal | | | D | | | | | | | | ре | |
| Asbestos-Containing Material (ACM) | | ed Sole | | Asbes | | cription ining N | i oi Material (ACM) | Ar | nount | | | | m | |
| TO BE ABATED In Facility | 500000 | todial S | 1000 | | thermal s | system | s insulation, | (S | ecify | | Re | _Z | Encapsulate | Enc |
| (13) | | (12) | | | surfaci other m | | | .5F | or LF) | | Remova | Repair | nsq | Enclosure |
| | Yes | No | N/A | | | | | | | | <u>a</u> | 7 | late | Ire |
| First Floor | | | Х | | , | VAT | | 1.1 | 00sf | | Х | | | |
| | | | | | | 12000-00 | | | | | | | | |
| | | | | | | | | | | | | | | _ |
| | | | | | | | | - | _ | - | | _ | | |
| Name of Registered Waste Hauler | | | JDEP W | | Cubic Y | ards | Name of | Register | ed Lar | ndfill | | | | |
| GSC Services Corp. | | | auler ID 036309 | | of Wast | е | TRRF | M | | | | | | |
| City, State | | | 2 3 3 0 0 | | Disposa | l Date | City, Sta | te | | | | | | |
| Wayne, NJ | | | | | | | | wn, PA | | | | | | |
| Completed by | Title | | | | Sig | naturé | _ \ | | | Date | 1 | | | - |
| Daniela Antic | Own | er | | | | | / | 2 | | | 8/20 | 16 | | |

| Date of Notification (1) | | | Name | of Building | Owner/ | Operato | r (2) | 16 | fo ; | | 1 15 | 7 F | 7 21 222 | A PARTY OF THE PAR |
|---|-------------|-------------------|----------------|----------------------|--------------|---|------------------------------------|--------------|-----------------|-----------|--------|---------|-------------|--|
| 8/23/2016 | | | | Hudson | | W. | 1/4 | | S | | 1 | | 3 / | 77 |
| Agencies Notified Type Notification | | 5.00.00 | Street | Address | | - | | 1 | | | | | 111 | 111 |
| EPA Initial Amended | | | City St | tate, Zip C | `ode | | | II A | UG S | 29 | 201 | 5 | \coprod | |
| X DOL Amendmen | | | | ken, NJ | | | ĺ | ļ karanta | | | | | - | 1 |
| □ Emergency justification) | (including | 3 | | of Contact | | - Control | | Tele | phone | Num | ber | Dr. A | | TANK T |
| DCA Cancellation | | | Steve | | | | Scales of the second | Manager a | | | | | | - |
| Name of Facility Where Abatement is Takir | o Place (| 3) | FAC | ILITY INF | ORMAT | ION | Type of Facility | (4) | | | | | | |
| Private | 9 | -, | | | | | School (K- | | | | į | | | |
| Street Address | | | | | | | Subchapte | r 8 (Othe | r than | K-12 | | | | |
| | | | | | | | Other (i.e. etc.) | private & | comm | nercia | l buil | dings | , hom | ies, |
| City (5) | | | | | | | Square Feet | # of | Floors | | E | Bldg. / | Age | |
| Hoboken County (6) | | | 0 | 0 1 (7) | | | | | | | | | | |
| Hudson | | | | Code (7) USE ONLY | n | | Current Use (Pr | ior if bein | g dem | olishe | ed) | | | |
| Name of Monitoring Firm Hired by Building | Owner (8 |) | ASCI | M No. | | Name | of Abatement Co | ntractor (| 9) | | | | | |
| | | | | | | | Services Cor | | ٠, | | | | | |
| Street Address | | | | | | | Address | | | | | | | |
| City, State, Zip Code | | | | | | | Route 23 So | uth, #1 | 11 | | | | 4000-0 | |
| City, State, Zip Code | | | | | | 100000000000000000000000000000000000000 | tate, Zip Code ne, NJ 07470 | | | | | | | |
| Project Manager for Monitoring Firm | | Т | Telepho | ne No. | | 10 15 | none No. | | Licens | e No | | | | |
| 280 | | | | | | | 750-0752 | | 0125 | | | | | |
| Start Date (10) 9/1/2016 | | | npletion | Date (11) | | | of OSHA Monitor | | | | | | | |
| Occupancy Status During Abatement (Chec | 9/2/20 | | | | | | roVision Cons | ultants | | | | | | |
| Facility Closed/Vacated During Entire F | | | aant | | | | ^{Address} 1 Wagaraw Ro | nad | | | | | | |
| Abatement Performed Outside of Norm | al Facility | / Hours | ilent S | | | | tate, Zip Code | | | | | | | |
| Other – Describe: | | | | | - | Fair | Lawn, NJ 074 | 70 | | | | | | |
| Scope of Work (Check All That Apply) | _ | | | | | _ | * | | | | | | | |
| ≥3 sf or ≥3 lf≥160 sf or ≥260 lf | | Renova Demolit | | | | X | Full Containme Mini-Enclosure | ent with N | Vegativ | ve Pre | essu | e | | |
| | | | | | | \geq | Glovebag Prod | cedure | | | | | | |
| | lo | Locati | on | | | | Non-Exempted | d (*) and | Non-F | riable | | 9300 PM | e ement | |
| Location of | 1 | Normal | ly | | Des | scription | of | | | | | | ре | |
| Asbestos-Containing Material (ACM) TO BE ABATED | Ma | d Sole intena | nce/ | | tos Cont | aining M | aterial (ACM) | | ount | | | | Е | _ |
| In Facility | Cus | todial S (12) | Staff? | (i.e. | surfac | cing, VA | | , (Sp | ecity or LF) | | Remova | Repair | псар | inde |
| (13) | | | т | | other m | niscellan | eous) | | | | oval | air | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | | | | | te | |
| Basement | | | X | | | TSI | | 20 | LF | | Х | | | |
| | | | | | | | | | | | | | | |
| | | | | | | n(| | 2225 | | | | | | |
| Name of Pagints IW | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | 0.000 | JDEP Wauler ID | 5707 | Cubic of Was | | Name of I | Registere | d Lan | dfill | | | | |
| GSC Services Corp. | | 00 | 036309 | | | | TRRF | | | | | | | |
| City, State Wayne, NJ | | | | | Dispos | al Date | City, State | | | | | | - 300 | |
| Completed by | Title | | | | 0; | gnature | Tullytov | vn, PA | | Det | | | | |
| Daniela Antic | Owne | er | | | 31 | Suddie | 1 | | | Date 8/23 | | 16 | | |

Check # 0389

| Date of Notification (1) | | 31 | | Owner/Oper | rator (2) | | 641 | G 2 | 9 | 2016 | | T) |
|---|-------------------|-----------------------|---------------|--|------------------------|--------------------------------|-----------------------|----------|----------|--------|-------------|-----------|
| 8/22/16 | | 1 1000 | BCSI Inc | | | 11 | 1. 14 | A F | _ | | _ | |
| Agencies Notified Type Notifica | tion | | t Address | | | | | | | | | |
| ☐ EPA ☒ Initial | | | Poplar S | Service and the service of the servi | | | | TOS | 00 | NTR | DL 8 | s. |
| DEP Amende | ed | City, | State, Zip Co | ode | | | AUE | | | (G | | |
| DOL Amendr | | Rid | gefield Pa | ırk, NJ | | | | | | | | |
| ■ Emerge □ justificat □ DCA □ Cancella | | Name | of Contact | | | | Telephone | Numb | er | | | |
| lead . | | FA | CILITY INF | ORMATION | | • | | | | | 176-13-1 | |
| Name of Facility Where Abatement is T | aking Place (3) | | | | Тур | e of Facility (4) | | | | | | |
| Residential House | | | | | | School (K-12) | | | | W-* | | |
| Street Address | | | | | H | Subchapter 8 | | K-12) | | . 1 | | |
| otroct riddiooc | - <u>- 1</u> | | | | × | Other (i.e. pri etc.) | | ercial I | | | | s, |
| City (5) | | | | | | uare Feet | # of Floors | | 1 | dg. Ag | е | |
| Palisades Park | | | | | 20 | 00 | 2 | | 5 | 0+ | | |
| County (6) | | Coun | ty Code (7) | | Cur | rent Use (Prior | if being dem | olished | (i) | | | |
| Bergen | | | E USE ONL | n | 1 | esidential Ho | | | | | | , |
| | ding Owner (9) | I A C | CM No. | N | | batement Contr | 1 12 | | | | | |
| Name of Monitoring Firm Hired by Build | ung Owner (8) | 100000 | | 199 | | | Street, 12, 12, 14 | | | | | |
| n/a | | n/ | a ———— | | SECULIAR DESIGNATION | y Contractin | y IIIC | | | | | |
| Street Address | | C4/S/C | | 1 | treet Add | | | | | | | |
| n/a | | | | | 360 Pali | sade Ave | | | | | . 1545-04 | |
| City, State, Zip Code | | | | C | ity, State, | Zip Code | | 2 | | | | |
| n/a | | | | | Garfield | , NJ 07026 | | | | 7 | | |
| | | Tolor | hone No. | Secretary and the second | elephone | | Licens | se No. | | | | |
| Project Manager for Monitoring Firm | | | mone No. | | 973460. | | 0125 | | | | | |
| n/a | | n/a | | | | | 0120 | JO | | | | |
| Start Date (10) | Scheduled | Completi | on Date (11 | | | SHA Monitor | | | | | | |
| 8/31/16 | 9/3/16 | | | | Harmon | y Contractin | g Inc | | | | | |
| Occupancy Status During Abatement (| Check Only One |) | | S | treet Add | ress | | | | | | |
| | | | | | 360 Pal | isade Ave | | | | | | |
| Facility Closed/Vacated During En Abatement Performed Outside of | Normal Facility E | lours | 3913 | | ity. State | Zip Code | | | | | | |
| Other – Describe: | Normal Lability I | louis | | | 10.0 | I, NJ 07026 | | | | | | |
| | | | | | Garnero | 1, 140 07020 | | | _ | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf | Re | novation | | | | Full Containme | nt with Negat | ive Pre | essu | e | | |
| ≥160 sf or ≥260 lf | × De | molition | | | The same of | Mini-Enclosure | | | | | | |
| | | | | | | Glovebag Proce Non-Exempted | | Eriable | Pro | codure | | |
| | | | | | <u> </u> | 4011-Exempled | () allu ivoir-i | Habie | | Abate | | |
| | ls L | ocation | | | | | | | | Typ | | |
| Location of | | rmally | | | iption of | | | ŀ | | | | |
| Asbestos-Containing Material (ACI | | Solely by tenance/ | ASDE | estos Contair | | | Amount | - 1 | | | m | т |
| TO BE ABATED | (50.50.500.00 | dial Staff? | , (i.e | e. thermal sy | stems ins g, VAT, o | | (Specify SF or LF) | | en | Re | car | nc |
| In Facility (13) | | (12) | | other mis | | | Si oi Li , | ' | Remova | Repair | Encapsulate | Enclosure |
| (13) | | | _ | | | | | | <u>a</u> | | ate | 6 |
| | Yes | No N | /A | | | | | | | | A801. 11 | |
| Exterior | | , | (| Transite | SHinal | es | 1100 SF | = | X | | | |
| Exterior | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | NIDE | P Waste | Cubic Ya | ards | Name of F | Registered La | ndfill | | | | |
| 200.04 (c) 11000 (c) 1100 (c) | | | r ID No. | of Waste | | | 22 22 23 24 25 2 | | | | | |
| Harmony Contracting | | 0331 | | TBD | | GROW | S Landfill | | | | | |
| City, State | | | | Disposal | Date | City, State | | | | | | |
| 100 | | | | TBD | | Morrisv | | | | | | |
| Garfield, NJ | Tin . | | | | nature | | | Date | 9 | - | | |
| Completed by | Title | | | | ^ | | | | 22/1 | 6 | | 974 |
| Tina Caporino | Secre | lary | | 1 lin | n Cin: | 5197 | | 0/2 | | U | | |

CK 2458

| Date of Notification (1) | 2 | Name of | Building Ov | wner/Op | erator (2) | | | | JG 29 | 9 20 | 116 | |
|---|---|--|-------------|-------------------------------|---------------------|--|-------------------------------|----------------------------|-------------|---------|---------------|-----------|
| Agencies Notified Type Notification | | Street Ad | | 2010 | 70 | 0 - | | | | | | |
| EPA Initial Amended Amendment Emergency (justification) | | City, State | | 100 |),N | 」のフ |)38 | phone Nu | LICEN! | SING | noi | - 12 |
| DCA Cancellation | | | ITY INFOR | OITAMS | | | | | | | | |
| Name of Facility Where Abatement is Taking | g Place (3) | | | | T | ype of Facility School (K- Subchapte | 12) | r than K- | 12) | | | |
| Street Address | 0 | | | | S | Other (i.e. etc.) quare Feet | private & | commerc Floors | cial buildi | ings, l | | s, |
| City (5) (1) 19570 (1) County (6) (7) | | County C | | | | urrent Use (Pr | St. and Market and the second | l ig demoli | shed) | 56 | > | |
| ESSEX | | 10000000 | ISE ONLY) | | _ | HON | ne | | | | | |
| Name of Monitoring Firm Hired by Building | Owner (8) | ASCM | l No. | | Brick I | Abatement Co ndustries In | | (9) | | | | |
| Street Address | | | | | Street Ad P.O. B | ox 915 | | | | | | |
| City, State, Zip Code | | | | | | e, Zip Code New Jersey | 08723 | | | | | |
| Project Manager for Monitoring Firm | | Telephor | ne No. | | Telephor (732)8 | ne No. 99-7499 | | License 01196 | | | | |
| Start Date (10) 123/16 | Scheduled C | ompletion I | Date (11) | | Name of | OSHA Monitor | | | N | | | |
| Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Abatement Performed Outside of Norro Other – Describe: | Period of Abate | ement urs | | _ | Street Ac | te, Zip Code | | | | | | |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If | | vation olition | | | | Full Contains Mini-Enclosu Glovebag Pro Non-Exempte | re ocedure | | | | 9 | |
| | | | | | | TON Example | T | | | Abate | ment | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Loc Norm Used So Maintel Custodia (1: | nally blely by nance/ al Staff? 2) | | os Conta thermal surfac | | terial (ACM) nsulation, or | (S | mount Specify or LF) | Removal | Repair | e Encapsulate | Enclosure |
| | Yes N | O N/A | Ashes | itos | Hoor | file | \$30 | JSF | 8 | | | |
| | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | NJDEP V | P2000 | Cubic | | Name o | of Registe | ered Land | Ifill | | | |
| Brick Industries Inc. | | Hauler ID 21602 | No. | of Was | ste 5 | III SEE | NS Inc. | - | | 8 | | |
| City, State Brick, New Jersey | | | | d | al Date | City, St. | ate | | | , | | |
| Completed by Eric Plackis | Title Preside | nt | | S | ignature | | | | Date S | 12 | 2/ | 16 |

| D-46N-4545 (4) | | | N | ame of F | Ruilding Ov | vner/Opera | ator (2) | - 12 | RECK | | | | | 111 |
|-------------------------------------|---|----------------|--------|-------------------|-------------------|---------------------------|------------|----------------------------------|-----------------|---------|---------------|-------------|-------------|-----------|
| Date of Notification (1) 8/24/16 | | | A 2.8 | Alpert (| | WhenOpera | 2(O) (2) | 11 | · All | 10 | a on | 16 | | |
| Agencies Notified Typ | e Notification | 2000 | | treet Add | | . 04 | | II L | 4 | | | | | |
| EPA NEP | Initial | | 1 | | r PI, Sui | 554 | | <u> </u> | | 100.0 | COL IT | 001 | 9 | |
| | Amended | | | | , Zip Code | | | | ASBEST | CEN | MUNI Pimip | HUL | _ CL | - |
| DOL I | Amendment : Emergency (| | 1 | | e, NJ 07 | 024 | | | Telephon | | | | | |
| ☑ DOH DCA | justification) Cancellation | | N | ame of (| o octobrono deser | 7 | | | releption | e Num | Dei | | | |
| Name of Facility Where Abate | ment is Taking | Place (3) | | FACIL | ITY INFOR | RMATION | Tvp | e of Facility (4) | | | | | | - |
| One Story/Freegan Bui | | g Flace (5) | | | | | | | | | | | | |
| Street Address | · | | | | | | \dashv | School (K-12) Subchapter 8 | (Other tha | n K-12 |) | 1 | | |
| 550 Central Ave | | | | | | | | Other (i.e. priv | vate & com | mercia | l buildi | ngs, l | nome | s, |
| | | | | | 89 | | Sau | etc.) | # of Floo | rs | Bio | dg. Ag | je | \neg |
| City (5) | | | | | *.: | | | ,000 | 1 | | 1,0000 | 0+ | | |
| Orange County (6) | 4. | | To | ounty C | ode (7) | | | rent Use (Prior | if being de | molish | ed) | | | \neg i |
| Essex | | | | | SE ONLY) | | D. (2000) | andoned Co | | | | | | |
| Name of Monitoring Firm Hire | d by Building (| Owner (8) | 1 | ASCM | No. | Na | ame of Al | patement Contr | actor (9) | | | | | |
| n/a | d by building . | 54411GI (G) | | n/a | | H | larmon | y Contractin | g Inc | | | | | |
| Street Address | | | | | | St | reet Addr | ess | | | | | | |
| n/a | | | | | | 3 | 60 Pali | sade Ave | | | | | | |
| City, State, Zip Code | | | | | | Ci | ty, State, | Zip Code | | | | | | |
| n/a | | | | | | | arfield | , NJ 07026 | | | | | | |
| Project Manager for Monitoring | ng Firm | | Т | elephon | e No. | Te | elephone | No. | 7 7 7 7 7 7 7 7 | nse No | ٥. | | | |
| n/a | | | | n/a | | 1 7 | 73460. | [53] [73] [74] | 01 | 255 | | | | |
| Start Date (10) | | | | | | 1 | | SHA Monitor | | | # 6-c/ abtTc | | | |
| 9/2/16 | /16 9/26/ | | | | | F | Harmon | y Contractin | g Inc | | | | | |
| Occupancy Status During Ab | pancy Status During Abatement (Check Only C | | | | | | treet Add | | | | | | | |
| Facility Closed/Vacated | Facility Closed/Vacated During Entire Period of | | | | | 71 | | isade Ave | | | | | | |
| Abatement Performed C | outside of Norm | nal Facility I | Hours | | | 2 20 | | Zip Code | | | | | | |
| Other – Describe: | | | | | | - (| Garfield | I, NJ 07026 | | | | | | |
| Scope of Work (Check All Th | at Apply) | | | | | | _ | | | | | | | |
| ≥3 sf or ≥3 lf | | - | novat | | | | | Full Containmer | nt with Neg | ative P | ressur | e | | |
| ≥160 sf or ≥260 lf | | X De | moliti | on | | | X | Mini-Enclosure Glovebag Proce | edure | | | | | |
| | | | | | | | × | Non-Exempted | (*) and No | n-Friab | | | | |
| | | ls I | ocatio | on | | | | | | | | Abate Ty | | |
| Location of | | No | ormall | у | | | ption of | | | | - | 1.9 | | \Box |
| Asbestos-Containing Mat | | | Solel | | | os Contain thermal sys | | | Amou (Speci | | 20 | _ | E | ш |
| TO BE ABATE In Facility | D | Custo | dial S | | (i.e. t | | g, VAT, o | | SF or L | | Remova | Repair | aps | Enclosure |
| (13) | | | (12) | | | other misc | cellaneou | is) | | | oval | ai- | Encapsulate | sure |
| * ** | | Yes | No | N/A | | | | | | | | | e | |
| Exterior | | | | х | | Windo | w Caul | < | 188 L | F_ | ĸ | | | |
| Garage | | | | | | Pipe In | sulation | 1 | 475 L | F | к | | | |
| Garage | | x | | VAT & | Mastic | | 140 5 | SF | K | | | | | |
| | | | | | | | | | | | K | | | |
| Name of Registered Waste H | Hauler | | 0.07 | JDEP W | | Cubic Ya | | Name of F | Registered | _andfil | <u>19</u> | | | |
| Harmony Contracting | | | 4 | auler ID 33137 | No. | of Waste TBD | | GROW | S Landfil | 1 | | | | |
| City, State | | | | | | Disposal | Date | City, State | | | | | | |
| Garfield, NJ | | 41 | | | | TBD | | Morrisv | ille, PA | | | | | |
| Completed by | | Title | | | | | nature | | | 100 | ate | • | | |
| Tina Caporino | | Secre | etary | | | lui | e Ca | perns | | 8 | /24/1 | 6 | | |

| | 1 | 100 | F 0 | DV 73 | For the same |
|------|----|------|-----|-------|--------------|
| 0 | 1, | 1 71 | 17 | AVIT | 80 |
| (ho | 7K | 1 | | | 1-1 |

| Date of Notification (1) | | | T | Name o | f Building | Owner/0 | Operator | (2) | | | | | - | | |
|--------------------------------------|--|----------------|--|----------|-------------|-----------|-----------------------|----------------------|-----------------|----------------|----------|--------|-----------|-------------|-----------|
| 8/22/16 | | | | Town | ship of \ | Wall | | | | AU | G 2 | 9 | 201 | 6 | |
| Agencies Notified | Type Notification | | | Street A | | | | | 1 | | | | | | |
| ☐ EPA | Initial | | | | Allaire F | 271 | | 7. | | | | | | - | |
| DEP DOL | Amended | S | | | ate, Zip Co | | | | 75. | | OP. | | VII | 4./(L | Œ. |
| | Amendment Emergency | | - L | Wall, | NJ 0771 | 9 | | | | | | .71 | 1.7 | | |
| DOH DCA | justification) Cancellation | | | Name o | f Contact | | | | Те | lephone | Numb | эг | | | |
| | | | | FACI | LITY INF | ORMAT | ION | | | | - | | | _ | |
| Name of Facility Where | | ig Place (3) | | | | | | Type of Facilit | y (4) | | | | | | |
| Abandoned Recyc | cling Center | | | | | V=98/2494 | | School (F | (-12) | | | | | | |
| Street Address | | | | | | | | Subchap | ter 8 (Oth | er than I | K-12) | 201 | | 98 | |
| 1098 Monmouth B | Blvd | | | | | | | Other (i.e etc.) | . private | & comm | ercial t | olilo | dings, | hom | es, |
| City (5) | | | | | | | | Square Feet | # c | f Floors | | В | ldg. A | \ge | |
| Wall | | | | | | | | 10,000 | 2 | | | 5 | +0 | | |
| County (6) | | | | County (| Code (7) | | | Current Use (F | | ing demo | olished |) | | | |
| Monmouth | | | | (STATE) | USE ONLY | | 1341 6. | Recycling (| Center | | | | | | |
| Name of Monitoring Fire | m Hired by Building | Owner (8) | 56. | ASCIN | No. | | Name | of Abatement C | contractor | (9) | | | | | 2007 |
| n/a | | | | n/a | | | Harr | mony Contra | cting In | C | | | | | |
| Street Address | | | | | | | | Address | | | | | | | |
| n/a | | | | | | | 1 3 5 5 5 | Palisade Ave | 9 | | | | | | |
| City, State, Zip Code | | | | | | _ | | tate, Zip Code | | | | | | | |
| n/a | | | | Telepho | | | | ield, NJ 0702 | 26 | | | | | | |
| Project Manager for Mo n/a | t Date (10) Sched | | | | | | | none No. 460.6026 | | Licens 0125 | | | | | |
| Start Date (10) | Date (10) Schedu | | | | | | Name | of OSHA Monito | or | | | | | | |
| 8/23/16 | 23/16 8/31/ | | | | | | Harr | nony Contrac | cting Ind | | | | | | |
| Occupancy Status Durin | upancy Status During Abatement (Check Only C | | | | | | | Address | | | | | | | |
| Facility Closed/Vac | | | | | | | 360 | Palisade Ave | 9 | | | | | | |
| Abatement Perform Other – Describe: | | nal Facility I | Hours | | | | | tate, Zip Code | | | 2 1000 | | | | |
| | | | | | | | Garf | ieid, NJ 0702 | 26 | | | | | | |
| Scope of Work (Check) | All That Apply) | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | A CANADA CO. | nova moliti | | | | | Mini-Enclosu | ure rocedure | | | | | | |
| | | ТТ., | | | | | | Non-Exempt | led () an | d Non-Fi | nable i | | Samuel Co | ement | - |
| Logation | | 20.0000 | ocation of the control of the contro | 2000 | | - | | | | | | ľ | | pe | |
| Locatio Asbestos-Containing | | Used | Sole | y by | Asbes | | scription aining M | of laterial (ACM) | A | mount | | | | - | |
| TO BE AB | | Main Custo | | | | thermal | systems | insulation, | (5 | Specify | 1 | D | R | Encapsulate | E |
| In Faci | 10 C C C C C C C C C C C C C C C C C C C | | (12) | | | | cing, VA niscellar | | SF | or LF) | 1 | Remova | Repair | psu | Enclosure |
| | | Yes | No | N/A | | | | , , , , , , | | | 1 | 2 | = | ılate | ure |
| ENTIRE STRUC | TURE TO BE | | | | ENTIF | RE STE | RUCT | JRE TO BE | | | | | | | |
| DISPOSED | | | | | | | | S ACM | 1 | | | - | _ | | |
| 5.0. 0025 | DISPOSED AS ACM | | | | | 101 00 | | 3 AOW | | | + | - | - | | |
| 2 | | | | | | • | | | | | + | | | | |
| Name of Registered Wa | lame of Registered Waste Hauler | | | | aste No. | Cubic | | Name o | of Registe | red Land | dfill | ico.is | | | |
| Weigle Trucking | 600 W. 54 (500) W/5 Va | | | | | of Was | ste | TBD | | | | | | | |
| City, State | | | | | | Dispos | al Date | City, St | ate | | 10000 | | | - | |
| Linden, PA | | | | | | TBD | | TBD | | | | | | | |
| Completed by | | Title | | | | | ignature | · · | | | Date | | | | |
| Tina Caporino | | Secret | ary | | | 10 | hn (| aprina | | | 8/22 | /16 | | | |

| Charl # 0397 | 11 1 | 10 | | 100 | 11 | 101 |
|--------------|------|----|---|-----|-----|-----|
| | -1 | 1 | 2 | Lin | 1.1 | ~~ |

Print Form

| Date of Notification (1) 8/24/16 | | | of Building Cert Group | Owner/Operator | (2) | Chec | | 3 - 2 | | 2016 | | |
|---|--------------------------|--|---|---|--|--|------------------------------|-----------------|------------|--------|-------------|-----------|
| Agencies Notified Type Notificatio EPA DEP Initial Amended | n | 1 Pa | t Address arker Pl, Si State, Zip Coo | de | | L AS | EEST | OS ICE! | CO1 | 17R0 | 5L 8 | |
| DOL Amendmen Emergence justification Cancellation | (including | | t Lee, NJ 0 of Contact | 7024 | | Tel | ephone | Num | ber | | | |
| Name of Facility Where Abatement is Tak South Building Street Address 550 Central Ave | ing Place (3) | FA | ACILITY INFO | PRMATION | Subc | acility (4) ool (K-12) chapter 8 (Oth r (i.e. private a | | | | lings, | home | es, |
| City (5) Orange | | | ø | | Square Fe 20,000 | 4 | f Floors | | 5 | idg. A | ge | |
| County (6) Essex | | (STAT | ty Code (7) TE USE ONLY) | | Abando | se (Prior if bei oned Comm | nercial | | | | | |
| Name of Monitoring Firm Hired by Buildin n/a Street Address | g Owner (8) | n/ | a . | Harr Street | mony Cor Address | ent Contractor ntracting Inc | | | + | | - | |
| n/a City, State, Zip Code n/a | | | | City, S Gar | Palisade State, Zip Co field, NJ 0 | ode | | | | | | |
| Project Manager for Monitoring Firm n/a | | n/a | ohone No. | 973 | hone No. 460.6026 of OSHA N | | Licen 012 | se No |). ' | | | |
| Start Date (10) 9/2/16 Occupancy Status During Abatement (Ch Facility Closed/Vacated During Entir Abatement Performed Outside of No Other – Describe: | 9/26/16 eck Only One) | atement | | Street 360 City, S | Address Palisade State, Zip Co | ode | С | | | | | |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | novation molition | | | Full Co | ntainment with aclosure ag Procedure tempted (*) an | | | | | e | |
| | | ocation rmally | | | | | | | | Abate | | t |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Used Main Custod | Solely by tenance/ dial Staff? (12) | (i.e. | Description tos Containing I thermal system surfacing, V other miscella | Material (AC ns insulation AT, or | , (| Amount Specify F or LF | | Removal | Repair | Encapsulate | Enclosure |
| 1st Fl | Yes | No N/ | | Pipe Insula | ation | 3 | 48 LF | | K | | | |
| 2nd Fl | | X | | Pipe Insula | | | 60 LF | | K | | | |
| 3rd Fl | | × | | Pipe Insula | ation | 1 | 60 LF | | К | | | |
| 4th Fl | | × | | Pipe Insula | ation | 1 | 23 LF | | ĸ | | | |
| Name of Registered Waste Hauler Harmony Contracting | | P Waste ID No. 37 | Cubic Yards of Waste TBD | 1 | ame of Regist ROWS La | | andfill | | | | | |
| City, State Garfield, NJ | | 3001 | - A | Disposal Date | N SIN | ity, State Morrisville, I | PA | | | | | |
| Completed by Tina Caporino | Title Secre | tary | | Signatur | Carpori | 2 | | Da ^a | te 24/1 | 6 | | |

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

soo next page





| Date of Notification (1) | | | | Name o | of Building Ov | vner/Operato | r (2) | 10). | | | 1 | | H |
|--|--|--------------------|---------------------------------------|------------------|-----------------------|--|--|------------|---------------------------|--------------------|---------|-------------------|--------------------|
| Agencies Notified | Type Notificatio | n | - | Street / | Address | | | | ΑL | 1G 2 | 9-2 | 116 | |
| EPA DEP DOL | Initial Amended Amendmen | | | City, St | ate, Zip Code |) | | L | | TOSC | _ | | |
| DOH DCA | Emergency justification Cancellation |) | 9 | Name o | of Contact | * | | Tele | ephone | Numbe | MNG | HUI | |
| Name of Facility Where | Abatement is Taki | ng Place | (3) | FAC | ILITY INFOR | MATION | Type of Facility (| | | | ,,, | | |
| Street Address | | | | | | | School (K-1 Subchapter Other (i.e. p | 8 (Othe | er than I | K-12) ercial bu | uilding | s, hor | nes, |
| City (5) | | | | | 2 | | Square Feet | # of | Floors | | Bldg. | Age | |
| County (6) | | | | County (STATE | Code (7) USE ONLY) | | Current Use (Price | or if bein | ng demo | olished) | | T. | |
| Name of Monitoring Fir | m Hired by Building | Owner (8 |) | ASC | M No. | | of Abatement Con mony Contracti | | | = + * * * * * | | _ | |
| Street Address | | | | | | | Address Palisade Ave | | | | | | |
| City, State, Zip Code | | | | | | 17 17 17 17 17 17 17 17 17 17 17 17 17 1 | State, Zip Code Field, NJ 07026 | | | | | - | 9113 <i>0</i> 1132 |
| Project Manager for Mo | nitoring Firm | | | Telepho | ne No. | N C-5100-0000 | none No. 460.6026 | | Licens 0125 | | | | |
| Start Date (10) | an and an | | | mpletion | Date (11) | | of OSHA Monitor nony Contractin | ng Inc | | | | | |
| Abatement Perform | cated During Entire | Period of | Abater | nent | | Street 360 | Address Palisade Ave tate, Zip Code | | | | | | |
| Other – Describe: Scope of Work (Check / | | | | | | 1 | ield, NJ 07026 | | | 35 | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | PERSONAL PROPERTY. | Renova Demolit | | | × | | edure | | | | re | |
| Locatio | n of | 1 | Locati | ly | | Description | | () dild | 11011-11 | lable i | Aba | emen | nt |
| Asbestos-Containing TO BE AB In Faci (13) | ATED lity | Ma Cus | ed Sole intena todial S (12) | nce/ | (i.e. the | | laterial (ACM) insulation, I, or | (Sp | nount pecify or LF) | Removal | Repair | Encapsulate | Enclosure |
| 2ND F | Yes N | | | | | AT & MAS | TIC | 04/ |) SF | | - | 6 | |
| 3RD F | WATER TO THE PARTY OF THE PARTY | | | X | | AT & MAS | | | SF | K | +- | | |
| 4TH F | | Х | | AT & MAS | | | SF | X | | | | | |
| Name of Registered Was | ste Hauler | | 100000 | JDEP Wa | | ubic Yards Waste | Name of R | egistere | ed Land | Ifili | | | |
| City, State | | | | | Dis | sposal Date | City, State | | | | | | |
| Completed by | | Title | | | | Signature | | | | Date | | 10 60 (22) | _ |



| Date of Notification (1) | | | | | | | Operator (2 | ** | Im | | | 1000000 | | | |
|---------------------------------------|--|-----------------|-------------------|---------------------|-----------------------|----------------|-------------------------------|---|-----------|-----------------|---------------|---------|--------|-------------|-----------|
| 08/19/16 | | | - | | | N/B | UILD NO | RTHEAST | | | HIO. | 4 | 20 | 10 | |
| Agencies Notified | Type Notification | | 337 | Street Ac 200 N. | | RD. | Suite 430 |) | | Í | טטג | 2 5 | 40 | 10 | |
| EPA DEP | Initial Amended | | | | te, Zip Co | 2,7401,001,005 | | | | - 1- | - | | | | 7 |
| ⊠ DOL | Amendment | | | | | | A. 19406 | | | 1024 | 97.4 | | | | |
| DOH DCA | Emergency (injustification) Cancellation | including | | | Contact teigerwa | ald | | | Tele | ephone | Numb | or | | | 100mm 4 |
| П вох | Caricellation | | | | ITY INFO | | TION | | | | - | | | - | |
| Name of Facility Where | e Abatement is Taking | Place (3) | | 171011 | | | | ype of Facility (| 4) | | | | | 100-1-1- | |
| Wycoff Mills | | | | | | | | School (K-1 | 2) | | | | | | |
| Street Address | | | | | | | | Subchapter Other (i.e. p | | | | build | inae | home | 26 |
| 329 Wycoff Mills I | Road . | | | | | | | etc.) | | | | | | | , |
| City (5) | | | | | | | | Square Feet | # of | Floors | 6 | | dg. A | ge | |
| East Windsor | | | | | | | | 79,000 | | 1 | | | 0+- | | _ |
| County (6) Mercer | | | | | code (7) ISE ONLY) | | | Current Use (Prid Unknown | or if bei | ng den | nolishe | d) | | | |
| Name of Monitoring Fir | rm Hired by Building (| Owner (8) | | ASCM | No. | | | Abatement Cor | ntractor | (9) | - | | | | _ |
| N/A | | (4) | | | 10,157.0 | | | ark Contract | | 32.22.0 | | | | | |
| Street Address | 1004 | | | | | | Street A | ddress | | | | | | | |
| | | | | | | | 7000 000000 | sall Drive | | | | | | | |
| City, State, Zip Code | | | | | | | | te, Zip Code x, NJ 07461 | | | | | | | |
| Project Manager for Mo | onitoring Firm | | T | elephor | ne No. | | Telephor 973-8 | ne No. 64-2022 | | Licen 011 | ise No. 37 | | | | |
| Start Date (10) | | Scheduled | Com | pletion [| Date (11) | | Name of | OSHA Monitor | | | | | | | |
| 08/29/16 | /29/16 11/29/ upancy Status During Abatement (Check Only On | | | | | | Ameri | | | | | | | | |
| Occupancy Status Dur | Facility Closed/Vacated During Entire Period of A | | | | | | Street A | | | | | | | | |
| | pancy Status During Abatement (Check Only On Facility Closed/Vacated During Entire Period of A Abatement Performed Outside of Normal Facility | | | | | | | ast 30th Stre | et | | | | | | |
| Other – Describe: | | iai Facility H | ours | | | | | te, Zip Code York, NY 100 | 116 | | | | | | |
| Scope of Work (Check | All That Apply) | | | | | | INCW | | 710 | | - | | | - | |
| 23 sf or ≥3 lf | / III / (Ide/ Apply) | □ Por | novat | ion | | | \boxtimes | Full Containm | ant with | Nega | tive Pr | acci ir | ·e | | |
| ≥3 \$1 61 ≥3 11 ≥160 sf or ≥260 lf | | | noliti | | | | 区 | Mini-Enclosure | е | rvega | ave i ii | 55501 | 0 | | |
| | | | | | | | Н | Glovebag Pro Non-Exempte | | d Non- | Friable | Pro | edur | | |
| | | 1-1- | | | | | | 14011-Exchipto | u () ui. | 2 11011 | Tidble | | Abate | | t |
| Locati | an of | 2000 | ocation rmally | 777 | | - | Description o | f | | | | | Ту | ре | |
| Asbestos-Containir | | Used S | 111 | | | tos Co | ontaining Ma | terial (ACM) | | mount | | | | Ш | _ |
| TO BE A | BATED | Maint Custoo | | | (i.e. | | ial systems i facing, VAT, | | | pecify or LF | | Ren | Re | ncap | incl |
| \$60.000.000 10.000 | 50000 5 | (| 12) | | | | r miscellane | | | 0. 2. | ' | Remova | Repair | Encapsulate | Enclosure |
| (13 | 3) | | No | N/A | | | | | | | | _ | | te | Ф |
| Front area of | the building | | x | | Aco | ustic | al ceiling | material | 12,0 | 000 S | .F. | х | | | |
| Front area of | Front area of the building | | | | contar | n. mi | ixed debri | es on floor | 5,0 | 00 S. | F. | x | | | |
| Baser | Basement | | | | | Н١ | /AC textu | re | 15 | 0 S.F | | x | | | |
| Base | х | | | boil | er breech | | | 5 L.F. | 3 | x | | | | | |
| Name of Registered W | Name of Registered Waste Hauler | | | | | 0.000 | ic Yards | Name of | Registe | ered La | ndfill | | | | |
| Atlantic Carting | The Property of the Company of the C | | | | | | Vaste 80 | G.R.O | | | | | | | |
| City, State Wayne, NJ | | | | | | | oosal Date completio | City, State | | A | | | | | |
| Completed by | | Title | - | | | | Signature | 1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | Date | 9 | | - | |
| Marko Stankovic | | Presid | ent | | | | | Stankovic | | | | /19/ | 16 | | |

| Date of Notification (1) 08/19/16 | | | | | Owner/Ope | | | EAST | | | | - 15 | | TP. | Ę |
|---|-----------------------------------|---------------|---------------------|----------------------|--|------------------------|---------------------------------|--|-------------|---------------------------|--------------|-------------|---------------|-------------|-----------|
| Agencies Notified Type Notification X EPA Initial | | 8 | Street Ad | dress | r RD. Su | | on a state of | | | | AUG | 2 | 9 2 | 016 | |
| DEP Amended Amendment | | | | e, Zip Co f Pruss | ^{de} ia, P.A. | 1940 | 6 | 1 | | M.SE | 237 | | | - | |
| □ DOH |) | - | lame of 0 Rob St | Contact eigerwa | ald | | | | Tole | nhone | Mumb | ner . | 77.7.2 | men. | |
| Name of Facility Where Abatement is Takin | ng Place (3) | | FACIL | ITY INFO | RMATIO | N | Type | of Facility (4 | 1) | | | | | | |
| Wycoff Mills | ig Flace (5) | | | | | | | School (K-1) | 50 | | | | | | |
| Street Address | | | | | 10000000 | | | Subchapter | 8 (Othe | | | L11.4 | | | |
| 359 Wycoff Mills Road | | | | | | | | Other (i.e. p etc.) | rivate 8 | comr | nercial | bulla | ings, | nome | s, |
| City (5) East Windsor | | | | | | | Squar 130, | e Feet 000 | # of | Floors 1 | 3 | 233 | dg. A 0+- | ge | |
| County (6) Mercer | | | County C STATE U | ode (7) SE ONLY) | | _ | | nt Use (Pric nown | or if bein | ng den | nolishe | ed) | | | |
| Name of Monitoring Firm Hired by Building N/A | Owner (8) | | ASCM | No. | | | | tement Con Contract | | 20000 | | | | | |
| Street Address | | | | | | | Addres dsall | | | | | | | | PS0 V |
| City, State, Zip Code | | | | | | | | p Code IJ 07461 | | | | | | | 600 |
| Project Manager for Monitoring Firm | | 1 | Telephon | e No. | | | none No -864-2 | | | Licer 011 | ise No 37 | | | | |
| Start Date (10) 08/29/16 | Scheduled 0 | Com | pletion D | ate (11) | | | of OSF eriSci | A Monitor | | | | | 1 1 1 1 1 1 1 | | - |
| Occupancy Status During Abatement (Che | | - 44 | | | | Street | Addres | SS | | _ | | | | _ | _ |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Nor | Period of Abat mal Facility Ho | tem | ent | | - | City, S | State, Z | 30th Stre | | | | | | | |
| Other - Describe: | | | | | | Nev | v York | , NY 100 | 16 | | | | | | |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | Rend Dem | | | | | 2 | Mir Glo | l Containmo ni-Enclosure ovebag Prod n-Exempted | e cedure | | | | | e | |
| | Is Lo | | | | | | | | | | | 8 | Abate | men pe | Ĺ |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | | Solel enar | y by nce/ | | Desc stos Conta thermal s surfaci other mi | ystem ng, V | Material is insula AT, or | | (5 | mount Specify or LF | 1 | Removal | Repair | Encapsulate | Enclosure |
| Main & South building | | | 1.42 | | flor | or tile |) C | - | 70 | 0 S.F | = | x | | | |
| Lab Building | | X | | | | or tile | - | | | 750 S | | x | | | |
| Pilot Plant | | х х | | | | or tile | | | | 0 S.F | | x | | - | |
| | | | | | | | | | | L.F. | | x | | | - |
| Lab Building - Roof Name of Registered Waste Hauler | | X T N | JDEP W | aste | pipe i | | 11011 | Name of | | | | ^ | | | |
| Atlantic Carting | | Н | auler ID 90713 | | of Wast | e 50 | | G.R.O | .W.S. | | | | | | |
| City, State Wayne, NJ | | | | | Dispose on cor | mple | tion | City, Stat | | PA | | | | | |
| Completed by Marko Stankovic | Title Preside | -nt | | | Sig | gnatur M <i>ark</i> | e o Stan | ıkovic | | | Dat 08 | te 3/19/ | 16 | | |

CH = 4289

| Date of Notification (1) 08/24/16 | | | | | | wner/Operate e Public Li | | | | | | | |
|---|--|-----------------------------|------------------|--|-----------------------|--|------------------------|--|---------------------------------------|---------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | | 100 | Street Add | iress sey Ave | nue | | | | | | 711 | |
| EPA DEP DOL | Initial Amended Amendment | | (| City, State | , Zip Cod City, NJ | e | | 1 | | | 2210 | - | |
| □ DOH DCA | Emergency (i justification) Cancellation | ncluding | | Name of C Priscilla | Contact Gardne | er | | Į. | Telephone N | umber | 2016 | | |
| | | | | FACILI | TY INFO | RMATION | - | (5 10 (4) | | | 1901/ | | |
| Name of Facility Where Jersey City Free F | e Abatement is Taking Public Library | Place (3) | | <u>.</u> | | - | | of Facility (4) School (K-12) Subchapter 8 | Other than K- | -12) | | | |
| Street Address 472 Jersey Avenu | е | | | | | | 100 | etc.) | vate & commer | | | | 5, |
| City (5) Jersey City, NJ 07 | 7302 | | | | | | | re Feet | # of Floors | | ldg. A | je | |
| County (6) Hudson | | | | County Co | | | Curre | ent Use (Prior | if being demol | isnea) | | 2272 | |
| Name of Monitoring Fir Whitman Compan | | Owner (8) | | ASCM | No. | 1,000,000,000 | | atement Contr poration | actor (9) | | | | |
| Street Address 7 Pleasant | | | | | | | eet Addre 6 McBr | ess ide Avenue | | | | | |
| City, State, Zip Code Hill Road, Cranbu | ry, NJ 08512 | - | | | | | , State, Z oodland | Zip Code d Park,NJ 0 | 7424 | | | | |
| Project Manager for M Kevin Lovely | | | | Telephon | | | ephone N 3-225-8 | | License 01104 | | | | |
| Start Date (10) 08/27/16 | | Schedule 08/29/1 | | npletion D | ate (11) | | | HA Monitor onmental La | aboratories | | | | |
| Occupancy Status Dur | ring Abatement (Ched | k Only On | e) | | | | eet Addre | ess ite 22 West | | | | | |
| Facility Closed/Va Abatement Perfo Other – Describe | acated During Entire rmed Outside of Norr | Period of A nal Facility | Hours | nent S | | City | y, State, 2 | Zip Code J 07083 | | | | | |
| Scope of Work (Check | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 l | | | Renova Demoli | | | | × M | ini-Enclosure | nt with Negativedure (*) and Non-F | | | re | |
| | - | lo lo | Loost | ion | | | LJ IN | OII-Exempted | () and real i | | Abat | ement | i |
| Locat | tion of | 1 | Locat Norma | lly | | Descrip | | | | - | 1 | ype | Γ- |
| Asbestos-Containi TO BE / In Fa | ing Material (ACM) ABATED acility 3) | Ma Cus | (12) | nce/ Staff? | | tos Containir thermal syst surfacing, other misce | tems insu , VAT, or | ılation, | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| Cosend floo | or - room 210 | Yes | No | X | rem | oval/dispo | sal of e | lbows | 9 LF | x | - | | |
| Second 1100 | or - 100111 2 10 | | | | 10111 | o vali diopo | | | | | | | |
| | | | | | | | | | | | - | - | |
| Name of Registered V | | | | NJDEP W Hauler ID | | Cubic Yar of Waste | ds | | Registered Lar S,Landfill | ndfill | | | |
| City, State Woodland Park, N | ١J | | | | | Disposal [| Date | City, State Morrisvi | | | | | |
| Completed by Momo Glavatovic | A) (1) | Title Vice | Pres | sident | | Signa | ature | EAB | | Date 08/24 | /16 | | |

CHECK # 23299

| Date of Notification (1) 08-23-16 | | | | | Building | | | | any of Am | erica | | | 20 | | | |
|--|---------------------------------------|----------------------------------|--------------------------|-------------------|-------------------------|-------------------|--|-------------------|--|--------------|---------------------------|---|------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | | St | treet A | A STATE OF THE STATE OF | | | | | | | | | | W. | Ē |
| DEP DOL | Initial Amended Amendmen Emergency | t # | Ci N | ity, Sta lewar | te, Zip Co k, NJ 07 | de | | | | | | | 3 2 | 9 2 | 2016 | |
| DOH DCA | justification Cancellation | | 1000 | | Contact ince L. I | Patere | k | | | Tel | ephone | e Nun | nber | | | 1 |
| | | | | FACIL | ITY INFO | DRMATI | ON | | | 1 | A.F. | SE C | 7.5 | R.A. | T must | L #4 |
| Name of Facility Where washington Buildin Street Address | g | ng Place (3) | | | | | | | of Facility (4 School (K-12 Subchapter Other (i.e. pr | 2) 8 (Oth | er thar | K-12 | ISEN 2) | SHE | | |
| 213 Washington St City (5) Newark | reet | - 1,9 | | · | | _ | | | etc.) re Feet | | f Floor | | | ldg. A | | es, |
| County (6) Essex | · · · · · · · · · · · · · · · · · · · | | | | ode (7) | 1 | | | nt Use (Prio | r if bei | ng der | nolish | ned) | | 12000 | |
| Name of Monitoring Firm | Hired by Building | Owner (8) | 1 | ASCM | | - | Name | | tement Conf | tractor | (9) | - | | | - | |
| N/A | | | | | | | | | Environme | ntal | Corp. | | | | | |
| Street Address | | | | | | | | Addres Broad | ss Street | | | | | | | |
| City, State, Zip Code | | | | | | | | | ip Code NJ 07072 | | | | | | | |
| Project Manager for Mon | itoring Firm | | Te | elephor | ne No. | | 1000 CO. 100 | none N 939-6 | | | Licer 007 | ise No | 0. | | | |
| Start Date (10) 08-25-16 | - 10-310 | Scheduled 09-16-16 | | letion D | Date (11) | | | of OSH -Air II | A Monitor | | | 78 C 18 C | | | | |
| Occupancy Status During | g Abatement (Che | ck Only One) | 33.72 | /// | | | | Addres | | | | _ | | | | |
| Facility Closed/Vaca Abatement Perform Other – Describe: | ed Outside of Non | Period of Aba nal Facility He | atemer ours | nt | | | City, S | tate, Zi | cson Aver | | 01 | _ | | | | |
| Scope of Work (Check A | | | | | | | Long | | d City, NY | | 01 | + | | | | \dashv |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | ovatio | | | | × | Ful Mir Glo | I Containme i-Enclosure ivebag Proce i-Exempted | nt with | | | | | 9 | |
| | | 50.700.700 | cation | 1 | | | | | | () (| | , nab | | Abate | ement | |
| Location | | Nor Used S | mally Solely | bv | | | scription | | (1010) | | | | | 1 9 | he | - |
| Asbestos-Containing TO BE AB/ In Facili (13) | ATED ` | Mainte Custod (* | enance ial Sta 12) | e/ aff? | | thermal surfac | aining M systems cing, VA niscellan | s insula T, or | | (8 | mount Specify or LF | | Removal | Repair | Encapsulate | Enclosure |
| 6th Flo | or | Yes N | No | N/A | | 1// | T/Mas | tio | - | 22 | 000S | | | | | |
| Otti Flo | 101 | 1 | - | X | | | I/Mas | uc | | 23, | 0005 | | х | | | |
| | | | | | | | | | | | | | | | | |
| Name of Registered Was | Name of Registered Waste Hauler | | | | | | Yards | | Name of R | eaiste | red La | ndfill | | | | |
| ATC, Inc. / JBT (500 | 71) | | Hau 243 | iler ID 1 10 | No. | of Was | | | Minerva | • | | | | | | |
| City, State Shirley, NY / Bronx, | NY | | | | - | Dispos | sal Date | 400 | City, State Waynes | | OH 4 | 1468 | 8 - | | | |
| Completed by Kevin Moriarty | | Title Project | Mana | ager | | S | ignature | Va | rat | | 3 | Dat 08 | e -23-1 | 6 | | |

| | 1930 | N | | ATION (| of New Jers OF ASBESTO NJAC 8:60 a | S ABATE | | | | | <u>V</u> | | | |
|---|---|----------------------------|--|----------------------|--|--|---------------------|--|--------------|-------------------------|------------|--|-------------|-----------|
| Date of Notification (1) 08/23/16 | | | | lame of E Sarla C | Building Owne | r/Operator | (2) | | AUG | 2 9 | 2016 | The state of the s | IJI | |
| Agencies Notified | Type Notification | | | Street Ad | | | | Sec 1/4.1 | 40 | | | | | |
| ☐ EPA | × Initial | | | | | | | | SBESTO | 8 00 | NTRO | L E | 10.00 | |
| DEP DOL | Amended Amendment # | ŧ | 1 2 | | e, Zip Code k, NJ 0766 | | | | 1.10 | ENSI | 11/5 | | i | |
| | Emergency (in | | | l earrec | | | | | Teleph | one N | umber | | | |
| DOH DCA | justification) Cancellation | | 1 3 | Sarla C | | | | | 7 | | | | | |
| | | | | FACIL | ITY INFORMA | TION | | | | | | | | |
| Name of Facility Where Private House | Abatement is Taking | Place (3) | | | | | | of Facility (4 | | | | | | |
| Street Address | | - | | | | | | chool (K-12 ubchapter | | han K | -12) | | | |
| | | | | | | | | other (i.e. pr tc.) | rivate & co | omme | rcial bui | ldings, | home | es, |
| City (5) | | | | | | | Square | | # of FI | oors | | 3ldg. A | ge | |
| Teaneck | | | | | 200 | | | | | | | | | |
| County (6) Bergen | | | | County C STATE U | ode (7) SE ONLY) | | Currer | nt Use (Prio | r if being | demol | ished) | | | |
| Name of Monitoring Fire | | wner (8) | | ASCM | No. | | | ement Con | | | | | | |
| Competent Super | visor | | | | | | aemy (| Construct | ion inc. | | _ | | | |
| Street Address | | | | | | | | west Su | ite 14 | | | | | |
| City, State, Zip Code | | | - | | | City, S | State, Zi | p Code | | | | | | |
| | | | | | | | | J 07512 | | | | | | |
| Project Manager for Mo | onitoring Firm | | | Telephon | e No. | 100 | hone No -832-4 | | | icense 11155 | | | | |
| Start Date (10) | Т | Schedule | | pletion D | Date (11) | 0.02333307 | | IA Monitor | | | | | | |
| 09/02/16 | | 09/09/ | | | | | ne as A | ouchestern about | | | | | | |
| Occupancy Status Duri | | | | | | Stree | t Addres | iS | | | | | | |
| Facility Closed/Va Abatement Perfor Other – Describe: | acated During Entire F med Outside of Norm | Period of A al Facility | Abatem Hours | ent | | City, | State, Zi | p Code | | | | | | |
| Scope of Work (Check | All That Apply) | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | Renova Demolit | | | | × Min | l Containme ni-Enclosure ovebag Prod n-Exempted | e cedure | | | | re | |
| | | le | Locati | on | | | | | | | | Aba | temen | t |
| Locati | ion of | 1 | Normal | ly | | Descriptio | n of | | | | - | T - | ype | Τ. |
| Asbestos-Containir <u>TO BE A</u> In Fa (1: | ng Material (ACM) <u>ABATED</u> icility | Ma | ed Sole intenar todial S (12) | nce/ | SI | Containing mal systen urfacing, V er miscella | ns insula AT, or | | (Sp | ount ecify or LF) | Kemoval | Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | | | | - | | |
| Baser | ment | | | X | Р | ipe Insul | ation | | 60 | LF | X | - | X | |
| | | | | | | | | | | | | | | |
| Name of Registered W | /aste Hauler | | N | IJDEP W | /aste Ci | ubic Yards | | Name of | Registere | ed Lan | dfill | | | |
| Academy Constru | | | H | lauler ID 34422 | No. of | Waste | | GROW | /S Land | | | | | |
| City, State Totowa, NJ | | | | | | sposal Dat BD | te | City, Stat | te wn, PA | | | | | |
| Completed by Filip Geleski | 9 | Title Sup | ervisc | or | | Signatu | ire J. | li Dol | l.A. | | Date 08/23 | 3/16 | | |
| | | | | | | | - 11 | 7 500 | | | | | | |

08/24/2018 14:33

HD.150 0002

| | | | | | | | ew Jorsoy | | | | _) | ~ | |
|--------------------------------------|--|---------|-------------------|---------|---------|---------------|--|--|---------------------|------------------------|-------|--|----------|
| | | NO | | | | | BESTOS ABAT AC 9:00 and 5:11 | | | ::- ::: -\$ | 77 | <u> </u> | 2 |
| | | | | (P 111) | | | | | | | W | | 1/ |
| Date of Notification (1) | | | | | | | g Owner/Operator (| | | | ., | | |
| | 24 / 1 | B., , | | | Pat | Muray | | HAN | | 2 | 010 | | |
| Agencies Notified | Type Notification | n | -" | - | Street | Address | , | 19 1 | AUG | 9 4 | 016 | 1 | 12 |
| ⊠ EPA | Initial | | | | | | | | 1 | | 1 | ′ | Error |
| ☑ DOLWD | ☐ Amendad | | | | City, 8 | (ate, Zi) (| Cuda | - :::::::::::::::::::::::::::::::::::: | | | 1 | | |
| M DOH | Amendment | | _ | | 75073 | | el, NJ 08064 | ľ | ABBESTON | DOM: | fo | . 5. | |
| DCA | Emergency (Juetification) | | ing | 1 | Name | of Contac | , , , , , , , , , , , , , , , , , , , | | Telephone No | model | | | |
| (NJAC 5:23-6) | Cancellation | | | | | Murray | | | | | | | |
| | | | | | FAI | II ITY IR | FORMATION | THE STATE OF THE S | | - | | 8.5 | 1 |
| Name of Facility Where | Shatement is Tak | ing Pla | ce (| 31 | '. | | | Type of Facility | (4) | | | | - |
| Murray Rosidence | - Calonicit in Time | | , | | | | | School (K-12 |) | | | | |
| Stroet Address | | | - | _ | | | | Subchapter 8 | Other than K- | 12) | Merc | | |
| Street Address | | | | | | | | homes, etc.) | | TOICILL D | Urles | ige, | |
| | | | | | | | | Square Feet | I of Floors | B | do. | Ane | |
| CNy (5) | | | | | | | \$ | 1,700 | 9 | | 70 | | |
| Mount Laurel | | | | | T | 5 . B . J . V | TYSTATE USE ONI.Y) | Current Use (Pr | 1 - | alia band) | | _ | |
| County (B) | | | | | Conk | ty Cone (| ()(STATE USE ONLY) | The second secon | ibt ii osing detiid | ana mad | | | |
| Burlington | | | | | | | THE TANK | Residence | | | Щ | | |
| Name of Montoring Firm | | | er (8) | 1 | ASCM | No. | Namo of Abstern | | | | | | |
| Mgmt. & Enviro. Co | onsulting Servi | COB | | \perp | | | | onmantal, LLC | | | | | _ |
| Street Address | | | | | | | Street Address | | | | | | |
| PO Box 341 | | — | | | | | 623 Cutter Av | | | | | | ···· - |
| City, State, Zip Code | | 200 | | | | | Chy. State, Zip C | | | | | | |
| Chesterfield, NJ 08 | | | also <u>stens</u> | | | | Mople Shade | , NJ 08052 | | | | | |
| Project Manager for Man | Ruting Firm | | | | phore | | Telephane No. | | License No. | | | | |
| Bill Welegarber | | | | | 9-298 | \$3000 CC | 856-765-0006 | | 00842 | | | | |
| Start Date (10) | Sch | edulac | Cor | nple | Ion Du | le (11) | Name of OSI IA N | fanitor | | | | | |
| DB / 25 / | 16 | OB | 1. | 29 | ,. / | 16 | EMBL Analys | ical, Inc. | 2 | | | | |
| Occupancy Status Durin | Absternent (Chr | sck on | ly on | 0) | | | Sirgol Address | | | 5-03-0 | | | |
| 50 Facility Closed Vacat | ed During Entire F | Perlad | OFAI | seter | men! | | 200 Route 13 | 0 North | | 72 | | | |
| Abstament Performer | d Outside of Nor | nel Fec | ilily | Hour | s - Des | cribe | City, Blats, Zip C | ode | | | | | |
| Time of Abatement: | AM | PM/_ | | PM- | | AM | Cinneminaci | , NJ 08077 | | | | | |
| Scope of Work (Chock a | If that apply) | | | | | | <u></u> | an II | | | | | |
| | | - | - | and all | | | ⊠ Full Con | teinment with Neg | gative Pressure | | | | |
| 23 of or ≥3 if 2180 of or ≥280 if | | P | Ren | OUTT | n n | | | 2 Procedure | | | | | |
| 57 5 100 at 01 5 200 th | | | | | | | □ Non-Exe | mpted (*) and No | n-Frieble Proce | | | | |
| | | \neg | | اهمه | | | | SERVICE CONTRACTOR | | A | pass | mont | Type |
| Location | uf | 1 | No Jueo | Sole | IA PA | Ach | Description of the Description o | | Amaunt | B | negan | 9 | 1 5 |
| Asbedos-Containing | Malerial (ACM) | | Main | lena | nced | (1, | a thermal systems | insulation, | (Specify | Remova | 1 20 | DATE DATE OF THE PARTY OF THE P | bidos un |
| IN Facil | | 0 | | | St#11? | | surfacing, VAT | , ar | SF of LF) | 5 | | 20 | . ä |
| (13) | | -1, | | (12) | 1 5-14 | | other miscelland | one) | | | | 報 | |
| | ,, , | Ye | 88 | No | N/A | | | | 745 85 | 62 | - | 1 | 10 |
| Kitchen | | | | X | | Floori | ng <u> </u> | | 210 SF | Ø | -1-1 | 1 | |
| Foyer | | | 1 | X | | Floorin | ng | | 20 SF | | | 1 | |
| | | | 1 | | | | | | | | | | |
| | | 1 | _ | | +- | 1 | | | | 1. | ili | itr | 1 1 |
| | ALTERNATION OF THE PARTY OF THE | | _ | | IDCO | 1 | Cubic Yards of | Name of Regis | different Liberaria | | 1 | 1 | |
| Name of Registered Was | ste Hauler | | | | JDEP | | Waste | The second secon | nd County La | ndfill | | *0 | |
| Freehold Cartage | | | | 1" | 15931 | | 2 | | THE VOULTY LE | ,, | | | |
| City, State | | | | | | | Disposal Data | City, State | | | | | |
| Freehold, NJ | | | | | | | 05/29/2016 | Mewburg, | PA | | | | |
| Completed By (Print or T | vpa) T | 'illa | | | | | Gignetur | | | Date | | | |
| Christina Lynch | | | ratio | ins I | Mariag | jer | 1/1/20n | (QU) | | 8/2 | 4) | 16 | • |
| | | | | | | | - LAND | Y_ | 7 | 10. | 1.5 | . 1 | |
| ABB-61 JAN 13 | | * DU | וא אספיז | so In | ia fonn | lur asi)a. | sida ikonsuru aram | nted activities. | | | | | |

| | <i>y</i> | | (Pu | rsuant t | o NJAC 8: | :60 and 12: | 120) | | 4 | 0/1 | ec. | V | 19 | 1/2 |
|---|--|------------------|--|--------------------------|----------------------------|--|------------------------|---|-------------|-------------------------|----------------|--------|-------------|------------------|
| Date of Notification (1) 8/25/2016 | | | | | Building O Sharples | wner/Opera | itor (2 | () | 3 7 1 | | | | | |
| Agencies Notified | Type Notification | | 3 | Street Ad | idress | | | r | | | | | | |
| EPA DEP DOL | Initial Amended Amendment | | _ 1 | Manas | te, Zip Cod quan NJ | | | | AUG | 2. | -U10 | | | |
| DOH DCA | Emergency (i justification) Cancellation | ncluding | 10.00 | Name of Michae | Contact of DeBlas | sio | | | Teleph | none Nui | mber | | | |
| | | | | FACIL | ITY INFO | RMATION | - 1 - | F | | **** | | | | |
| Name of Facility Where A Residential Propert | | Place (3) |) | | | | F | Type of Facility (School (K-1 | | | | | | |
| Street Address | | | 98 | | | | | Subchapter Other (i.e. p | | | | ings, | home | s, |
| 0:1 (6) | | | | | | * | | etc.) Square Feet | # of FI | oors | BI | dg. A | ne. | |
| City (5) Manasquan | | | | | | | - 69 | 1,200+ | 2+ | oors | |)+ | gc | |
| County (6) Monmouth | | | | County C | Code (7) USE ONLY) | | (| Current Use (Pric | or if being | demolis | hed) | | | |
| Name of Monitoring Firm | Hired by Building C | Owner (8) | | ASCM | l No. | | | f Abatement Cor rn Contracting | |) | | | | |
| Street Address | The second secon | | | | | 1000000 | | ^{ddress} oute 46 Suite | 7a | | | | | |
| City, State, Zip Code | | | | | | | | ate, Zip Code a NJ 07512 | | | | | | |
| Project Manager for Mor | nitoring Firm | | | Telephor | ne No. | 10.5% | | ne No. 33-9176 | | icense N | No. | | 1000 | |
| Start Date (10) 9/3/2016 | | Schedule | | npletion [| Date (11) | Na | ime of | f OSHA Monitor | | | | | | |
| Occupancy Status Durin | g Abatement (Chec | | | | | Str | eet A | ddress | | | | | | |
| Facility Closed/Vac Abatement Perform Other – Describe: | ated During Entire F ned Outside of Norm Normal Working Hou | nal Facility | Abatem Hours | nent S | | Cit | ty, Sta | ate, Zip Code | | | | | | |
| Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | All That Apply) | | Renova Demolit | | | | × | Full Containm Mini-Enclosur Glovebag Pro Non-Exempte | e cedure | . Ta | | cedur | | |
| | | 0.00 | Locati | | | | | | | | | | emen vpe | t |
| Locatio Asbestos-Containing <u>TO BE AB</u> In Faci (13) | Material (ACM) NATED Ility | Use Ma Cus | Normal ed Sole sintena todial S (12) | ely by nce/ Staff? | | Descrip tos Containir thermal syst surfacing other misco | ng Ma tems , VAT | aterial (ACM) insulation, , or | (Sp | ount ecify or LF) | Removal | Repair | Encapsulate | Enclosure |
| | Prison II | Yes | No | N/A | | D20 | ll | | 530 |) SF | x | | | |
| Gara | | X | | Dryv | wali | | 000 | 7-31 | ^ | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | 177 | | 41 | | | | |
| Name of Registered War Unicorn Contracting | | H | NJDEP W Hauler ID 035844 | No. | Cubic Yar of Waste 5 | | Tullyto | Registere wn Res | | | ery f | asc | ility | |
| City, State Totowa NJ | | | | | | Disposal D | Date | City, Sta Tullyto | | | | | | |
| Completed by Dimo Golcev | | Title Gene | eral M | Manage | er | Signa | ature | 1/5 | 1 | | ate 3/25/20 | 016 | | es TSC est LIXXV |

MIRCK 1515

| Date of Notification (1) 8/25/2016 | | | ame of B | | wner/O | perator (| | | | i i | | | | <u> </u> | |
|---|---|---|---------------------|----------------------|-----------------------------|---|-------------------------------|----------------------------------|-------------|------------------------|-------------|---------------|--------|---------------|-----------|
| | tification | 1000 | treet Add | iress den Sti | reet | | UT: | and the same | | | | | | | |
| DOL Am | ended endment # | | | , Zip Coo n NJ 07 | | | | AUG 2 | 292 | 016 | | | | | |
| ▼ DOH jus | ergency (including tification) ncellation | 1 383 | ame of C Benjami | Contact in Salle | mi | | 7.3 | 192510 | Tele | phon | e Num | ber | | | |
| AL (5 37 100 - Ab-t | tis Talias Diese (2) | | FACILI | TY INFO | RMATI | | Typo | f Facility (4 | 1) | | | | | | |
| Name of Facility Where Abatemer Former Plainfield Armory | it is Taking Place (3) | | VIII. 187 | | | 8 | ☐ s | chool (K-1 | 2) | r tha | . K 12 | ١ | | | |
| Street Address 1201 East 7th Street | | | | | | | × 0 | ubchapter ther (i.e. p c.) | rivate & | com | mercia |) Il build | ings, | home | s, |
| City (5) Plainfield | | | | | | | Square 1,200 | | # of 2+ | Floor | 'S | | dg. A | je | |
| County (6) Union | | C | ounty Co | ode (7) SE ONLY) | | | Curren | t Use (Prid | or if bein | ig dei | molish | ed) | | | |
| Name of Monitoring Firm Hired by | Building Owner (8) | 1 | ASCM 00126 | | | | | ement Con | | | | | | | |
| GZA Geo Environmental Street Address | | | 00120 | | | Street A | Address | 3 | | | | | | _ | |
| 55 Lane Road Suite 407 City, State, Zip Code | | | | - | | 205 F | | 46 Suite | 7a | | | | | | |
| Fairfield NJ | | | | | | Totov | va NJ | 07512 | | Lina | N | | | | |
| Project Manager for Monitoring Fi Benjamin Sallemi | rm | 1 493 | elephone 973-774 | | | Telephi 973-3 | one No 333-91 | | | 012 | nse N 32 | 0. | | | |
| Start Date (10) 09/06/2016 | Scheduled 10/06/20 | | pletion D | ate (11) | | | | A Monitor n Consu | ıltants | Inc. | | | | | |
| Occupancy Status During Abatem | | | | | | | Address I Wag | araw Ro | Bldg | 35e | | | | | |
| Facility Closed/Vacated Duri Abatement Performed Outsid Other – Describe: | ng Entire Period of Ab de of Normal Facility I | Hours | ent | | _ | City, St | | Code NJ 0741 | 0 | | | - | | | |
| Scope of Work (Check All That Ar | oply) | | | | | | 7700 | | | | | - | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | enovati emolitic | | | | ××××× | Min | Containmoni-Enclosure vebag Pro- | e cedure | | | | | e | |
| | ls L | _ocatio | on I | | | | 1 1401 | -LXemple | u () ain | 11401 | - Hac | | Abate | ement | t |
| Location of Asbestos-Containing Material TO BE ABATED In Facility (13) | (ACM) No Used Mair | ormally Solely ntenano dial St (12) | y by ce/ | | tos Con thermal surfa | escription Itaining M I systems Icing, VA miscellan | laterial s insula T, or | | (8 | mour Specif or L | ý | Remova | Repair | e Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | | | | _ | | ite | 0 |
| | | | | Se | e Con | itinuatio | on She | eet | | | | | | | |
| 7 | | | | | | | | | | | | | | | |
| Name of Registered Waste Haule | er l | | JDEP Wa | | Cubic of Wa | Yards | | Name of | | | | | | | <u> </u> |
| Unicorn Contracting Corp. | | auler ID 1 35844 | | 5+ | | | Tullyto | | soul | rce R | ecov | ery F | asci | ility | |
| City, State Totowa NJ | | | | Dispo TBD | sal Date | | City, Star Tullyton | te Wn PA | | | | | | | |
| Completed by Dimo Golcev | Title | ral Ma | anager | | | Signature | / | 1/1 | // | | 287 | ate 25/20 | 016 | | |

State of New Jersey Notification of Asbestos Abatement Continuation Sheet

AUG 2 9 2016

| * | 50000000 | ocation. | -A. D. Parpenson and | LIGENSIN | (4) | | ement /pe | |
|--|-----------------------|--|--|---------------------------------|---------|--------|--------------|-----------|
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Used Main Custo | ormally Solely by tenance/ idial Staff: (12) | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| | Yes | No N/A | | | | | | |
| ARMORY BUILDING | | | | | | | | |
| Roof 1 | | x | 1/16" Thick Vapor Barrier Layer 4 | 900 SF | х | | | |
| Roof 1 | | х | Roof Flashing | 120 SF | x | | | |
| Roof 2 | | х | Roof Flashing | 80 SF | х | | | |
| Building Facade | | x | Exteriror Window Cauliking | 1,550 LF | х | | | |
| Building Facade | | х | Exteriror Window Cauliking Concealed within Metal Cladding | 1,550 LF | x | | | |
| Bldg Upper Fascade at Roof 2 | | х | Façade Fibrous Caulking Metal | 2 SF | × | | | |
| Bldg Upper East Façade at Roof 2 | | х | White Façade Caulking | 2 SF | x | | | |
| Basement Classroom 2 | | × | Light Brown 12"x12" Floor Tile on top of Black 9"x9" Floor Tile Dark Brown 12"x12" Floor Tile on top of Black 9"x9" Floor Tile Black 9"x9" Floor Tile with Light | 1,150 SF | × | | | |
| | | | Streaks Mastic Black 9"x9" Floor Tile with Light Streaks | | | | | |
| Basement Large Vault | | х | Light Brown Carpet Glue Beneath Carpet | 430 SF | x | | | |
| Basement Fan Room | | x | Vibration Joint Cloth | 5 SF | x | | | |
| Various Areas Throughout Bldg | | x | Wrapped Paper Pipe Insulation and Associated Pipe Fittings Magnesia Pipe Insulation and Associated Pipe Fittings | 1,100 LF | x | | | |
| Basement Classroom 2 | | х | Mirror Glue Backing Behind Bar | 150 SF | x | | | |
| | | x | Exterior Boiler Insulation Layer 1 | 450.05 | х | | | |
| Basement Boiler Room | | × | Exterior Boiler Insulation Layer 2 | 150 SF | х | | | |
| Basement Boiler Room | | × | Exaust Breecing Insulation | 250 SF | х | | | |
| Basement Boiler Room | | × | Slop Sink Gasket | 1 SF | x | | | |

| | | in the second | | 100 | W | E | |
|--|---|---|----------------|-----------|------|-------------------------|--------|
| 2nd Floor Room 1 | x | Green 9"x9" Floor Tile with Beige Streaks and Mastic Beneath Red 12"x12" Floor Tile | | × | 2016 | | |
| Basement Classroom 1 and Front Center Room | x | Dark Brown 9"x9" Floor Tile and Associated Mastic | 1,400 SF | x | 2010 | and white the | eners |
| Basement Kitchen | х | Green 12"x12" Floor Tile with White Streaks and Associated Mastic | 1108 310 SF | Sivi X | 2 | - (); - (); - (); | man, s |
| Main Roof | × | Roof Flashing | 450 SF | х | | | |
| Main Roof | x | Roof Vent Caulking | 30 LF | х | | | |
| | | Interior Boiler Insulation | 210 SF | , | | | |
| Basement Boiler Room | x | Interior Boiler Door Insulation | 25 SF | х | | | |
| | | Door Gaskets | 20 LF | | | | |
| Basement Rear Exit & Boiler Room, 1st Floor Gym Exit Doors | x | Concealed Exterior Fire Exit Door Insulation 4 Doors | 84 SF | x | | | |
| Chimney Interior | × | Interior Chimney Lining Insulation | 480 SF | х | | | |
| Throughtout Bldg | x | Concealed Electrical Cloth Wiring Insulation | 2,000 LF | x | | | |
| Bathroom & Storage Rooms | x | Subfloor Waterproofing Mastic | 580 SF | x | | \neg | |
| Roof 3 | x | Concealed Roof Flashing Beneath Rubber Membrane | 120 SF | x | | | |
| SERVICE GARAGE BUILDING | | | | | | | |
| East Side of Roof | X | Cap Flashing Roof Cement | 50 LF | х | | | |
| Roof Vent | x | Roofing Cement Type 1 | 4 SF | x | | | |
| Roof Vent | х | Roofing Cement Type 2 | 4 SF | x | | \neg | |
| Kitchen & Shower Room | × | Black 9"x9" Floor Tile with White Streaks | 200 SF | x | | | |
| Garage Office 2 | × | Black Floor Tile Beneath Beige 12" Floor Tile | 395 SF | x | | | |
| Office, Kitchen & Bathroom Areas | x | Joint Patch Compound | 2,800 SF | x | | | |
| Building Exterior West Side | х | Exterior Door Caulking | 40 LF | х | | | |
| West & South Side Exterior | х | Exterior Window Caulking | 350 LF | х | 1 | 1 | |
| South & West Sides | х | Concealed Exterior Fire Exit Door Insulation 2 Doors | 42 SF | х | | | |
| Throughout Bldg Interior | х | Concealed Electrical Cloth Wiring Insulation | 200 SF | x | | | |
| SHED BUILDING | | | L | | | | |
| Shed Roof | x | Transite | 100 SF | x | T | | |

product to

| 11 | 1011 |
|--------|------|
| Clear# | 1514 |

| Date of Notification (1 8/25/16 |) | | | | Building C Struzik | Owner/Operator | (2) | [m | | | | | Ē | | |
|--|--|----------------------|-----------------------------|----------------------------|-----------------------|---|-----------------------|--|-----------------|---------------------------|----------|----------|--------------|-------------|-----------|
| Agencies Notified EPA | Type Notification | | S | treet Add | dress | | | 15 | | 1110 | 0.0 | 201 | 6 | | |
| EPA DEP DOL | Amended Amendmen | | | | e, Zip Coo NJ 078 | | | | | AUG | 2 0 | | | +1 | |
| DOH DCA | Emergency justification) Cancellation | 950 | 339 | lame of (Robert | Contact Struzik | | | | Tele | ephon | e Nun | nber | N A | | |
| | | | | FACIL | ITY INFO | RMATION | | Later of the | | | | | | | |
| Name of Facility Whe Residential Prope | | ng Place (3) | | | | | s | of Facility (4 school (K-12 | 2) | or that | . K 12 | N. | | | |
| Street Address | | | | | | | X e | Subchapter 8 Other (i.e. pr tc.) | | | | | ings, | home | s, |
| City (5) Newton | | | | | | | Squar 1,200 | | # of 2+ | f Floor | S | 25.5 | ldg. A O+ | ge | |
| County (6) Sussex | | | | County Co | ode (7) SE ONLY) | | Currer | nt Use (Prio | r if bei | ng de | molish | ied) | | | |
| Name of Monitoring F | irm Hired by Building | Owner (8) | | ASCM | No. | 10 To | | ement Cont ontracting | | | | | | | A |
| Street Address | | | | | | A 200 A | Addres Route | s 46 Suite | 7a | | | | | | |
| City, State, Zip Code | | | | | ***** | | State, Zi wa NJ | p Code 07512 | | | | | i i | | |
| Project Manager for N | Monitoring Firm | | Т | elephon | e No. | 1 10533349 | hone No -333-9 | | | Lice 012 | nse N | 0. | | | |
| Start Date (10) 8/26/2016 | | Scheduled 8/26/20 | | pletion D | ate (11) | | | A Monitor on Consul | tants | Inc. | | | | | |
| Occupancy Status Du | | | | | - | | Addres | s jaraw Rd, | , Bldg | 35E | | | | | |
| Abatement Perfo | acated During Entire ormed Outside of Nor E: Normal Working Ho | mal Facility I | oateme Hours | ent | | City, S | State, Zi | | | | | | | | |
| Scope of Work (Chec | | | | | | 1 dii | Lawiii | | | - 1 | | | | | _ |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 | | | enovati emolitio | | | | Min Glo | Containme i-Enclosure vebag Proc n-Exempted | edure | ĺ | | | | e | |
| | | 470000 | ocatio | | | | INOI | i-Exempled | () (1) | 1401 | I-I IIda | | Abate | | 8 |
| Loca | tion of | Used | ormally Solely ntenan | y by ice/ | | Descriptio tos Containing thermal system surfacing, V | Material ns insula | | (| Amour Specif F or L | y | Remova | Repair | Encapsulate | Enclosure |
| In F | ing Material (ACM) ABATED acility 13) | Custo | odial Si (12) | tanr | | other miscella | | | | | | <u>a</u> | 137 | | |
| <u>TO BE</u> In F (' | ABATED acility 13) | | | N/A | Tho | other miscella | ineous) | ation | 2 | 25 SE | = | | | | |
| <u>TO BE</u> In F (' | ABATED acility | Custo | (12) | | The | | ineous) | ation | 2 | 25 SF | = | x | , | | |
| <u>TO BE</u> In F (' | ABATED acility 13) | Custo | (12) | N/A | The | other miscella | ineous) | ation | 2 | 25 SF | | | | | |
| TO BE In F (Attic-F | ABATED acility 13) Furnace Waste Hauler | Custo | No No Ha | N/A | aste No. | other miscella | ineous) | Name of F | Regist | ered L | .andfil | x | | | lity |
| <u>TO BE</u> In F (' | ABATED acility (13) Furnace Waste Hauler ng Corp. | Custo | No No Ha | N/A X JDEP Wauler ID | aste No. | other miscellarmal System Cubic Yards of Waste | neous) | Name of F | Regist vn Re | ered L | .andfil | x | | | lity |



Check# 0393

| Date of Notification (1) | (1) 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | | T | Name of | f Building | Owner/ | Operator | (2) | | | | _ | | | | |
|---|---|--------------------|----------------|----------------|----------------------|----------|--|---------|-----------------------------|------------------|-----------------|----------|-----------|--------|-------------|-----------|
| 8/25/16 | | | | c/o Th | ne Coli C | aroup | Ltd | | | | | | | | | |
| Agencies Notified | Type Notification | | | Street A | ddress | | | | | (Pu | E | 11 | 12 | | 1 | |
| □ EPA | Initial | | | 1 Sea | rs Drive | | | 1 | | 147 | | - V | | | | |
| DEP | Amended | | | | ate, Zip Co | | | | 15(1 | | | | | | | |
| X DOL | Amendment | | - | Paran | nus, NJ | 07652 | 2 | | | ALIC | 2 0 | 201 | F. | 141 | 1:5 | |
| Ĭ DOH | Emergency (| including | | Name of | f Contact | | | | H H | | ephone | | | Ţ | 3" | |
| ☐ DCA | Cancellation | | | Jan C | oli | | | | 1 | | | | | | | |
| No. of F. 104 AAR | | D 1 (0) | | FACI | LITY INFO | DRMAT | ION | - 1 | 4.50 | | 0 10 | 11- | rai I | | | |
| Name of Facility Where Abandoned House | | g Place (3) | | | | | | Туре | of Facility (4 | ⁺⁾ ΓΟ | ENSI | NG | | | | |
| Street Address | , | | | | | | | | School (K-12 | 2) | | 14.40 | | | | |
| 40 Joan Pl | | | | | | | | | Subchapter Other (i.e. p | | | | | dinas | home | es |
| | | | | | | | | _ | etc.) | | | | | | | |
| City (5) Haledon | | | | | | | | | re Feet | 1 | Floors | 5 | 100 | ldg. A | ge | |
| | <u> </u> | | | | | | | 200 | | 2 | | | | 0+ | | |
| County (6) Passaic | | | | | Code (7) USE ONLY | | | | ent Use (Prio | r if bei | ng den | nolish | ed) | | | |
| | - I lissed by Desiration of | (0) | | 20 | | | | Hou | | | | | | | | |
| Name of Monitoring Firm | in mired by Building (| wner (8) | | ASCN n/a | /I NO. | | C. C | | Contraction | | | | | | | |
| Street Address | | | | II/a | | | | Addres | Contractin | ng inc | | | | | | |
| n/a | | | | | | | The second second | | ss ade Ave | | | | | | | |
| City, State, Zip Code | | | | | | | | | ip Code | | | | | | | |
| n/a | | | | | | | | | NJ 07026 | | | | | | | |
| Project Manager for Mor | nitorino Firm | | | Telephor | ne No | | | none N | | | Licen | so N | | | | |
| n/a | | | n/a | .10 .10. | | | 460.6 | | | 012 | | <i>.</i> | | | | |
| Start Date (10) | | Scheduled | Com | pletion I | Date (11) | | Name | of OSI | HA Monitor | | | | | | | - |
| 9/3/16 | | 9/10/16 | | | | | Harr | nony | Contractin | ng Inc | : | | | | | |
| Occupancy Status Durin | g Abatement (Check | Only One |) | | Pitto Car | 1) - (-) | | Addres | | | | | | | | |
| | ated During Entire F | | | | | | | 7,300 | ade Ave | | | | | | | |
| Abatement Perform Other – Describe: | ned Outside of Norm | al Facility I | lours | | | | | | ip Code | 10710-0-0 | | | 200-200-0 | | | |
| | | | | | | | Garf | ield, l | NJ 07026 | | | | | | | |
| Scope of Work (Check A | III That Apply) | | | | | | _ | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | novat | | | | × | | l Containme | | Negat | ive P | ressui | e | | |
| 2 100 SI 01 2200 II | | X De | moliti | on | | | | | ni-Enclosure ovebag Proc | | | | | | | |
| | | | | | | | | No | n-Exempted | (*) and | Non-l | Friabl | e Pro | cedur | е | |
| | | ls L | ocatio | on | | | | | | | | | | Abate | | |
| Location | | Used Used | rmall | | | | scription | | | | | | - | Ту | pe | |
| Asbestos-Containing TO BE AB | | Main | | | | | taining N | | | 97.03 | mount pecify | | 70 | | En | ш |
| In Facil | lity | Custo | dial S (12) | taff? | (1.0. | surfa | cing, VA | T, or | adon, | | or LF) | | Remova | Repair | сар | ncla |
| (13) | | | (12) | | | other i | miscellan | reous) | - 6 | | | | oval | air | Encapsulate | Enclosure |
| | 60 | Yes | No | N/A | | | | | | | | | | | e | |
| Basem | ent | | | x | | Pipe | Insula | tion | | 12 | 0 LF | | ĸ | | | |
| | | | | | | | | | | | 12 | | | | | |
| | 1 | | | | | | | | | _ | _ | | | | | |
| | | | | | | | | | | | | | | | | |
| | ~ | | T | | | | | | | | | | | | | |
| Name of Registered Was | 75555 | JDEP W auler ID | | Cubic of Wa | Yards | | Name of F | Registe | red La | ndfill | | | | | | |
| Rovic Transport | . " | | | TBD | | | TBD | | | | | | | | | |
| City, State | -1 | | | | sal Date | | City, State | 1 | _ | | | | | | | |
| Riverdale, NJ | | | | | TBD | | | TBD | | | | | 6 | | | |
| Completed by | | Title | | 100000 | | | Signature | - | | | | Dat | | | W | |
| Tina Caporino | | Secre | ary | | | U | ina (| ap | erina | | | 8/ | 25/16 | 3 | | |

| | | | | | | | ASBESTOS AB AC 8:60-7 and 12: | | |) (| K | Ch# | | | | |
|---|----------------|-----------------------|--------------|--------------------------|-------------------|----------|----------------------------------|-------------------|--|---|-----------------|----------------|-------------|----------|-------------|-------------|
| | 8/23/16 | positive _k | | me of | | Owner/ | Operator (2) | | | TEC | BIL | 1/3 | 7,3 | | ألف | _ |
| Agencies Notified [] EPA [] DEP | Type of No | | 10 |)35 F | ddress Parkwa | | €. | | | 110 | | | 5 | | | |
| [X] DOL | [X] Ame | ended ication | Tr | ento | | 08625 | 5-0600 | | | AUG | 292 | Ulb | 1 |) nel | | |
| [x] DCA | | gency ellation | 2 0.00 | | Contact ny Pel | legrino | | | Te 6 | lephone Nu | mber ONT | P. C. | E. | | | |
| | | | | | F | ACILIT | Y INFORMATION | | | | | | | | | _ |
| Name of Facility When Netcong NJ DO | | | | | ffice/S | hop E | Bldg | _ 1 | ype of Facility (4 [] School (Subchap | H) K-12) Ster 8 (Other E. private an | than K-12 | 2) rcial bu | ildin | is. | | |
| Street Address 90 Route 183 | | | | | | | | S | homes, | | | Bldg | | 90000 | | |
| City (5) | | T | County (| 6) | | | inty Code (7) | 6 | 000 | 1 | | ~55 | | | | |
| Netcong, NJ 078 | | | Passa | | SCM No | | ATE USE ONLY) Name of Abate | M | current Use (Price laintenance facilia | | molished) | | | | | |
| Name of Monitoring Fi Environmenta | | | | | 0030 | | Street Address | Jup | iter Environ | mental S | ervices | , Inc | - | | | |
| Street Address 120 N. Warren S | St | | | | | 5 | Street Address | | Changebri | dge Road | d Suite | 100 | | | | |
| City, State, Zip Code | Jt. | | | | | | City, State, Zip | - | | -3 | | | _ | | | |
| Trenton, NJ 086 | 808 | | | | | | | Pir | ne Brook, N. | J 07058 | | | | | | |
| Project Manager for M Dominick Derco | | | 609 | -392 | Number -4200 | | Telephone Nur | 973 | 3-575-8700 | | Licen | se Nui | | 85 | 2 | |
| Scheduled Start Date 8/10/1 | | Sched. | | etion (2/16 | Date (11) | | Name of OSHA | | ^{iitor} Environme | ntal Labo | oratorie | s, LL | .C | | | |
| Occupancy Status Du [x] Facility Close [] Abatement Pe | ed/Vacated | During E | Intire Pe | eriod c | of Abaten | nent | Street Address | 233 | 33 Route 22 | W | | | | | | |
| [] Abatement Pe Desc [] Other – Desc | cribe: | | | , aoin | y moure | | City, State, Zip | | ion, NJ 070 | 83 | | | | | | |
| Scope of Work (Check | k all that app | oly) | | | | | | | | Containmen | t with Neg | ative F | ress | ure | | 32 3 |
| [] Demolition [] ≥3 sf or ≥3 lf [x] ≥160 sf or ≥2 | 260 If | | | | [] | Renov | ation | | [] Glove | - Enclosure ebag Procec - Friable Pro | lure ocedure | | | | | |
| | | | | Locat | | | | | | | | | 38 2.50 | aten | nen | |
| Locatio | n of | | | nally l olely l | | | | scripti os – C | on of ontaining | | Amou | ınt | R | R | E | Ε |
| Asbestos - C | Containing | | Maint | enanc | e/Cus | | | erial (| | | (Spec | | E | E | N | |
| Material (TO BE AB | | | todia | l Staf | 1 (12) | | | | systems acing, VAT, | | SF 01 | LF) | 0 | A | A | C |
| In Fac | ility | | Yes | No | N/A | | | | ellaneous) | | | | V A L | R | P S U | 0 S U |
| throughout | | | | x | | Pipe i | nsulation | | **** | | 350 LF | | Х | | | |
| throughout | | | | х | | | tile mastic | 1.000 | | | 5100 SF | | X | | | _ |
| Boiler room | | | х | | | Tank | insulation | | 100 | | 175 SF | | X | | | |
| throughout | | | | х | | Ceilin | g tile | | | | 4500 SF | | X | | | |
| Name of Registered V Jupiter Environr | | | s Ha | DEP V uler ID 4782 | Vaste) No. | 100000 | ubic Yards f Waste 60 | | Name of Regist Alliance La | | | | | | | |
| City, State | | | | | | 11.55.00 | isposal Date | | City, State | | | | | | | |
| Pine Brook, NJ | | | | | | 9 | /21/16 | \perp | Taylor, PA | | Da | to | | | | _ |
| Completed By (Print of Pane Repic | or Type) | | Title Gen | eral | Manag | ger | Signature | | CE | | | 23/1 | 3 | | | |

Check # 0394

| Date of Notification (1) 8/25/16 | | | | | Building C | | | 2) | | | 4 | | | | | | |
|---|--------------------|---|--|---|---|--|--|--|---------------------------------|-------------|-----------|------------|-------------------|------|-------------|-----------|--|
| Agencies Notified Type Notification | | | | Street Address | | | | | | | | | | | | | |
| | | | 1 2 | 1 Sears Drive | | | | | | | | | | | | | |
| EPA Initial DEP Amended | | | | A. 1571 (1971) | e, Zip Coo | de | | | | | | 4 0 | ~ · · | 10 | 111 | 1 1 | |
| ₩ DOL | 1 | 0.50 | us, NJ (| | | | - | - | | | | | - | | | | |
| | | | | | | | + | Tolo | nhone | Nium | hor | | | - 1 | | | |
| DOH DCA | - 1 | Name of Contact Jan Coli Telephone Number | | | | | | | | | | | ij | | | | |
| LI DOA | | FACILITY INFORMATION | | | | | | | | | | | | | | | |
| Name of Facility Where | Abatement is Takin | g Place (3) | | FACIL | II Y INFO | RWAIR | | Type of | Facility (4 | -) | - | _ | - | | | | |
| Abandoned Wareh | | 9 1 1000 (0) | | | | | | - | | V. | | | | | | | |
| Street Address | | | | | | hool (K-12 | | r than | K-12 | 1 | | | | | | | |
| | | | | | Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, | | | | | | | | | | | | |
| 944 Belmont Ave | | | | | | etc.) | | | | | | | | | | | |
| City (5) | | | | | 1825 | Square Feet | | # of Floors | | | Bldg. Age | | | | | | |
| Haledon | | | | | | 5000 | | 2 | | | 50+ | | | | | | |
| County (6) | | | | County Code (7) | | | | Current Use (Prior if be | | | ng dem | olish | ed) | | | 8*10 | |
| Passaic | | | | (STATE USE ONLY) | | | | Warehouse | | | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | | | | | | | e of Abatement Contractor (9) | | | | | | | | | |
| n/a | | | | n/a Ha | | | | rmony Contracting Inc | | | | | | | | | |
| Street Address | | | | Stree | | | | et Address | | | | | | | | | |
| n/a | | | | | 360 P |) Palisade Ave | | | | | | | | | | | |
| City, State, Zip Code | | | | | City, Sta | State, Zip Code | | | | | | | | 7/1 | | | |
| n/a | | G | | | | arfield, NJ 07026 | | | | | | | | | | | |
| Project Manager for Monitoring Firm | | | | Telephone No. | | | | | | | | icense No. | | | | | |
| n/a | | | | n/a | | | 973.460.6026 01255 | | | | | | | | | | |
| | | | | ompletion Date (11) | | | Name of OSHA Monitor | | | | | | | | | | |
| 9/5/16 9/25/16 | | | | | | | | onv C | ontraction | na Inc | g - | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | | | | | | et Address | | | | | | | | | |
| | | 260 | | | | O Palisade Ave | | | | | | | | | | | |
| Facility Closed/Vacated During Entire Period of Abate Abatement Performed Outside of Normal Facility Ho | | | | ent | | - | City, State, Zip Code | | | | | | | | | | |
| Other – Describe: | | | | 10.20 May 20.00 | | | | rfield, NJ 07026 | | | | | | | | | |
| Scope of Work (Check / | All That Apply | | | Section 1 | | | Garne | Siu, ive | 0 0 7 0 2 0 | | | | | | _ | | |
| | All HacAppiy) | | | | | | | | | | | _ | | | | | |
| | | | | vation plition | | | H | Full Containment with Negative Pressure Mini-Enclosure | | | | | | | | | |
| ≥160 sf or ≥260 lf | | | HIOHU | | | | | Glovebag Procedure | | | | | | | | | |
| | | | | | | Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | | | |
| Is Loc Location of Norm | | | | on | | | | | | | | | Abatement Type | | | | |
| | | | | | | Des | scription o | of | | | | | Туре | | | | |
| Asbestos-Containing Material (ACM) TO BE ABATED | | | Used Solely by Maintenance/ Custodial Staff? | | | tos Conta | aining Ma | aterial (| Amount (Specify SF or LF) | | | _ | | П | - | | |
| | | | | | | | | s insulation, | | | | Remova | Repair | car | ncl | | |
| In Facility (13) | | | | | | | urfacing, VAT, or er miscellaneous) | | | Si Si Li') | | | 10/1 | pair | Encapsulate | Enclosure | |
| ,,, | , | V | No | N/A | | | | | | | | | 100 | | ate | - | |
| | 14 | Yes | INO | IN/A | | | | | | | | | - | _ | | - | |
| Ground Floor | | | | x | | | VAT | | | 100 SF | | | K | | | | |
| Exterior | | | | x | | Root | f Flashi | shing | | 2,000 SF | | = | K | | | | |
| | | ++ | | | | | | | | | | 72 | - | | | | |
| | | | | - | | | | | | | | _ | | | | | |
| | | | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | | | JDEP W | | Cubic | | Name of Registered Landfill | | | | | | | | | |
| Rovic Transport | | | | Hauler ID No. of W | | | I TDD | | | | | | | | | | |
| City, State | | | | Disp | | | sal Date | | | | | | | | | | |
| Riverdale, NJ | | | | TBD | | | | TBD | | | | | | | | | |
| Completed by Title | | | | Si | | | Signature | | | | Date | | | | | | |
| Tina Caporino Secreta | | | | | | T | in C | Capetino | | | | 8/25/16 | | | | | |
| | | - uma | | | | - GIEUNE | | | | | | | | | | | |