HOT

| THICATION OF ASBESTOS ABATEMENT | | |
|-----------------------------------|-----|--|
| Pursuant to NJAC 8:60 and 12:120) | DEC | |

| | | | | | | - | |
|---|---|--------------|--|--|------------------------|---------|-----------------|
| Date of Notification (1) 8 / 14 | | | ilding Owner/Operato | | | - | |
| -14 | • | | | And the second s | Attended to the second | = | |
| Agencies Notified Type Notifi | cation | Street Addr | | ASSESTOS | CURTRUL& | | |
| ☑ ⊕A ☑ Initial | | 30 | Dec 10 | 14 ST, LICEN | NOING | | |
| ☐ PA ☐ Initial ☐ Amenda | 9053 | City, State, | Ip C∞e | | | | |
| ∑ DOLAmendr | | SF | D TYLE C | TY NI) | 08243 | | |
| Emerge | incy (including | Name of Co | | | Telephone Numb | Der | |
| | 100 C C C C C C C C C C C C C C C C C C | | | <u> </u> | 10.00 | 1.58 | |
| ☐ Cancella | | - non | F 100011 | ./ . | | | |
| | | FACILITY | INFORMATION | • . | | | |
| Name of Facility Where Abatement is | Taking Place (3) | | | Type of Facility | (4) | | |
| RESIDER | ا د رجان | | N S CAN DE PERSON | School (K-12 |) | | |
| | | | | Subchapter 8 | Other than K-12 | ?) | |
| Street Address PIAII | | | | | rvate & commercia | al Duik | ings, |
| 2104 LAM | D18 162, | | | homes, etc.) Square Feet | # of Floors | T Bk | 3g A |
| Ciry (5) | | | | Square reet | # 01 1 10013 | | 3 |
| SE & LOUE | E CIT | | | | | 1- | |
| County (6) | | | k (7) (STATE | Current Use (Pri | or if being demotes | (nea | |
| County (6) CAPE MAY | | USE OYLY, | | VAC | CANT | | |
| | dia Ounci | SCM No | Name of Abater | men! Contractor (9) | | | |
| Name of Monitoring Firm Hired by Buil | oling Owner / | ~~ | 1.7 | The second secon | 1/ | | |
| (8) | | | _ | EMCO IN | <u> </u> | | |
| Street Address | | | Sueel Address | | - 1 | | |
| * | | | | S, S PRULE | 2000 | | |
| | | | City, State, Zip (| Code | | . 4 . | |
| City, State, Zip C∞e | | | Mo | PLE SHOT | ENDI | 000 | 7. |
| | T Talas | shone No | Telephone No. | | License No. | | |
| Project Manager for Monitoring Firm | l eles | ADIR IN | | 9-0472 | 004 | 74 | 96 15 - 2530 |
| | | | | | | | |
| Start Date (10) | Scheduled Complet | on Date (11) | Name of OSHA | Monto | | | |
| 12/.18/14 | 12/25-/ | 14 | 7 0 | SEPH KLI | = MM | | |
| 12/11/14 | | | Sueel Address | | S. 5. | | |
| Occupancy Status During Abatement | (Check only who) | 2001 | 369 | S, SPR | ve duce | | |
| Facility Closed/Vacated During Ent | re Pence of Abates | Ka II | On Chair 7in (| Code | | | |
| ☐ Abatement Performed Outside of N | ormal Facility Hours | | City, State, Zip (| APLE SI | ANE N. | J. (| 28 |
| Other - Describe: | | | 1017 | 411111 | 2001 | | === |
| Scope of Work (Check all that apply) | | | | مال خاش بدر | amia Orpesiire | | |
| Scope of Work (Check all del opp) | | St | | ntainment with Neg | MUYE FIESSOIC | | |
| ≥3 s1 or ≥3 H | Renovation | | Claveb | an Procedure | | | |
| ≥160 sl or ≥260 H | ○ Demodition | | Mon-E | empted (*) and No | -Friable Procedu | re | |
| U• | | | | | | A | Pater |
| | is Location Normally | ` | | | | 1 | TX |
| | Used Solety | by | Description of | of | | | |
| Location of | Maintenano | e/ Ast | esios Containing Ma | itenal (ACM) | Amount (Specify | 20 | _ |
| Asbestos-Containing Material (ACM) TO BE ABATED | | (1 | e . thermal systems surfacing . VAT | insulation. | SF & LF) | Removal | Ropair |
| IN Facility | Staff? | | other miscellane | ous) | - | 1 8 | 31 |
| (13) | (12) | | 00101111000 | | | = | |
| | Yes No | NIA | | | | | |
| * | | | - CO 1 12 | | 30000 | X | |
| SIDING | | X | TRANSITE | | 3000 | 1 | |
| 311110 | =- | - | | | | | |
| | | | | | - 1, | | |
| | | | | | | + | |
| | | | | | | | |
| 130 | | OEP Waste | Cubic Yards | Name of Regis | tered Landfill | | |
| Name of Registered Waste Hauler | Ha | uter D No. | of Waste | (. M | , c, M.U. A | | 50 AVET |
| KLEMCO INC. | 1 | 2904 | Par Carrotte | | | | - |
| | | | D's ∞sal Date | City, State | ا میرم | . T | |
| City State AREE SIT | DDE, NI |) | | 1000 | 7 BING I | 0 ;) . | = |
| | | | Signature | | Date | , , | 1,0 |
| Completed By | Tibe /// |) | Joen | in Kolim | n 12/ | 8/ | 17 |
| JOSEPH KLEMM | - Y/I | | | | | | |
| | | | J | | | | |

| | | | | 8 | :60 and 12:1 | 120) | NUAC | ME | C | | \mathbb{V} | |
|---|--|------------------|--------------------------------|---------------------|---|-------------------------------------|---|---------------------------------------|----------------|---|--------------|-----------|
| Date of Notification (12/8 | 3/14 | | 1 | lame of Some | Building Ow rville Boa | ner/Operato ard of Ed | or (2) lucation | | | *************************************** | | |
| Agencies Notified Ty | pe Notification | - | | Street Ad | | | | | DEC | 112 | 014 | |
| XEPA | X Initial | | | | | | | 1 4 | | | | _ |
| X DOL | Amended Amendment # Emergency (i | | - 8 | Somer | e, Zip Code ville, N.J. | 08876 | 70 N | | | CON' NSING | ROL | . & |
| X DCA | justification) Cancellation | 3 | Na | ame of C | ontact Sal | Gambino | | Telephone | Nimber | | | |
| | | | | FACIL | ITY INFOR | MATION | * | | | | | |
| name of Facility Where Abate Somerville Middle School | | Place (3) | | | | | Type of Facility School (K- | -12) | (40) | | | |
| Street Address 51 Cliff St. | | | 1 | O. | | | Other (i.e. p | er 8 (Other than k private & comme | rcial build | dings, h | omes | , |
| City (5) Somerville | | **** | | O. | | | Square Feet | # of Floors | | Bldg. A 100 + | ge | |
| County (6) Somerset | | | | County C | ode (7) SE ONLY) | | Current Use (P Residence | rior if being demo | olished) | | | |
| Name of Monitoring Firm Hire New Wave Group | ed by Building C | wner (8) | 1 | ASCM 00012 | No. | Nam Tric | e of Abatement Co con Enterprise | es Inc | | | | |
| Street Address 49 Lincoln Rd. | | T 10 | | | | Stree 322 | et Address 2 Beers St | a commence de la company | | | | |
| City, State, Zip Code Butler , N.J. 07405 | | Jean | | | | City, Key | State, Zip Code /port N.J. 077 | '35 | | | | |
| Project Manager for Monitorion Nadine Bello | ng Firm | - 6,000 | | Telephor 973 616 | | Tele 732 | phone No. 2-739-1200 | Licens 0109 | e No. 95 | | | |
| Start Date (10) 12/23/14 | ļ | Schedule 1/5/ | | pletion [| Date (11) | Nam n/a | e of OSHA Monito | r | | | | |
| Occupancy Status During Ab | atement (Check | Only On | e) | | | Stre | et Address | | | | | |
| x Facility Closed/Vacated Do Abatement Performed C Other – Describe: | outside of Norm | al Facility | | | = | City, | State, Zip Code | | | | | |
| Scope of Work (Check All Th | at Apply) | | | 225 | | | SALE VILLES | | | | | |
| ≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf | | | Renova emolitic | | | | x Mini-Enclose x Glovebag F | | | edure | | |
| | | le | Locatio | n | | | | | | | ement | t |
| Location of Asbestos-Containing Mat TO BE ABATE | | Nor | mally U solely b intenan | lsed y | | | on of Material (ACM) ms insulation, | Amount (Specify | ZD | | /pe | ū |
| TO BE ABATE | <u> </u> | Cust | odial S (12) | taff? | | surfacing, \ ther miscel | /AT, or | SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| In Facility | | | | NI/A | ٠ | thei miscei | alleousj | | a | = | late | ure |
| In Facility (13) | | Yes | No | N/A | | | | | | 1.000 | | |
| (13) | a | Yes | No | X | Pipe fit | tings | | 14 lf | Х | | | 1 |
| (13) Nain floor- shower area | 3 | Yes | No | | Pipe fit | | | 14 lf 2 lf | X | | | |
| (13) Main floor- shower area Old health office | 3 | Yes | No | х | | tings | | | | | | |
| (13) Main floor- shower area Old health office Back hallway | | Yes | No | x x | Pipe fit | tings ling | | 2 If | x x x | | | |
| (13) Main floor- shower area Old health office Back hallway Lower level – under sta | iirs | Yes | N. Ha | x x x | Pipe fit Drop cei Pipe elb | tings ling | Name o | 2 If 200 sf | x x x | rows no | orth | |
| | iirs | Yes | N. Ha | X X X JDEPWauler ID | Pipe fit Drop cei Pipe elb aste No. | tings ling ows Cubic Yards of Waste | | 2 lf 200 sf 14 lf | x x x ndfill G | rows no | orth | |

UK 2200

| | | AS | SBES | | ATEMÉN 60 and 1 | | uant to N | JAC | | E | | II ' | W [| | 7 |
|---|--------------------------------|-------------------------------|-------------------|-----------------------|-----------------------------|------------------|--------------------------|--------------------|--------------------------|-----------------------------|----------------|---------|-----------------|-------------|-----------|
| Date of Notification (| 2/8/14 | and the second | 1 | Name of I Some | Building (rville B | Owner/C loard | perator (2 of Educ | 2) cation | Ņē. | SI II ns | <u>1</u> | 1_0 | 01/ | | |
| Agencies Notified | Type Notification | | 1.55 | Street Ad 1 West C | 2400000000000000 | | | | 1.4 | | | | #. F.Y | 1 | |
| XEPA | X Initial Amended | | 9 | City, State | e, Zip Co | de oo | 070 | | | | STOS C | | | 8 | |
| X DOL | Amendment # Emergency (| | | | ville, N | | | | | | LICENS | | 3 | | |
| X DOH DCA | justification) Cancellation | | Na | ame of C | ontact : | Sal Gan | nbino | | | Telepho | ne Numb | oer | | | 1000 |
| name of Facility M/bars A | hatamant in Takina | Place (2) | | FACIL | ITY INFO | DRMAT | | Type o | f Facility (4 | 1 | | | | | |
| name of Facility Where A Somerville Middle S | | riace (5) | | | | | | | chool (K-12 | Ž | | | | | |
| Street Address 51 Cliff St. | | | | | | | | Oth | | 8 (Other that vate & com | | ouild | ings, h | omes | |
| City (5) Somerville | | | | 11 | | | | Square | | # of Floo | | 1 | 8ldg. A 00 + | ge | |
| County (6) Somerset | | | | County C STATE U | ode (7) s <i>E ONLY)</i> | | | Curren Reside | | r if being de | emolishe | d) | | | |
| Name of Monitoring Firm New Wave Group | Hired by Building | Owner (8) | | ASCM 00012 | No. | | | | ement Conf erprises | | | | | | |
| Street Address 49 Lincoln Rd. | 1 | | | Lance | | | Street A | Address Beers | St | 2 | | | N | | |
| City, State, Zip Code Butler , N.J. 07405 | 5 | | | | 9 | | City, Sta Keypo | ate, Zip ort N. | Code J. 0773 | 5 | | | 10 | | |
| Project Manager for Moni Nadine Bello | toring Firm | | | Telephon 973 616 4 | | | Telepho 732-7 | one No. 39-1 | 200 | Lio 01 | ense No 095 | | | E | |
| Start Date (10) 12/23 | Scheduled 1/5/ | | pletion D | ate (11) | | Name o n/a | f OSH/ | A Monitor | , | | | | | (20) | |
| Occupancy Status During | | | | | | | Street A | Address | i | | | | | | |
| x Facility Closed/Vacate Abatement Performe Other – Describe: _ | | | | t | | | City, Sta | ate, Zip | Code | | | | | | |
| Scope of Work (Check Al | I That Apply) | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf | | 77 | Renov emoliti | | | | | x Mini | -Enclosure ovebag Pro | | | | edure | | |
| 1 | | Is | Locati | on | - 10 | | | | | | | | | emen | ŧ |
| Location | | | nally L | | 82 75 1 | | scription | | | • | 67 | Т | 1) | pe | |
| Asbestos-Containing TO BE ABA | ATED | Mair | ntenar odial S | nce/ | | therma | taining Ma I systems | insulat | | Amou (Spec | No. | 20 | R | Enca | Enc |
| In Facili (13) | ity | Yes | (12) No | N/A | | | acing, VAT miscellane | | | SF or I | _F) | Removal | Repair | Encapsulate | Enclosure |
| Main floor | 10.000 | | | х | VAT8 | &Mast | ic | | | 200 sf | | х | | | |
| Lower level | | х | VAT8 | & Mast | tic | | | 400 sf | | х | | | | | |
| | | | 87.02 | | | | | | | х | | | | | |
| 1 | | 9 6 | | | | | | | | х | | | | | |
| Name of Registered Was Century waste | H | JDEP Wa auler ID I 2797 | | of Wa | Yards aste | | Name of I | Registered | Landfill | Gro | ows no | rth | | | |
| City, State Elizabeth , N.J. | | | | 1 | 2 | | sal Date 10/15 | | City, State | e Morrisville | e, P.A. | | | | |
| Completed by James Mahoney | 0.0 | Title Project | mana | ger | | 1 | Signature | nes | Ala | hove | Dat | | 12/8/1 | 1 | 24 |
| ASB-41 (R-06-08) | | | 5: | | | | 11 | | is form for | asbestoslic | censure | exer | npted | activit | ies. |

State of New Jersey

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

| | | | | | 3 W | 旦厂 | 7) |
|--|---|---|---|---|---------------------------|--------------------------------------|-----------------|
| Date of Notification (1) December 8, 20 | 014 | Name of Building | Owner/Operator (2) DnA Demolition | n | 1.58 | 0 4 | |
| [] DEP [] Am | al Notification ended Notification | Street Address City, State, Zip Co | 2156 Camplain | Road | LL ZUM | | 1 |
| | endment #ergency (including | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Hillsborough, N | | NSING | | |
| [] DCA | ification) cellation | Name of Contact Anton | nio Dimuzio | Telephone Number | | | |
| | FAG | CILITY INFORM | MATION | | | - | |
| Name of Facility Where Abatement is Takin Residence | g Place (3) | | Type of Fa | acility (4) School (k-12) | | | |
| Street Address 10 Ritchie Court | | | | Subchapter 8 (or [X]) Other (i.e., priva homes, etc.) | | * | lings, |
| City | County (6) | County Code (7) (STATE USE ONL | Square fee Y) 150 | t # of Floors | Bldg. Age | 60 | |
| Brick | Ocean | | Current U | se (Prior if being demolished Residence | | | |
| Name of Monitoring Firm Hired by Building N/A | Owner (8) | ASCM No. | Name of Abatement (| Contractor (9) | | | |
| Street Address | | | Street Address | Guardian Contracting | , Inc. | | |
| City, State, Zip Code | | | City, State, Zip Code | 1889 Route 9, Unit 61 | | | |
| Project Manager for Monitoring Firm | Telephone Number | 1 | | Toms River, New Jers | | 1271 | |
| | | | Telephone Number 732-349-9932 | License N 00624 | Number | ee access right to | |
| Scheduled Start Date (10) 12/8/14 | Scheduled Complet 12/9/14 | ion Date (11) | Name of OSHA Mon | tor E.M.S.L. Analytical | | | |
| | only one) ad During Entire Period of Aba Outside of Normal Facility Ho | | Street Address City, State, Zip Code | 1056 Stelton Road Piscataway, New Jerse | ev 08854 | | |
| Scope of Work (Check all that apply) $ \begin{bmatrix} $ | [] Renova | | [] Mini-Er | ntainment with Negative Pres | ssure | | |
| 40 | | | | | Abatement | Type | = |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) | Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A | Asi N (i.e inst | Description of pestos-Containing Material (ACM) and thermal systems ulation, surfacing, VAT, or er miscellaneous) | Amount (Specify SF or LF) | R R E E M P A O I V R A L | E N C A P S U L | E N C L O S U R |
| Exterior | X | Asbestos sidin | g | 1350 sf | X | Е | Е |
| | | | | | | | |
| | | - | | | | | |
| Name of Registered Waste Hauler | NJDEP Waste Hauler | | | of Registered Landfill | | | |
| Guardian Contracting, Inc. City, State Toms River, New Jersey | | sal Date | City, State | .R.F. | | | |
| Completed by (Print or Type) Nicholas Fernicola | Title Project Manager | Signature | Tullytown, Fenns | sylvania | Date 12/8/201 | л | |
| | | n for asbestos licen | sure exempted activity | ies. | 12/0/201 | | |

CK# 24682

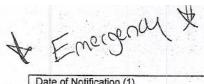
| | | | | | | | | | | | | | 111 |
|----------------------------------|------------------------------|----------|---------------------|------------------|--------------|-----------------------------------|--------------------------------------|----------------------|------------|------------|--------|-------------|-----------|
| Date of Notification (1) | 2/8/14 | | | Name | of Buildin | g Owner/Operato | auer Constru | L. n. DEC | 11 | 201 | 4 | L | 3/1 |
| - International | | | | | | Well | auer Constru | ction inc. | | | | _ | 4 |
| Agencies Notified | Type Notification | | | Stree | t Address | 6 | 3 Vandervee | - Doblet | 20.00 | t ITD | OL S | , | |
| EPA DEP | Initial Amended | | | | 7 | | 3 vanuer vee | I MADEST | JEMS! | WIE T | OL O | X | |
| ⊠ DOL | Amendment # | | _ | City, S | State, Zip C | | reehold, NJ (| 17728 | de un e | | | | البحايي |
| ⊠ DOH | Emergency (ir justification) | nciuain | 9 | Name | of Contac | | cenoia, 145 | Telephone | - Numb | er | | _ | _ |
| □ DCA | ☐ Cancellation | | | 1 (0.110 | | Marc Wellau | er | reiepriori | o i vairio | U I | | | |
| | | | | FAG | CILITY INF | ORMATION | | | | - | _ | | _ |
| Name of Facility Where | Abatement is Takin | g Place | e (3) | 1.00 | | | Type of Facility | / (4) | | | | | - |
| | Resi | denti | al | | | | School (K-1 | | | | | | |
| Street Address | 1171 O | cean | Ave. | | | | Subchapter Other (i.e., homes, etc | | | | dings | | |
| City (5) | | 10 100 | STATE OF | | - | | Square Feet | # of Floo | ors | BI | dg. A | ge | |
| | Sea B | right. | NJ | | | | 900 | 1 | | _ | 80 | +/- | |
| | onmouth | 2 | | USE | nty Code (| 7) (STATE | Current Use (P | Reside | | hed) | | | |
| Name of Monitoring Firm (8) DR F | | Owner | | ASCM | No. | | nent Contractor (| ciena un un servicio | | | | | |
| DDL | invironmental | | L | | | | vens Environ | mental Se | ervice | s, Ir | C. | | _ |
| Street Address | 4 Berkeley Pl | 000 | | | | Street Address | PO 1 | 30x 322 | | | | | |
| City, State, Zip Code | 4 Derkeley Fi | ace | | | | City, State, Zip (| | 30X 3ZZ | | | | | |
| I | Freehold, NJ 0 | 7728 | | | | | Allentow | n, NJ 085 | 501 | | | | |
| Project Manager for Mo | 57 T | | 100000 | phone | | Telephone No. | 50.0600 | License | | 0.400 | | | |
| Start Date (10) | Bunocore | dulad C | - | tion Da | 0-8408 | Name of OSHA | 59-9688 | | 00 | 0493 | • | | _ |
| 12/9/14 | Solle | | 2/11/ | | ile (11) | Name of OSHA | | ECS | | | | | |
| Occupancy Status Duri | ng Abatement (Che | | | 17 | | Street Address | | | | | | - | _ |
| | | | | ment | | * | PO I | 3ox 341 | | | | | |
| Abatement Performe | ed Outside of Norma | l Facili | ty Hou | rs | | City, State, Zip C | Code | | | | | | _ |
| Other - Describe: | | | | | | | Crosswic | ks, NJ 08 | 515 | | | | |
| Scope of Work (Check | all that apply) | | | 10.00 | | ₩ Eul Co | ntainment with Ne | antivo Proce | 1150 | | | | |
| ≥3 sf or ≥3 lf | | | enovat | | | ☐ Mini-En | closure | galive Fless | uie | | | | |
| ≥160 sf or ≥260 lf | | X De | emolitic | n | | | ag Procedure empted (*) and N | on-Friable Pi | rocedur | ۵ | | | |
| | | 1000 | Location | 200 | | | p.: () = | | 00000 | | bater | nent | - |
| Location | of | | lormally d Solel | | | Description o | • | | | | Тур | | |
| Asbestos-Containing | | Mai | ntenan | ce/ | Asbest | os Containing Ma | | Amoun | t | | | m | |
| TO BE ABA IN Facilit | | | ustodia Staff? | al | (i.e., | thermal systems surfacing, VAT | | (Specif SF or LF | | Re | 찟 | nca | Enc |
| (13) | y | | (12) | | | other miscellane | ous) | SF 01 LF |) | Remova | Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | | a | | late | le I |
| Living R | oom | | × | | | VAT | | 150 S | F | × | - | - | |
| Kitche | | | | | | VAT | | 90 SI | | × | | - | |
| | | | | | | | - 124171-414 | | | ^ | | \neg | |
| | | | | | | | | | | | - | - | - |
| Name of Registered Wa | aste Hauler | | IN | JDEP \ | Vaste | Cubic Yards | Name of Reg | stered Land | fill | | | | |
| Stevens Environ | mental Service | s, Inc | <u>.</u> - | lauler IC 182 | No. 292 | of Waste 2 CU | | GROWS | Land | lfill | 20 | | |
| City, State | | | | | | Disposal Date | City, State | 1 | | | | | |
| 0 | Allentown, N | | | | | _12/11/14, | 11/ | /Morrisv | | PA_ | | | |
| Completed By Mahlon E. Ste | Title | | rojac | Man | 200 | Signature | | D | ate | 12/8 | /1 / | | 12.5 |
| IVIAIIIOII E. SU | | T I | Ojeci | ivial | agei | | \leq | | | 14/0 | /14 | | |

12/08/2014 11:30AH FAX

| 2014 11:30AH 1 | AX | | | | | 同馬 | 5 B U W | C. | 00 | 004 | 100 16 |
|---|--|--|--------------------|------------------|--|----------------------------|--|-------------------|----------|-------------|-----------|
| 35 | | NO | TIFIC. (Pu | ATION OF | FNew Jersey ASBESTOS ABATI IJAC 8:60 and 5:1 | EMENT 0 | ECTI DO |)L - | 19 | - | |
| Date of Notification (1) | 2/8/14 | | T | Name of Bu | liding Owner/Operat | or (2) ASD | LICENSING | N 8 | , | 1/1 | |
| genclas Notified | Type Notification | חח | - | Street Addn | We | llauer Const | uction inc | 3/ | | 7 | |
| | Binkal Amended | *** | | an eer waan | | 63 Vanderve | DA LA | 11/2 | A/A | _ | |
| DEP | Amended | | - | City, Siele, 2 | is Cade | 25 A THIMBLAS | ST NAME OF THE PARTY OF THE PAR | FR | 100 | J. 1 | 11 |
| ************************************** | Emergency Justification | (Including | | | | rechold. NJ | 07728 | | -,, | | |
| DOH DCA | Cancellation |) | | Name of Car N | | | Telophone Ni | umber | | | |
| | | | | FACILITY | INFORMATION | | | | | | ~ |
| ome of Facility Where | Abatement is Tal | drig Place | (3) | | | Type of Faci | My (4) | | - / | | _ |
| reel Address | Ke | sidentia | | | | School (K | =12) | | 7 | | |
| (y (5) | 1171 | Ocean A | ive. | | | homes, s | er 5 (Other than K , private & commo to.) | -12) Ircial bu | diding | 18, | |
| ., (0) | See I | Bright, 1 | NI | | | Square Fast | # of Floors | | 169. | - | |
| ounty (6) | | | 1 | County | AIN ISTATE | 900 | | | _ 8 | 0+/- | |
| Mo | nmouth | | | USE ONLY | E (1) (STATE | Current Use (| Prior If being dem | |) | | |
| orde of Monitoring Firm | Hired by Building | OWNER | A | SCM No. | Name of Abate | ment Contractor | (9) | INT. | | | _ |
| DB E | uvironmental | | _ _ | | | | mental Serv | ices. I | nc. | | |
| reel Address | 4 Berkeley P | lace | | | Street Address | | | | - | | THE WAY |
| y, State, Zip Code | rechold, NJ | | | | City, State, Zip | Cade | Box 322 | | == | = | - |
| open Manager for Mo | altoring Firm | 77720 | Talage | orte No. | Telephone No. | Allenio | n, NJ 08501 | | | | |
| | unocore | | | 740-840 | | 59-9688 | License No. | A0.40 | \n_ | | 0.000 |
| art Delie (10) | Sah. | tuled Co | | n Date (11) | Name of OSHA | Monitor | | 0049 | دي | _ | _ |
| 12/9/14 | | 12/ | 11/1 | 4 . | | | MECS | | | | |
| cupancy Sielus Durin | g Abatement (Ch | ack only o | ne) | | Street Address | | | | _ | | = |
| Pacility Closed/Vecati Absternant Performed Other - Describa: | ad During Enthra P 1 Outside of Norm | eriod of Al al Facility I | hatem(Hours | en? | City, State, Zip C | Jode | Box 341 | | | _ | _ |
| ope of Work (Check a | II that apply) | | | | | Crosswic | ks, NJ 08515 | | - | | |
| ≥3 sf or ≥3 ff ≥160 sf or ≥280 ff | | Rend Demi | owation ovation | | MINHEN | didelling es Procedure | egative Pressure | 4 | | | |
| Location | 4 | Is Log Nom Used 8 | | | | | The Proces | | Abato | | ! |
| Specios - Containing N | laterial (ACM) | Mainte | nance/ | Asbe | Description of estos Containing Ma: | leriel (ACM) | Ampuni | - | Т | | T |
| IN Facility | | Cust Sta | nt? | ().6 | e, thermal systems in surfacing, VAT | nsulation, | (Spacify SF or LF) | 1 87 | 20 | E G | 9 |
| (13) | | (1 | | | Other miscellane | | SP OF LP) | Removal | Repair | Encapsulate | ALTEROCHE |
| Living Ro | 10 PM | | No N | l/A | U.S | | 101.00 | | | 18 | _ rs |
| Kitcher | The state of the s | 1 + | - | | VAT | | 150 SF | × | | | |
| | | | - | | YAI | | 90 SF | × | | | |
| | | | | - Indiana | | THE RESIDENCE | | - | \vdash | | |
| ne of Registered VVas | | - | NUD | P Wasie | Cubic Yards | Name of Reg | alered Landin | | لــا | | _ |
| Evens Environm | ental Service | s. Inc. | reuk | 8292 | of Wasta | | GROWS La | ndfill | | 10001111111 | |
| | Allentown, | 41 | | | 12/11/14 / | Olly, State | Morrisville | DA | | | |
| ngleted By | THE | A STATE OF THE PARTY OF THE PAR | - Continu | | Signatura | J. Complete and the second | | EA | | | _ |
| Mahlon E. Ster | | | | lanager | COLUMN TO SERVICE STATE OF THE PERSON STATE OF | - 1 | Dale | | | | |

OK4541

| Date of Notification (1) 12/9/14 | | | | | Name o Konra | of Building | Owner/onan Pri | Operator vate H | r (2) ome | | DÉ(| 1 | f or | 11/ | | | <u> </u> |
|--|-----------------------|--|----------------------|--|-----------------------------|---|------------------------------|--------------------|-------------------------------|--|-------------|---------------------------|------------------|------------|---------------------|--------------|--|
| Agencies Notified | Тур | Notification | | | Street A 582 S | Address eneca C | Ct | | | The state of the s | J-1-1 | J | 1 /1, | H <u>A</u> | | יני | |
| DEP X DOL | | Amended Amendment : Emergency (i | | [| | ate, Zip Co olia NJ (| | | | | SBEST Li | US U CENS | UNT SING | ROL | . & | | |
| DOH DCA | | justification) Cancellation | | | Konra | | | | | | Tele | ephone | Numb | per | | | |
| Name of Facility Where Konrad Wildman P | Abate | ment is Taking Home | Place (3 | 3) | FACI | ILITY INF | ORMAT | ION | | of Facility | | | | | | | |
| Street Address 582 Seneca Ct | | | | | • | | | | × | Subchapter Other (i.e. petc.) | 8 (Othe | er than & comm | K-12) nercial | build | dings | , hom | es, |
| City (5) Magnolia NJ 08049 | 9 | | ** | | | | | | | re Feet | # of | Floors | | 100 | ldg. <i>A</i> 5+ | Age | |
| County (6) Camden | | | | | County (STATE) | Code (7) USE ONLY |) | | 1 | ent Use (Pri | | - | olishe | d) | | | |
| Name of Monitoring Firm | n Hired | by Building C | Owner (8) | | ASCN | И No. | | | of Aba aco I | tement Co | ntractor | (9) | 0 | | | | |
| Street Address | | | | | | | | | Addres | | | | | | | | |
| City, State, Zip Code | | | | | | | | | | ip Code in NJ 080 | 91 | | | | | | |
| Project Manager for Mo | nitoring | Firm | | | Telepho | ne No. | e e | 1.555 | none N 753-9 | | | Licens 0072 | se No. 7 | 10 1 | | 9 | |
| Start Date (10) 12/19/14 | | | 12/26/ | 14 | npletion | Date (11) | | Name Sam | | HA Monitor | | | | | | , | |
| Occupancy Status Durin Facility Closed/Vac Abatement Perforn Other – Describe: | cated D | uring Entire P | eriod of A | Abaten | nent | | - | | Addres | ip Code | | | | | | -A. | |
| Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | All That | Apply) | promote and a second | Renova Demolit | | | | × | Mir Glo | l Containm ni-Enclosure ovebag Pro- n-Exempte | e cedure | | | | | e | |
| Locatio | n of | | 1 | Locati | | | Do | | | | | | | | Abate | ement rpe | |
| Asbestos-Containing TO BE AB In Faci (13) | Mater ATED lity | ial (ACM) | Ma | d Sole intena todial S (12) No | nce/ | | tos Cont thermal surfa | | Material s insula T, or | | (S | mount pecify or LF) | | Removal | Repair | Encapsulate | Enclosure |
| Basem | ent | | | | х | | FI | oor Til | е | | 91 | 7 SF | 2 | ĸ | | | |
| | | | | | | | 1 | | | | | | _ | | | | |
| | | | | | | | | | - | | | | + | | | | |
| Name of Registered Was United Containers | ste Ha | ıler | | Н | JDEP W lauler ID 2459 | 100000000000000000000000000000000000000 | Cubic of Was 3 | | | Name of G.R.O. | | red Lar | ndfill | | e Evelv | | |
| City, State Elm NJ | tt. | | | | | | | sal Date | | City, Stat Morrisv | | 1906 | 57 | 1 | | | |
| Completed by Anthony T Perna | | , | Title Presi | dent | 20 gr | | S | ignature | | | | | Date 12/9 | | | | |



| Agencies Notified Type Notification St EPA DEP Amended Amendment # Emergency (including justification) Cancellation Name of Facility Where Abatement is Taking Place (3) Michael & Pat Hubbard Private Home Street Address 275 Heron Rd. City (5) Tuckerton NJ 08008 County (6) Ocean City (5) Cocean Coccan | treet Add 275 Her ity, State uckert lame of C Berni FACILI | on Rd. p. Zip Code on NJ 08008 Contact TY INFORMAT pode (7) pode (7) | TON Typ | se of Facility (School (K-1 Subchapter Other (i.e. petc.) uare Feet | 4) 2) 8 (Other that | ne Num | ber | OL (| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | |
|--|--|--|--|--|-------------------------------------|----------|-----------|--------|---------------------------------------|-----------|
| EPA DEP DOL Amended Am | County Co | e, Zip Code on NJ 08008 Contact TY INFORMAT ode (7) SE ONLY) | TON Typ | School (K-1 Subchapter Other (i.e. p etc.) | 4) 2) 8 (Other that | ne Num | ber | OL (| k k | |
| DOH DCA Emergency (including justification) Name of Facility Where Abatement is Taking Place (3) Michael & Pat Hubbard Private Home Street Address 275 Heron Rd. City (5) Tuckerton NJ 08008 County (6) Ocean Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address | Jame of Conni FACILI County Co | Contact TY INFORMAT ode (7) se only) | TON Typ | School (K-1 Subchapter Other (i.e. p etc.) | 4) 2) 8 (Other that | ne Num | ber | | | |
| Michael & Pat Hubbard Private Home Street Address 275 Heron Rd. City (5) Tuckerton NJ 08008 County (6) Ocean Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address | ounty Co | ode (7) E ONLY) | Typ | School (K-1 Subchapter Other (i.e. p etc.) | 2) 8 (Other tha private & con | | | | | - 12 |
| Michael & Pat Hubbard Private Home Street Address 275 Heron Rd. City (5) Tuckerton NJ 08008 County (6) Ocean Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address | STATE US | SE ONLY) | Sqt 100 | School (K-1 Subchapter Other (i.e. p etc.) | 2) 8 (Other tha private & con | | | | | 321 |
| 275 Heron Rd. City (5) Tuckerton NJ 08008 County (6) Ocean Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address | STATE US | SE ONLY) | Sqi 100 | Subchapter Other (i.e. petc.) uare Feet | 8 (Other that private & con | | | | | |
| Tuckerton NJ 08008 County (6) Co (S Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address | STATE US | SE ONLY) | 100 | uare Feet | 1 # 65 | | | lings, | homo | es, |
| County (6) Ocean Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address | STATE US | SE ONLY) | | 00+ | # of Floo | ors | 100 | idg. A | ge | |
| N/A Street Address | ASCM | No | | rent Use (Pri | | emolishe | - | 71 | | |
| | | | | patement Cor | ntractor (9) | | | • | | |
| City, State, Zip Code | | | Street Add | ress | | | | | | |
| | | • | City, State, | 345, 32 c. 1 |)91 | | D C | | | |
| Project Manager for Monitoring Firm Te | elephone | No. | Telephone 856-753 | No. | Lice | ense No | | | | |
| Start Date (10) Scheduled Comp. 12/9/14 12/12/14 | oletion D | ate (11) | | SHA Monitor | 100. | | | | | |
| Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours | ent | | Street Addr | | | | | | | |
| Other – Describe: Scope of Work (Check All That Apply) | 712 | | | | | | 1 | | ٠ | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition | | | | ull Containm /ini-Enclosur Glovebag Pro Ion-Exempte | e cedure | | | | e | |
| Is Location | 0000 | 20 P | | | | | | Abate | ement | į |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Normally Used Solely Maintenance Custodial Sta (12) | by be/ | Asbestos Con (i.e. therma surfa | escription of ntaining Mater Il systems insi acing, VAT, or miscellaneou | ulation, | Amour (Specif SF or L | fy | Removal | Repair | Encapsulate | Enclosure |
| Yes No | N/A | | | | | | | | ਰ | |
| Exterior Siding | X | Exte | erior Siding | | 1000 5 | SF | x | | 27 | |
| | | | | | | | | | | |
| | 1 - T - T - T - T - T - T - T - T - T - | | | | | | | | | |
| | DEP Wa | ste Cubic | Yards | Name of | Registered L | andfill | - 23 F | | | |
| United Containers Hau 224 | uler ID N 459 | lo. of Wa | aste | G.R.O. | | | | | | |
| City, State Elm NJ | | Dispo 12/12 | sal Date 2/14 | City, Stat Morrisv | e ille PA 190 | 067 | | | #11.12- | |
| Completed by Title Anthony T Perna President | | | | The state of the s | | | | | vil. | |

Check # 1444

| Date of Notification (1) | | | | Name of | Building (| Owner/Operate | or (2) | - 1 | | DEC | 11 | 20 | 1 / | |
|---|--|--------------|-------------------------------------|----------------------|-------------------|--|--------------------------------|------------------------------------|-----------|-------------------------------|----------------|-------------|-------------|-----------|
| 12/5/2014 | | | | 1000 | Univer | sity | | | - | | | | | |
| | ype Notification | 200 | | Street Ad 201 Mu | | II Road | | New 1980 | | ASSES L | TOS C | ONT | ROL | & |
| DEP DOL | Amended Amendmen | | | City, Stat | | de I 08028 | 100 | | | | | | | |
| ⊠ DOH DCA | Emergency justification) Cancellation | | | Name of | | | | | Tel | ephone N | ımber | | 1 8 | |
| □ DCA | _ Caricellation | 1 | | | | RMATION | | | - | | - 8 | | | |
| Name of Facility Where Ab Rowan University (B | | ng Place (3 | 3) | | | | Туре | of Facility School (K- | | 2 | 37 | | | |
| Street Address 201 Mullica Hill Road | i | | | | | | × | Subchapte Other (i.e. etc.) | | | | dings, | home | es, |
| City (5) Glassboro | | | | 3 | | | Squa 12, | are Feet | # o | f Floors | - J. S783 | ldg. A | | |
| County (6) Gloucester | | | | County C | | · | 45.777.772 | ent Use (Priversity | ior if be | ing demoli: | shed) | | | |
| Name of Monitoring Firm H | lired by Building | Owner (8) | | ASCM | No. | Nam | | atement Co | ntractor | (9) | | | | |
| TTI Environmental, I | | | S. | | | Ea | | st Haz Ma | | 70.00 | c. | | | |
| 1253 N. Church Stre | et | | | | | 494 | 4 E. 41 | st Street | | | | | | |
| City, State, Zip Code Moorestown, NJ 080 | 57 | | | | | | | Zip Code NJ 0750 | 14 | | | | | |
| Project Manager for Monitor James Guilardi | oring Firm | | | Telephon 856-84 | ie No. 10-8800 | | phone N 3-345-0 | | | License 00507 | No. | | | |
| Start Date (10) | | Schedul | ed Cor | mpletion D | Date (11) | Nan | ne of OS | HA Monitor | | | | | | = |
| December 15, 2014 | rt Date (10) Sche | | | | | Sa | me as | above | | | | | | |
| Facility Closed/Vacate Abatement Performed Other – Describe: Ur Scope of Work (Check All 23 sf or ≥3 lf ≥160 sf or ≥260 lf | Outside of Non loccupied work are | mal Facility | | ation | | City | ☐ Fu | Zip Code Ill Containmini-Enclosur | re | | Pressu | re | | |
| | | | | | | | | ovebag Pro | | | able Pro | cedur | е | |
| | | 100 | Locat Norma | | | | 155 | Services | | 82 | | Abate Ty | emen pe | t |
| Location o Asbestos-Containing M TO BE ABAT In Facility (13) | aterial (ACM) ED | Use Ma | ed Sole intena todial (12) | nce/ Staff? | | Descripti tos Containing thermal syste surfacing, \ other miscel | Materia ms insul VAT, or | lation, | (: | Amount Specify F or LF) | Removal | Repair | Encapsulate | Enclosure |
| 4 151 5 6 | | Yes | No | N/A | | T | | | | -00.05 | V | | - | |
| 1st Floor Former O | 74000 | | X | - | | Transite F | | | 0-056 | 500 SF | X | | 19 | |
| 1st FI. restroom & | | - | X | - | | Pipe Insu | | | | 70 LF | X | | | |
| Basemer | | | X | | | Vibration | | king | | 00 SF 30 LF | K | | | |
| Rear Back C | | | X | JDEP W | | ndow glazir Cubic Yards | - | | | ered Landf | ill K | L | | |
| | Name of Registered Waste Hauler East Coast Haz Mat Removal, Inc. | | | lauler ID I J 419 | | of Waste | | - | c | North In | | | | |
| City, State Paterson, NJ 07504 | | | | | × _ | Disposal Da 1/6/2015 | ite / | City, Sta Morris | | 'A | | | Te. | |
| Completed by James E. Unger | ompleted by Title | | | | | Signati | ure | /// | 1/2 | | Date 12/5/2 | 014 | | |
| ASB-41 (R-06-08) | rson, NJ 07504 pleted by Tit es E. Unger Pr | | | 6 | | // | | this form fo | or asbes | tos licensu | ure exen | npted | activi | ities. |

| | | | (Pur | suant 1 | to NJAC 8 | 8:60 and | 12:120 |) | | 力#0 | 91 | 00 | ト | 4 | $\parallel \parallel$ |
|---|-----------------------------|--|--------------------|----------------|-----------------------|-----------------------|------------------------------|--------------|---|-------------------------------------|----------|----------------|--------------|-------------|-----------------------|
| Date of Notification (1) 12-8-2014 | 4 | | | | Building (/ Manag | | | (2) | | - | + 2 | 1/13 / 101= | | | 7 |
| Agencies Notified | Type Notification | | 3.5% | treet A | | - 1 | | | A | SBESTOS | CON | TRO | 31.8 | | T |
| T EPA | × Initial | | | 160 S | outh Liv | ingstor | n Ave. | | | LICE | VSINO | 3 | <i>)</i> L G | | - |
| DEP I | Amended | | | | te, Zip Co | | | | | | | | | **** | _ |
| DOL | Amendment Emergency | | _ [| _ivings | ston, NJ | 07039 | 9 | | | | | | | | |
| DOH DCA | justification) Cancellation | | - 1 | ame of John | Contact | | | | | Telephone | Numbe | er | | | |
| | | | | FACIL | LITY INFO | DRMATI | ON | | | L | | | | | - |
| Name of Facility Where Al | | g Place (3) | | | | | | Туре | of Facility (4) | | | | | | |
| Brandywyne East A | pt. # 40B | | | | | | | | School (K-12 | | | | | | |
| Street Address | | | | | | | | | Subchapter 8 | | | 11 - 2 | | | |
| Brandywyne East C | ourt | | | | | | | | Other (i.e. pri etc.) | vate & comm | erciai i | oulia | iings, | nome | 95, |
| City (5) | | | | | | | | | re Feet | # of Floors | | Bi | dg. A | ge | |
| Brielle, NJ | | | | | | | | | | | | 5 | 0+ | 700 | |
| County (6) | | | С | ounty C | Code (7) | | - 1 | Curre | ent Use (Prior | if being dem | olished | 1) | | | |
| Monmouth | | | (5 | STATE L | JSE ONLY) | | _ | | rtment Uni | | | 26000 | | | |
| Name of Monitoring Firm I | Hired by Building | Owner (8) | | ASCM | l No. | | Name | | tement Contr | | | | | | |
| n/a | | 0.0 | | n/a | | | the Contract of the Contract | | /lanageme | | tion | | | | |
| Street Address | | | | The Company | | | Street | Towns Course | | | | | | | |
| n/a | | | | | | - 5 | 22 T | rov L | ane | | | | | | |
| City, State, Zip Code | | | | | | | - Table 100 | | ip Code | | | | | | |
| n/a | | | | | | | 137/6 | | ark, NJ 070 | 135 | | | | | |
| Project Manager for Monit | oring Firm | | TT | elephor | ne No | | Teleph | | | Licens | o No | - | - | | _ |
| n/a | oring r iiiii | | 100000 | a/a | 16 140. | | 973- | | | 0119 | | | | | |
| Start Date (10) | | Cabadulad | | 33/00/201 | Data (11) | | | 7,000,000 | HA Monitor | 0113 | 3 | | | | |
| 12-18-2014 | | Scheduled 12-19-2 | | netion L | Jate (11) | | 11 20001 (2010) | | | at Carnara | tion | | | | |
| | 11.1 | 7 - XX - X - X - X - X - X - X - X - X - | | | | | | | Manageme | it Corpora | lion | | | | |
| Occupancy Status During | Abatement (Chec | k Only One |) | | | | Street | | _ | | | | | | |
| Facility Closed/Vacat Abatement Performe Other – Describe: 9: | | | | ent | | | 22 Ti | | | | | | | | |
| Abatement Performe Other – Describe: 9: | | nai Facility F | iours | | | | | | ip Code | 005 | | | | | |
| | | | | | | | Linco | oin P | ark, NJ 07 | J35 | | | | | |
| Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | тпат Арріу) | | novatio molitio | | | | × | Mir | Il Containmer ni-Enclosure ovebag Proce | and the annual seasons and a second | ve Pre | ssur | e | | |
| | | | | | | | × | | n-Exempted | | riable | Proc | edur | е | |
| | | ls L | ocatio | n | | | | | | | | | | ement | |
| Location | | | rmally | | | Des | scription | of | | | _ | | Ty | ре | |
| Asbestos-Containing N | | Used | Solely | | | tos Cont | aining M | ateria | | Amount | | _ | | Щ | m |
| TO BE ABA | | Custo | dial St | 107335 | (i.e. | | systems cing, VA | | ation, | (Specify SF or LF) | 1 | Remova | Repair | Encapsulate | ncl |
| (13) | , | | (12) | | | | niscellan | | | 01 01 21) | | Vor | pair | lusc | Enclosure |
| Yes | | | | N/A | | | | - 58 | | | | = | 10.25 | ate | 6 |
| | | | | | | | VAT | | | 300 SF | - | | | | |
| Throughout Apartment x | | | | | | | VAI | | | 300 31 | - | х | | | |
| | | 1 | - | | | | | | | - | | | | | _ |
| | | +++ | | | | 10011-000- | **** | - | | | | - | | | _ |
| Name of Registered Wast | e Hauler | | NJ | DEP W | aste | Cubic | Yards | | Name of R | egistered Lar | dfill | | | | |
| Loznica Managment | | | Ha | uler ID 137 | | of Was | | - 2 | | V.S. Landfi | | | | | |
| City, State | | | 100 | .01 | | | sal Date | | City, State | | | | - | | |
| Lincoln Park, NJ 070 | 35 | | | | | TBD | | | | le, PA 190 | 67 | | | | |
| Completed by | | Title | | | | | ignature | Sec. | | ., | Date | | | | |
| E O | | 1100 | | | | 0 | 2000 | 1 | | | Date | | | | |

Secretary

E. Cirovic

12-8-20104

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

| Date of Notification | (1) | | INI | me of Dull-li | | | | CI | neck | # 939 | 8 | |
|--|---|--------------|-----------|----------------|---------------------------|------------------|--------------|-----------------|----------------|-------------|------------|------------|
| | December 8, 2014 | 200 | Ba | ink of Americ | Owner / Operato | or (2) | 1. | | | | | |
| Agencies Notified | Type Notification | | | reet Address | u | | | ter fin | 1 | 1 | **; | |
| DEPA | | | | | | | | 1 | | | | |
| DEP | | | 17 | 6 South Stree | ŧ | | 7 | Lan. | | er and | ner menuna | |
| DOL | N Initial | | | | | | | ASBE | LICEN | C. J | 190 | 20 |
| <u></u> | Initial | | | y, State & Zip | | | | | LICE | 1211/1 | 3 | The Assess |
| ⊠ рон | Amended Amendmen | +# | Ne | wark, NJ 071 | 14 | | | | | | | |
| DCA | Cancellation |) | Na | me of Contact | | | | | | | | |
| | | *22 | | | | | | | Telepi | none l | lumb | er |
| | | | | n Kalafsky | | | | · | | | | |
| Name of Facility Wh | ere Abatement is Takir | - E | | FACILITY II | NFORMATION | ٧ | | | | | | - |
| bank of America | ere Abatement is Takir | ig Place (3) | 1 | | Type of Fa | cility (4) | | | | | | |
| Street Address | | | | | | ol (K-12) | | | | | | |
| 176 South Street | | | | | | napter 8 (Othe | | | | | | |
| | | | | | | r (i.e., private | e & comm | ercial building | ngs, h | ome, | etc.) | 1 |
| City (5) | | | | | Square Fee | et # | of Floors | | Bldg. A | | | |
| lewark | | | | | Current He | | 2 | 100 | | 6 | 5 | |
| S | | | | | Bank | e (Prior if bein | ng demolish | ed) | | | | A-000 |
| County (6) | | County Co | de (7) | | - Indian | | | | | | | _ |
| | | USE ONL | Y | | | | | | | | | |
| nvironmental Testi | irm Hired by Building (ing Consultants, LLC | Owner (8) | | ASCM No | . Name of Ab | patement Con | tractor (9) | | | - | - | _ |
| treet Address | ing consultants, LLC | - | | - | Synatech, | Inc. | | | | | | |
| 13 North Black Hor | se Pike | 8 | | | Street Addr | | | 14: | | | | _ |
| ity, State & Zip Code | e | | | | 829 Radio | Road | | | | | | |
| unnemede, NJ 080 | 078 | | | | City, State 8 | & Zip Code | | | 11 | | | |
| roject Manager for N | Nonitoring Firm | T | elephon | e Number | Telephone I | Harbor, NJ 0 | 8087 | To a | 14 | | | |
| oward Zenobi | | 8 | 56-482-1 | 311 | 609-296-69 | 16 | | License Nu | 3000 | | | |
| cheduled Start Date December 18, | (10) Schedu | ed Comple | tion Date | (11) | Name of OS | SHA Monitor | | | 008 | 1/ | | |
| ccupancy Status Du | ring Abatement (Check | Janu | ary 12, 2 | 2014 | Synatech, I | nc. | | | | | | |
| Facility Close | ed/Vacated During Enti | re Period o | f Ahatem | ent | Street Addre | | | | | | | |
| Abatement P | erformed Outside of N | ormal Hou | - Abateii | en | 829 Radio F | | | | - 11 | | | |
| Other - Desc | | onnai 110u | 5 | | City, State 8 | | | | 1.3 | | | |
| Facility Occur | pied During Abatement | 1 | | | Little Egg H | larbor, NJ 08 | 3087 | | 11 | | | |
| cope of Work (Check | | 1 | | | | | | | | | | |
| apa at trott (offect | (all that apply) | | | | ***** | | | | | | - | _ |
| M >2 of one FO IS | | | | | | Full Contain | ment with I | Negative Pres | CLUPO | | | |
| ≥3 sf or ≥ 50 lf | | | Renova | tion | F | Mini-Enclos | ure | vogative Fies | sule | | | |
| ≥160 sf or ≥260 |) If | | Demolit | ion | | Glovebag P | | | | | | |
| | | 1 | | | $\overline{\boxtimes}$ | | | Non-Friable F | rocod | ıro | | |
| Asbestos-Contain | ation of ning Material (ACM) | Is Locat | ion Norn | nally Used | Descript | tion of | 1 | TOTT Habie 1 | THE OWNER WHEN | atem | ent T | · vm |
| TO BE | ABATED | Custo | odial Sta | enance or | Asbestos-C | | | ount (Specify | | atem | GIIL I | ур |
| IN F | acility | 1 | I | (12) | Material (i.e., therma | | | SF or LF) | | | | |
| (* | 13) | | | | insulation, sur | facing, VAT | | | | | ш | |
| | | 1 | | | or other misc | ellaneous) | | | Re | R | nce | E |
| | | Yes | | | | | | | Removal | Repair | sde | Soc |
| A STATE OF THE STA | | No | N/A | | | | | vai | Ŧ | Encapsulate | Enclosure | |
| | Exterior Basement Windows | | | | Window | Caulk | | 2015 | | | 0 | |
| Exterior Window | s - Main Building | | | X | Window | | | 30 LF | X | | - 1 | |
| | | 1 | | ~ | VVIIIGOW | Cauik | | 220 LF | X | | - 1 | |
| ne of Registered Wa | aste Hauler | NJDEP \ | Vaste | Cubic Yard | s of Masta | IN. | | | | | | |
| | | Hauler II | No. | Cubic 1 ald | o ul vvaste | Name of Re | egistered La | ındfill | | | | - |
| atech, Inc. | | | 429 | 5 | | Grows Lan | dfill | | | | | |
| , State | | | | Disposal Da | ate | City, State | wiiii | | | | | _ |
| e Egg Harbor, NJ | 08087 | | | | | y, otate | | | | | | |
| npleted By | Title | | | January 13 | , 2015 | Morrisville, | PA | | | | | |
| | Title | | | Signature | . 171 | | Date | | | | | - |
| ne Aloia | Executi | ve Adminis | strator | No. | e Ula | | | *) | | | | |
| | | - Continuing | - GUUI | MYVU | - von | | Decemb | er 8, 2014 | | | | |

| | | | War. | | | • | Pa- | 1 | | | |
|--|--|---|---------|---------------------------------------|--|-----------------------------------|------------------------------|-------------|----------|-------------|-----------|
| Date of Notification (1) 11/21/14 | | | | | ng Owner / Opera urlington | tor (2) | | EC 11 | 20 | 114 | 11 |
| Agencies Notified Type Notificat | tion | Sti | reet A | ddress | | | | | | 123 | T |
| ⊠ EPA | | | | | Road | 7. | 1000 | OTOSÍ | OUT | ROL | 8 |
| DEP Initial | - I D#4 40 P#4 4 | | | | ip Code | | ASUL | LICEN | SING | <u> </u> | |
| | ded R#1-12/7/14 | - | | | 08060 | | | | | | |
| □ DOH □ Emerg □ DCA □ Cance | | | | G. St | ypinski | | | Telepho | ne N | umb | er |
| | | | CILIT | Y INF | ORMATION | | | - | 70 - Cal | 7 | - |
| Name of Facility Where Abatemer | | 3) | | | Type of Facility | | | | | | |
| Burlington County Courthou Street Address | se | | - | | School (K | | - K 40) | | | | |
| 49 Rancocas Road | | | | | | er 8 (Other tha private & con | an K-1∠) nmercial buildin | gs, hom | es, e | tc.) | |
| | | | | | Square Feet | # of Floo | ors | 3ldg. Age | 9 | | |
| City (5) | County (6) | ounty (| Code (| (7) | 80,000 | | 4 | 60 | Yea | ars | |
| Mt. Holly | Burlington | | | | Current Use (F | Prior if being d | emolished) | | | | |
| N S S S S S S S S S S S S S S S S S S S | | | 1 | | Courts | | | | | | |
| Name of Monitoring Firm Hired by Environmental Connections | Building Owner (8 |) | ASC | CM No. | Name of Abate Bristol Envir | | | 7 | | | |
| Street Address | | | | | Street Address | 10 | | | | | |
| 120 North Warren Street City, State & Zip Code | | | | | 1123 Beaver | | | | | | |
| Trenton NJ 08608 | | | | | City, State & Z Bristol, PA 1 | | | | | | |
| Project Manager for Monitoring Fir | m Tele | phone | Numb | per | Telephone Nu | | License N | Jumber | | - | - |
| Rollie Jones | | -392-4 | | | (215)788-604 | | 00509 | | | | |
| Scheduled Start Date (10) Since 12/9/14 | cheduled Completi January | | |) | Name of OSH/ Bristol Envir | | ıc | | | | |
| Occupancy Status During Abatem | ent (Check only on | e) | | | Street Address | | | | | | |
| Facility Closed/Vacated Du | 기를 보고 한 투자 (하나는 이번 이 이 나는 이 사람이 되었다. 생각이 없는 것이다. | | | | 1123 Beaver | | | | | | |
| Abatement Performed Out | side of Normal Ho | urs – 7 | 7am to | 3pm | City, State & Z | | | | | | |
| Describe: | 10 -1 1 | | | | Bristol, PA 1 | 9007 | | | | | |
| Scope of Work (Check all that app | | | | | | | | | | | _ |
| Coope of Work (Oricon all that app | 197 | | | | | | tainment with N | legative | Pres | sure | |
| ≥3 sf or ≥3 lf | | Ren | ovatio | on | j | Mini-End | | • | | | |
| ≥160 sf ≥260 lf | | Den | nolitio | n | | ☑ Glove B | ag Procedures | | | | |
| | | | | | The state of the s | | empted and No | | | - | - |
| Location of | 1 | Location | | | Description | | Amount | Aba | teme | ent T | ype |
| Asbestos-Containing Material (ACM) | | nally U | | | Asbestos-Conta Material (AC | | (Specify SF or LF) | | | | |
| TO BE ABATED | # 1 | tenanc | • | | (i.e., thermal sys | | SF OI LF) | R | ת | inc | 四四 |
| in Facility | | odial S | | i | insulation, surfacir | | | Remova | Repair | sde | Enclsoure |
| (13) | | (12) | | | or other miscella | neous) | | va Va | ₹. | Encapsulate | ure |
| 150 | Yes | No | N/A | | | | | | | (D | |
| Board Room and Offices | | \boxtimes | | Br | own/finish çoa | t plaster | 1400 SF | \boxtimes | | | |
| Board Room and Offices | | | | e e e e e e e e e e e e e e e e e e e | Vat/masti | | 1400 SF | \boxtimes | | | |
| Board Room and Offices | | | | | taminated 1x1 | | 300 SF | | | | |
| Board Room and Offices | | | Ц | Wa | all paneling wit | | 1800 SF | | | | |
| Board Room and Offices | | | Ц. | | FG pipe/acm f | itting | 300 LF | | Ц | Ц | Ц |
| Nome of Deviate and Wester Heritage | | | DED | N = = + = | 0t:- VI- | NI | | | Ш | | Ш |
| Name of Registered Waste Hauler | | | uler ID | Vaste | Cubic Yards of Waste | Name of Regi | stered Landfill | | | | |
| Service Transport Group, Inc | | 100000000000000000000000000000000000000 | 990 | 7110. | | Minerva Lar | ndfill | | | 7/2 | |
| City, State New Castle, DE | | 2 | | | | City, State Waynesb urg | , Ohio | | | | |
| Completed By (Print or Type) | | Titl | e | - | Signature | | er statist | Date | * | | |
| Patrick T. DeCaro | | 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | timat | or | Patrick | A.DeC | are /il | 11/21 | /14 | | |
| PD 14107 | | | | | | | 11 | - | | | |

| 011 | . 1 | M11. |
|-----|-----|------|
| Ch# | × | 140 |
| 0, | | |

| | | | ras | 2 |
|--|--|--|-----------------------|--------------------------------------|
| Date of Notification (1) | Name of Buildir County of Bu | ng Owner / Operator (2) | 15.11 J | |
| Agencies Notified Type Notification | Street Address | | in dec 1 | 1 2014 114 |
| EPA | 49 Rancocas | | | |
| ☐ DEP ☐ Initial | City, State & Zi | p Code | | |
| | Mt. Holly, NJ | | ASSESTOS | COLIMOL& |
| □ DOH □ Emergency | Name of Conta | TATE () () () () () () () () () (| | elephone Number |
| ☐ DCA ☐ Cancellation | Steven G. Sty | ypinski | 1 | |
| | FACILITY INFO | ORMATION | | |
| Name of Facility Where Abatement is Taking Place | (3) | Type of Facility (4) | | |
| Burlington County Courthouse | | School (K-12) | | |
| Street Address | , A. | Subchapter 8 (Other th | | |
| 49 Rancocas Road | | Other (i.e. private & con | | |
| Cit. (E) | 2 | Square Feet # of Flo | | dg. Age |
| | County Code (7) | 80,000 | 4 | 60 Years |
| Mt. Holly Burlington | | Courte | uemonsned) | |
| Name of Monitoring Firm Hired by Building Owner (| (8) ASCM No. | Courts Name of Abatement Contra | ector (Q) | |
| Environmental Connections | (o) ASCIVI NO. | Bristol Environmental, | | |
| Street Address | | Street Address | | |
| 120 North Warren Street | | 1123 Beaver Street | | |
| City, State & Zip Code | | City, State & Zip Code | | |
| Trenton NJ 08608 | | Bristol, PA 19007 | | |
| [[[[[[[[[[[[[[[[[[[| ephone Number 9-392-4200 | Telephone Number (215)788-6040 | License Nu 00509 | ımber |
| Scheduled Start Date (10) Scheduled Complete | | Name of OSHA Monitor | 00008 | |
| Programme and the control of the con | y 10, 2015 | Bristol Environmental I | nc. | |
| Occupancy Status During Abatement (Check only of | one) | Street Address | | |
| Facility Closed/Vacated During Entire Period | | 1123 Beaver Street | | |
| Abatement Performed Outside of Normal F | Hours - 7am to 3pm | City, State & Zip Code | | |
| Describe: WEEKEND WORK | | Bristol, PA 19007 | | |
| Facility Occupied During Abatement | | | | |
| Scope of Work (Check all that apply) | | ✓ Full Co | ntainment with Ne | egative Pressure |
| ☐ ≥3 sf or ≥3 lf | Renovation | | nclosure | gaaror |
| ≥160 sf ≥260 lf | Demolition | Glove E | Bag Procedures | |
| | - | ⊠ Non-Ex | cempted and Non- | Friable Procedure |
| | s Location | Description of | Amount | Abatement Type |
| | rmally Used | Asbestos-Containing | (Specify SF or LF) | |
| | Solely by intenance or | Material (ACM) (i.e., thermal systems | SF OI LF) | Re R |
| in Facility Cus | ************************************** | insulation, surfacing, VAT | . 10 | Enclsoure ncapsulat Repair Removal |
| (13) | (12) | or other miscellaneous) | | Enclsoure Encapsulate Repair Removal |
| Yes | No N/A | | | |
| Basement mechanical chase | 19191- | Fitting insulation | 2 If | |
| First floor mechanical chase | 14141- | Fitting insulation | 17 lf | |
| Second floor mechanical chase | | Fitting insulation | 10 lf | |
| Third floor mechanical chase | 14141 | Fitting insulation | 1 lf | |
| Stairwell adjacent bathrooms | | Fitting insulation | 20 lf | |
| Name of Registered Waste Hauler | NJDEP Waste | Cubic Varde Name of Poo | gistered Landfill | |
| rvanie of Negistereu vvaste nauler | Hauler ID No. | of Waste | gistered Landilli | |
| Service Transport Group, Inc. | 20990 | Minerva La | ndfill | |
| City, State | 1 | Disposal Date City, State | | |
| New Castle, DE | | Waynesbu | rg, Ohio | |
| Completed By (Print or Type) Patrick T. DeCaro | Title Estimator | Signature Patrick A. Del | aw /il | Date 11/21/14 |
| PD 14107 | | I would the | - 1-10 | |

State of New Jersey

| NOTIFICATION | OF | ASBE | ESTOS | SABA | TEMENT |
|--------------|----|------|-------|-------|--------|
| (Pursuant to | N. | IAC | 8.60 | and 1 | 2-1201 |

| Data of Notice 11 | | | | | | | | - 19 | | ASS-ASS | | * 9 mm | |
|-----------------------|--|-------------|-----------|-------------|---------|--|-----------------|---------------------------------|----------------|---------|--------|-------------|-----------|
| Date of Notification | 11/21/14 | | C | ame of | Build | ng Owner / Ope urlington | erator (2) | | DEC 1 | 1 | 20 | 1.4 | |
| | Type Notification | | | treet A | | | | | 245 I | -1 | 7.14 | - | 1 |
| | | | 49 | 9 Ran | cocas | Road | | | | | | | |
| ☐ DEP | | | | | | ip Code | - | AGE | EE TOS | 1.0 | le Dit | 77.30 3 | 2. |
| □ DOL | Amended R#1-12 | 17/14 | 100 | | | 08060 | | | LICE | VSI | V. | 7 2 44 5 | X |
| □ DOH | ☐ Emergency | | | ame of | | | | AT A THE WHOLE A STREET COMMAND | Telep | _ | - | umb | or |
| ☐ DCA | Cancellation | | 127.493 | | | ypinski | | | Leich | 1101 | IC IV | umb | CI |
| - A | | | | Established | | | | | 4 | | | | |
| | | | FA | CILIT | Y INF | ORMATION | | | | - 12-71 | | | 1072 |
| | nere Abatement is Taking | Place (3) |) | | | Type of Faci | lity (4) | | | | | | |
| Burlington Coun | ty Courthouse | | | | | School (| | | | | | | |
| Street Address | | | | | - W | Subchar | pter 8 (Other | than K-12) | | | | | |
| 49 Rancocas Roa | ad | | | | | | | commercial buil | dinas h | ame | 2S F | tc) | |
| | | | | | | Square Feet | | loors | Bldg. / | | | | |
| City (5) | County (6) | Cor | inty | Code (| 7) | - ' | | | | | | | |
| Mt. Holly | | | inty | Code (| .,, | 80,000 | | 4 | | 60 | Yea | ırs | |
| iert. Frong | Burlingto | 1 | | | | | (Prior it being | g demolished) | | | | | |
| | | | | | | Courts | | | | | | | |
| Name of Monitoring | Firm Hired by Building O | wner (8) | | ASC | M No. | Name of Aba | atement Cont | ractor (9) | | | | | |
| Environmental co | onnections | | | | | Bristol Env | /ironmenta | l, Inc. | | | | | |
| Street Address | | | | | | Street Addre | ss | | | | | | |
| 120 North Warrer | | | | | | 1123 Beave | er Street | | | | | | |
| City, State & Zip Cod | | | | 1000 | | City, State & | Zip Code | | | | | | |
| Trenton NJ 08608 | | | | | | Bristol, PA | 19007 | | | | | | |
| Project Manager for | Monitoring Firm | Teleph | none | Numb | per | Telephone N | lumber | Licens | e Numbe | er | | | |
| Rollie Jones | | 609-3 | 92- | 4200 | | (215)788-60 | 040 | 00509 | | | | | |
| Scheduled Start Dat | e (10) Scheduled C | ompletion | n Da | te (11) | | Name of OSI | - | | | _ | | | |
| 12/9/14 | energy and the second of the s | nuary 1 | | | | Bristol Env | | l Inc. | | | | | |
| Occupancy Status D | Juring Abatement (Check | only one | 1 | | - | Street Addre | | 1110. | | | | | |
| Facility Clos | ed/Vacated During Entire | Period o | f Ab | ateme | nt | 1123 Beave | | | | | | | |
| | Performed Outside of Nor | | | | | City, State & | | | | | _ | | |
| Describe: | chomica datalac of Noi | mai mou | 15 - | rain to | J Spill | | 18 | | | | | | |
| | ipied During Abatement | | | | | Bristol, PA | 19007 | | | | | | |
| Scope of Work (Che | | | _ | | | | | | 100 | | | | |
| Scope of Work (Cite | ck all that apply) | | | | | | | | | | _ | | |
| ≥3 sf or ≥3 lf | | | _ | | | | | containment with | n Negati | ve F | res | sure | |
| | | \boxtimes | | novatio | | | | Enclosure | | | | | |
| ≥160 sf ≥260 |) IT | | Der | nolition | 1 | | | Bag Procedure | | | | | |
| | | | | | | | ⊠ Non-E | Exempted and N | Non-Frial | ble | Prod | cedu | re |
| | ation of | Is Lo | | 5.4 | | Description | | Amoun | | bat | eme | ent T | уре |
| | s-Containing | Norma | | | | Asbestos-Con | | (Specify | | T | | | |
| | rial (ACM) | | ely b | | | Material (A | | SF or LF | -) | - I | | Ш | Ш |
| | E ABATED Facility | Mainte | | | | (i.e., thermal s | | | | Ren | Re | ca | nc |
| | Facility (13) | Custod | | taπ? | , | nsulation, surfac | cing, VAI | | | Remova | Repair | Encapsulate | Enclsoure |
| | (13) | | 12) No | N/A | | or other miscell | ianeous) | | | 2 | 7 | late | 9 |
| | | res | IVO | NA | | Lance and the same of the same | | | | | | w | |
| Offices off board | room | \boxtimes | | | | Vat/mas | tic | 650 sf | | 110 | | | П |
| Closets in hallway | y off board room | \boxtimes | | | | Vat/mas | tic | 50 sf | D | | T | Ħ | T |
| | - | n | 一 | H | | | | 000. | I | 11 | Ħ | H | 片 |
| | | F | Ħ | H | | | | | — | 4 | = | 님 | Η |
| | | \dashv | H | H | | | | | | 井 | = | H | Η |
| | | H | <u> </u> | | | | | | No. | 1 | 4 | | |
| N(D: | 11. | | Ų. | | - | | | | | | | | |
| Name of Registered | Waste Hauler | | | | | Cubic Yards | Name of Re | egistered Landf | ill | | | | |
| Comiles Transment | | | 0.00 | uler ID | No. | of Waste | 1 | | | | | | |
| Service Transport | Group, Inc. | | 20 | 990 | | | Minerva L | andfill. | | | | | |
| City, State | | | | | | Disposal Date | City, State | | | | | | |
| New Castle, DE | | | | | | | Waynesb | urg, Ohio | | | | | |
| Completed By (Print | | | Tit | le | | Signature | | | Dat | e | | | |
| Patrick T. DeCaro | | | Es | timat | or | Pot 1 | 2 10 | Cow / jl | 11/ | | 14 | | |
| /// | | | | | | 1 arrick | CA'N | care / p | | | | | |

NOTIFICATION OF ASBESTOS ABATEMENT Check#2067 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 12 08 14 1 1 2014 Conant Doug Type Notification Agencies Notified Street Address ☐ EPA X Initial 158 Green Avenue ASBESTOS CONTROL & X DOLWD Amended City, State, Zip Code LICENSING X DHSS Amendment # Madison, NJ 07940 DCA Emergency (including Name of Contact Telephone Number justification) (NJAC 5:23-8) Cancellation Charlie Oldendorp FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings. 158 Green Avenue homes, etc.) City (5) Square Feet # of Floors Bidg. Age Madison, NJ 07940 County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) County (6) Morris Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No License No. 973-638-1777 01127 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 12 / 18 / 14 12 / 19 / 14 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35 E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: _____AM-____PM/ PM____AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure Renovation >3 sf or >3 lf = 160 sf or >260 lf Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Remova Encapsulate Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) N/A Yes No X X First floor Radiator covers -5 each 50 SF X Second floor Radiator covers -5 each 50 SF NUDER Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Name of Registered Waste Hauler T.R.R.F. Inc Gr Tech LLC 0033785 TBD City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature No N.Jevtic Owner 12/08/2014 ASB-41

State of New Jersey

MAY 11

NOTIFICATION OF ASBESTOS ABATEMENT MO#22302809144 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 08 12 14 DEC 1 1 2014 Dick Austin Type Notification Agencies Notified Street Address ☐ EPA X Initial 12 Hartshorne Place X DOLWD ☐ Amended City, State, Zip Code LICENSING X DHSS Amendment # DCA Middletown, NJ 07748 Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Dick Austin **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings. 12 Hartshorne Place homes, etc.) City (5) Square Feet # of Floors Bidg. Age Middletown, NJ 07748 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Monmouth Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor __12___/__17__/__14 12 / Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35 E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM- PM/ PM_ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 lf 2 160 sf or 260 lf Renovation Mini-Enclosure Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Repair Remova Encapsulate Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)other miscellaneous) No Yes N/A X Basement Ш X Pipe insulation 115 LF П Name of Registered Waste Hauler NJDEP Waste Haular ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City. State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N.Jevtic Owner 12/08/2014 ASB-41

State of New Jersey

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

MAY 11

PHILLEOHH

| Date of Notification (1) | | | | of Building Ov Properties | wner/Operator | (2) | | DEC 11 | 2014 | | U | |
|---|--|-----------------------|--|--------------------------------|--|--------------------------------------|--|--|------------------|------------|---------------|-----------|
| Agencies Notified | Type Notification | | 100 | Address Box 4449 | | | L | SBESTOS O | | 71 & | <u> </u> | |
| EPA DEP DOL | Amended Amendment #_ | | | tate, Zip Code en, NJ 070 | | | L | LICENS | | | | _ |
| DOH DCA | Emergency (in justification) Cancellation | cluding | | of Contact Susan Pow | ers | | 1 | elephone Num | iber | | | |
| | | | FA | CILITY INFO | RMATION | | (4) | | _ | | | - |
| Name of Facility Where Residential Street Address | 1 | Place (3) | | | | Sch | acility (4) nool (K-12) ochapter 8 (0 ner (i.e. priva | Other than K-12 te & commercia | l) al buildir | ngs, h | omes, | |
| 655 Springfield Av | enue | | | | | Square I | eet | # of Floors | Bld 50 | g. Ag + | е | |
| Berkeley Heights County (6) | | | Count (STAT | ty Code (7) E USE ONLY) | | Current | | being demolish | ned) | | | |
| Union Name of Monitoring Fir | m Hired by Building O | wner (8) | AS | CM No. | Name J.R | e of Abater | ment Contracting & En | ctor (9) vironmental | Consu | ılting | , Inc | |
| Street Address | | - | | | Stree | et Address 1 Route | | | | | | |
| City, State, Zip Code | y, State, Zip Code | | | | City, | State, Zip yne, NJ | | | | | | |
| Project Manager for M | onitoring Firm | | Telep | ohone No. | Tele | phone No. 3-628-920 | | License N 00408 | 10. | | | |
| Start Date (10) 12/17/14 | art Date (10) Schedule | | | | Nam Env | ne of OSHA viro Visio | Monitor on Consult | ants, Inc. | | | | |
| Occupancy Status Du | ring Abatement (Check acated During Entire F rmed Outside of Norm Hours: Mon - Fri - 7: | eriod of Ab | atement lours | | 20- City | State, Zip | araw Road | i, Bldg. #34 <i>l</i> | Α | P | | |
| Scope of Work (Check | k All That Apply) | | | 22 | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 l | | - | novation molition | | | × Glov | Enclosure | t with Negative dure *) and Non-Fria | | | e | |
| | | | | | | NOT | -Exempled (|) and Hom The | | | ement | |
| Asbestos-Contain TO BE In F | tion of ing Material (ACM) <u>ABATED</u> acility 13) | Used Main Custo | ocation ormally Solely by tenance/ odial Staff (12) | (i.e | Descript stos Containin , thermal syste surfacing, other misce | g Material ems insulat VAT, or | (ACM) | Amount (Specify SF or LF) | Removal | Repair | e Encapsulate | Enclosure |
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| | ement | | | X | Pipe Ins Transite | | | 100 SF | X | | | |
| Ext | terior | +-+ | | X | Transite | | - | | | | | |
| | | | | | | | | | C11 | | | |
| Name of Registered | | | Haul | EP Waste er ID No. | Cubic Yard of Waste | is | | egistered Land V.S. North La | | | | |
| | & Environmental (| Jonsul., II | nc 178 | | 20 Disposal D | ate | City, State | | | | | |
| City, State Wayne, New Jersey | | | | | | | Morrisvi | le, Pennsylv | /ania Date | | | |
| Completed by Title Jerry Bijelonic Proje | | | | ject Manager Signature 12/5/14 | | | | | | | | |

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| 12-8-14 | , | | E. | VELI | さ | | | FC 1 1 | 2014 | | |
| Agency Notified | Type Notification | | | Address | | | - | • | | | - |
| D EPA | - @ Initial | | 8 | LUK | E AVENU |)E | ASSES | 25111517 | 10 ID | U S | 7 |
| D DEP | ☐ Arnended | | City, St | tate, Zip C | ode . | - | 7 1 | LICENS | ING | /L a | 25 |
| - DOL | Amendment # D Ernergency (included) | lina | REL | SCEN. | FIELD N | J 076 | 1 Telephone | Nembar | | | = |
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| □ DCA | ☐ Cancellation | | IE | VELI | | | L . | | | _ | _ |
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| 1 | Abatement is Taking P | ace (3) | | | | | | | | | |
| E, VELIZ | | | | | | ☐ School (K-12 ☐ Subchapter |) 3 (Other than | K-12) | | | |
| Street Address | 1. | a.f | | | | Other (i.e. pr | ivate & comm | nercial build | ings. | | |
| 8 LURE | AVENUE | | | 4. '' | | homes, etc. | # of Floors | Plde | . Age | | |
| City (5) : · | | 4. | | * * */ | | Square Feet | | 1 | | nc | |
| BERGENT | IFLD | | | | | .1400 | 2 | | 2 4/ | _ | |
| County (6) | | - | County | | (STATE USE | Current Use (P | | emossied) | | | |
| BERGEN | | | | 1;** | | RESID | | | | | |
| | nn Hired by Building Ow | ner AS | CM No. | | | nent Contractor (| | | _ | | |
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| | | | | | | ack, N.J | License No | | | | _ |
| Project Manager for M | onstoring Farm | Tele | phone No. | | Telephone No. 201-329 | | 003 | | | | |
| Start Date (10) 12-18-14 | Scheduled /Z-/ | Completion 19-14 | Date (11) | | Name of OSHA Omega 1 | MonMor Environm | ental | | | | |
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| | ed Outside of Normal Fa | cility Hours | | | City, State, Zip C | | M T | 07606 | * | | |
| @ Other - Describe: | | | | | . 5. пас | ckensack | , N.J. | 07606 | | | |
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| Best Rem | oval Inc | ID No | i. L7109 | | Waste | Minerva | Enter | prise | s ,L | LC | |
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| | ck , N.J. 0 | 7601 | | | 12-19-14 | Waynes | burg, | | 688 | 1 | |
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| R. VELDRAN | | imato | | | | | | 116. | 0 19 | | |
| R. VELDRAN | | | | chactae lie | R Volume | | | 112. | 8-14 | _ | _ |

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| 12-5-14 | | | | | 7. | ri Schwin | - E (14개 및 | | | | | - |
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| | | | | 77.22 | LITY IN | FORMATION | | | | | | |
| Name of Facility Wh | | t is Taki | ng Pla | .ce (3) | | | Type of Facil | 1ty (4) | | | | |
| Same as above | 3 | | | | | | []School | | | | | |
| Street Addres | | | | | | | []Subchap | ter 8 (Other | r than | N-12 | - | |
| Street Addres | | | | | | | | uildings, h | | | | |
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| | * | | | | - | | | | | | | |
| Name of Monitoring | Firm hired h | y Buildin | g ASC | M No. | I Is | Name of Abate | ment Contracto | r (9) | | | | |
| Owner (8) | ETEM HILLOG D | y Dunnam. | .9 | | | AZTECH N | (ANAGEMENT | , Inc. | | | | |
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| | | | | | | Montclai | ir, NJ 070 | 42 | | | | |
| Project Manager for | Monitoring | Firm Te | lephor | ne Numbe | er | Celephone Num | aber | E | icense | Num | per | |
| Project Manager Io | Monitoring | | /A | | | (973) 744 | | | 003 | 71 | | |
| | | | | | | | | | | | | |
| Scheduled Start Dat | te (10) Sc | hed. Comp | | | | Name of OSHA | Monitor | | | | | |
| 12-8-14 | | | 9-14 | 8 | - 11 | N/A | | | | | | |
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| []other - Des | | | | ript» | - 11 | | | | | | | |
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| Name of Registered | Waste Hauler | | NJDEP V | | - CONTRACTOR | ic Yards | Name of Reg | istered Land | fill | 300 | | |
| AZTECH MANA | | INC I | | ID No. | of T | Waste 1.5 | G.R.O.W. | S. | | | | |
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| Montclair, N | 0 /042 | | | | 1. | Z-10-14 | MOLLIZAT | LLE, EA | 150 | 0, | | |
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| Constantine | ATATOM | LLESIU | | | | CVI | um | - | | | | |
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| Name of Facility Where Abatement is Taking Flace (3) Street Address | | | | | | 7 and 12:120-7) | | | E 15 17 | PT1 - | |
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| Agencies Notification () Party Splegel () Special Notification () Commanded () () Commanded Notification () Commanded () () Commanded (| Date of Notification | n (1) | , | | | | | Full Et | 1 1/1 | TE I | 7/1 |
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| Pack | [X] DOH | []EMERG | ENCY | and the second second second | | 1 | Telephor | ne Number | | | - |
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| Same as above Street Addres [] School (R-12) (] Subchapter 8 (Other than K-12) (] Subchapter 9 (Other than K-12) (| Name of Facility Wh | ere Abateme | nt is Tak | | | INFORMATION . | Type of Facil | ity (4) | - | | |
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| Location of Asbestos-Containing Material (ACM) Material (ACM) TO BE ARATED In Facility (13) Basement X Pipe Insulation Name of Registered Waste Hauler AZTECH MANAGEMENT, INC. City, State Montclair, NJ 07042 Location of Normally Used Solely By Maintenance (Specify My E A L C C C C C Stock of C C Specify My E A L C C C Specify My E A L C C C C C Specify My E A L C C C C C Specify My E A L C C C C C Specify My E A L C C C C C Specify My E A L C C C C C Specify My E A L C C C C C Specify My E A L C C C C Specify My E A L C C C C C Specify My E A L C C C C Specify My E A L C C C C Specify My E A L C C C C Specify My E A L C C C C Specify My E A L C C C C Specify My E A L C C C C Specify My E A L C C C C Specify My E A L C C C C Specify My E A L C C C C Specify My E A L C C C C Specify My E A L C C C C Specify My E A L C C C C Specify My E A L C Specify My E A L C | | | | T. | | []Non-F | riable Procedu | ire | 32 | | m |
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| By Maintenance/ In Facility (13) By Maintenance/ Custodial Staff (12) Yes No N/A Name of Registered Waste Hauler AZTECH MANAGEMENT, INC. City, State Montclair, NJ 07042 By Maintenance/ Custodial Staff (12) Yes No N/A Pipe Insulation Cubic Yards of Waste 1.5 G.R.O.W.S. City, State Montclair, NJ 07042 Completed By (Print or Type) Fitle By Maintenance/ Custodial Staff (12) Yes no N/A Pipe Insulation Cubic Yards of Waste 1.5 G.R.O.W.S. City, State Morrisville, PA 19067 Signature Date | | | | Used | | | | | | KC | C |
| The Facility (13) Custodial Staff (12) Yes No N/A N/A No No N/A No No No No No No No N | | | | | | | | (C. T. C. | | P | |
| Staff (12) Yes No N/A Basement X Pipe Insulation AS 1f X Name of Registered Waste Hauler AZTECH MANAGEMENT, INC. City, State Montclair, NJ 07042 Completed By (Print or Type) Title AZ 1 R L R E Cubic Yards of Waste 1.5 Cubic Yards of Waste 1.5 G.R.O.W.S. City, State Morrisville, PA 19067 | The state of the s | | | | 100000 | sulation, surf | acing, VAT, | | V | I S | S |
| Basement X Pipe Insulation 45 lf X Name of Registered Waste Hauler AZTECH MANAGEMENT, INC. Basement NJDEP Waste Hauler ID No. 17040 City, State Montclair, NJ 07042 Completed By (Print or Type) Title Disposal Date 12-24-14 Morrisville, PA 19067 | (13) | | | | _ | or other misce | llaneous) | | | | R |
| Name of Registered Waste Hauler AZTECH MANAGEMENT, INC. City, State Montclair, NJ 07042 Montclair (Print or Type) Maste Name of Registered Landfill G.R.O.W.S. Cubic Yards of Waste 1.5 G.R.O.W.S. City, State Morrisville, PA 19067 | Basement | | 165 | | | e Insulat | ion | 45 lf | X | 1 | - 15 |
| AZTECH MANAGEMENT, INC. Hauler ID No. 17040 of Waste 1.5 G.R.O.W.S. City, State Montclair, NJ 07042 Disposal Date 12-24-14 Morrisville, PA 19067 Completed By (Print or Type) Title Signature Date | | | | | | | | | | + +- | + |
| AZTECH MANAGEMENT, INC. Hauler ID No. 17040 of Waste 1.5 G.R.O.W.S. City, State Montclair, NJ 07042 Disposal Date 12-24-14 Morrisville, PA 19067 Completed By (Print or Type) Title Signature Date | | W | | 1 | | | | | - | + + | - |
| AZTECH MANAGEMENT, INC. Hauler ID No. 17040 of Waste 1.5 G.R.O.W.S. City, State Montclair, NJ 07042 Disposal Date 12-24-14 Morrisville, PA 19067 Completed By (Print or Type) Title Signature Date | Name of Registered | Waste Haule | r h | JDEP Waste | Cn | bic Yards | Name of Regi | stered Landf | | | |
| City, State Montclair, NJ 07042 Completed By (Print or Type) Title Disposal Date 12-24-14 Morrisville, PA 19067 Date | | | TNC F | Hauler ID No | | | _ | | | | |
| Montclair, NJ 07042 12-24-14 Morrisville, PA 19067 Completed By (Print or Type) Title Signature Date | | | | 1/040 | D. | anogal Data | | | | | |
| Completed By (Print or Type) Title Signature Date | 5.30 | 07042 | | | | 576 AND | | 11e PA | 190 | 67 | |
| | LOWCOLATE, NO | 01042 | | | - | 12 | F-TO-T-T-D-A-T | LLU, EA | | | |
| Constantine Vivian President Villa 12-8-14 | Completed By (Print | or Type) | Title | | | | | | Date |) | |
| | Constantine V | 'ivian | Presid | ent | | 1 pr. | Illim | | 12-8 | 3-14 | |

| Date of Notification (1) | | | IN | ame of E | Building C | wner/Opera | ator (2 |) Colle | | 27 | 7 | | | 11 | | | |
|--|--|--------------------------------|-----------------|--------------|------------------------|--|---------------------------|--|---------------------------------|------------------|---------|------------|-------------|-----------|--|--|--|
| 12/5/14 | | | F | ingry S | School | | | | | EC | 1 | 20 | 14 | | | | |
| Agencies Notified X EPA | Type Notification | | 5 | | ntry Day | Section and the second | | - Colored Colo | ASBE | 2108 | e.c | | | - | | | |
| EPA DEP DOL | Amended Amendment | | | | e, Zip Coo ills, NJ | | | Ĺ | | LICE | | | | | | | |
| DOH DCA | Emergency justification) Cancellation | | 1 33 | lame of 0 | | | | | Tolophone N | lumba | | | | | | | |
| | | | | FACIL | ITY INFO | RMATION | | | | | | | | | | | |
| Name of Facility Where Pingry School | e Abatement is Takir | ng Place (3) | | | | | | School (K-12 | | (-12) | | | | | | | |
| Street Address 50 Country Day D | rive | | 3 | | | | Ĺ | Other (i.e. pi | rivate & comme | | | | | , | | | |
| City (5) Short Hills | | | | | | | | Square Feet 3000 | # of Floors | | 55 | g. Ag | е | | | | |
| County (6) Essex | | | | County C | ode (7) SE ONLY) | | - | Current Use (Pric | r if being demo | lished) | | | | | | | |
| Name of Monitoring Fin | rm Hired by Building | Owner (8) | | ASCM | No. | Na A | ame o | f Abatement Con Environmental | tractor (9) Services, L | LC | 1 | | | | | | |
| Street Address | | | | | | 1,0,500 | | ddress ox 483, 4 E G | ate Drive | | | | | | | | |
| City, State, Zip Code | State, Zip Code | | | | | | | ite, Zip Code rood, NJ 074 | 18 | | | | | | | | |
| Project Manager for M | ect Manager for Monitoring Firm | | | | | | 10.0 | ne No. 83-8500 | Licens 703 | e No. | | | | | | | |
| Start Date (10) 12/22/14 | | Scheduled | Com | pletion D | ate (11) | Na | ame o | f OSHA Monitor | 1, | | *** | | | | | | |
| Occupancy Status Dur | ring Abatement (Che | ck Only One |) | | | St | reet A | ddress | | | | | | | | | |
| Facility Closed/V: Abatement Perfo Other – Describe | acated During Entire rmed Outside of Nor : | Period of Ab mal Facility F | ateme | ent | | _ C | ity, Sta | ate, Zip Code | | | | | _ | 0 | | | |
| Scope of Work (Check | (All That Apply) | | | | | 1 | | | | | | | | | | | |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 l | f | | novat moliti | | | | × | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| | | A 1 0 0000000 | ocatio | 40,040 | | | | | | | | december 2 | ment | i t | | | |
| Asbestos-Containi <u>TO BE A</u> In Fa | ion of ng Material (ACM) ABATED acility 3) | Used | tenan | y by ice/ | | Descritos Contain thermal system surfacing other miso | ing Ma stems g, VA7 | aterial (ACM) insulation, , or | Amount (Specify SF or LF) | | Removal | Repair | Encapsulate | Enclosure | | | |
| exte | exterior | | | | | trancit | e so | ffit | 150 SF | × | | | | | | | |
| | | | \ | | | | | - | | | | | | | | | |
| Name of Registered V | Vaste Hauler | | N | JDEP W | /aste | Cubic Ya | rds | Name of | Registered Lar | ndfill | | | | | | | |
| Freehold Cartage | ,2010 , 144101 | | | | | of Waste | | TBD | | 10.776 10.776 | | | | | | | |
| City, State Freehold, NJ | | | | | | Disposal TBD | Date | City, Star | te | | | | | | | | |
| Completed by A. Scott Higgins Title President | | | | Sigr | nature | De | ~ | Date 12/5 | 5/14 | | | | | | | | |

| Date of Notification (1) 12/4/14 | | | | Building C | | perator | (2) | <u> </u> | DEC | ر، 11 | 2014 | - | ال) | |
|--|---------------------------------------|--|--------------------|-----------------------|--------------------------------|-----------|-------------------------------|--|---------------|----------------------------|-------------|-------------|--------------|-----------|
| Agencies Notified Type Notifie | cation | | Street Ad 13380 | ddress SW 131 | st Stre | et | | | | | | 1 | | |
| EPA Initial Amend | ded dment # | | | te, Zip Coo | | | į | ASI | | DENSIN | 2 2 7 1 2 2 | ery | - | |
| □ Emerging justified □ DCA □ Cancer | | | Name of Leyla F | Contact | | | | 47000 | Tele | phone N | lumber | | | |
| | | | | LITY INFO | RMATIC | ON . | | | | | | - | | |
| Name of Facility Where Abatement is Street Address | Taking Place (| 3) | | | | | | of Facility (4 School (K-12 Subchapter | 2) 8 (Othe | | | | | |
| 54 E Forest Avenue | | | | | | | | Other (i.e. po etc.) | nvate & | comme | rciai bu | naing | s, nor | nes, |
| City (5) Englewood | | | | | | | | e Feet | # of 2 | Floors | | Bldg. 80 | Age | |
| County (6) Bergen | | | County C | Code (7) ISE ONLY) | | | Curre | nt Use (Pric | r if beir | ng demol | lished) | | | |
| Name of Monitoring Firm Hired by Bu | ilding Owner (8 |) | ASCM | No. | | | | tement Con onmental | | | _C | | | |
| Street Address | | | | | | | Addres Gate D | s Drive, PO | Box 4 | 183 | | | | |
| City, State, Zip Code | y, State, Zip Code | | | | | | | p Code , NJ 074 | 18 | | | | - Territoria | |
| Project Manager for Monitoring Firm | eject Manager for Monitoring Firm | | | | | | one No 583-8 | | | License 703 | No. | | | |
| Start Date (10) 12/15/14 | Schedu 1/15/1 | | npletion [| Date (11) | | Name | of OSH | A Monitor | | | | - 3% - 2 | | |
| Occupancy Status During Abatement | (Check Only O | ne) | | | | Street | Addres | SS | | | | | | |
| Facility Closed/Vacated During & Abatement Performed Outside of Other – Describe: vacant | Entire Period of If Normal Facilit | Abatem y Hours | ient | | | City, S | tate, Z | p Code | | | | - | | |
| Scope of Work (Check All That Apply |) | | | | 1 | | | | | | | | | |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | | Renova Demoliti | | | | | Mir Glo | I Containme ni-Enclosure ovebag Prod n-Exempted | edure | | | | ure | |
| | | Longi | | | (e)(e) | | | | () | | | | ateme | ent |
| Location of | | s Locati Normali | 395000 | | Dec | scription | of | | | | | | Туре | |
| Asbestos-Containing Material (AC TO BE ABATED In Facility (13) | (Cus | ed Sole aintenar stodial S (12) | nce/ Staff? | | tos Conta thermal surfac | aining M | Material s insula T, or | | (S | mount specify or LF) | Removal | Vehall | Encapsulate | Enclosure |
| | Yes | No | N/A X | | | | | | 0.5 | 05 | | + | - | _ |
| exterior | exterior | | | | | site sic | aing | 1 | 95 | 50 SF | X | + | + | |
| | | | | | | | | | | | | # | 1 | 1 |
| Name of Registered Waste Hauler | | l N | JDEP W | /aste | Cubic | Yards | | Name of I | Registe | red Land | dfill | | | |
| Freehold Cartage | | Н | lauler ID 5959 | | of Was | | | TBD | | | | | | |
| City, State Freehold, NJ | | | | | Dispos TBD | al Date | | City, State | 9 | | | -,- | * | |
| Completed by A. Scott Higgins Title President | | | | | S | ignature | e // | 2c | ~ | | Date 12/4/ | 14 | | |

| m : 611 WG W 161 | | | ,, <u>.</u> , | lama of E | Quilding () | wner/Operat | or (2) | CROCI | 6 137 | 57 | 4 | # | _ | |
|--|---------------------------------------|--------------------|--|------------------------------|------------------------------|---|------------------------------|----------------------------------|----------------------------------|----------------|-------------|------------------------|-----------|--|
| Date of Notification (1) 12/5/14 | | | | | Constru | | .01 (2) | | DEC 11 | 2014 | | ᆀ | | |
| Agencies Notified | Type Notification | n | 1335 | Street Add | _{dress} est Main | Street | | AS | 828708 D.J. | Viron | 7 | No. of Addition of the | | |
| EPA DEP DOL | Initial Amended Amendmen | | | | e, Zip Cod Brook, N | le NJ 08805 | | | LICENSIA | 19 | | | | |
| DOH DCA | justification Cancellation | | 1000 | Name of R | | | | | Telephone N | umber | | | | |
| | | | | FACIL | ITY INFO | RMATION | | | | | | | | |
| Name of Facility Where | Abatement is Tak | ing Place (3 |) | | | | T | ype of Facility (4 |) " | | | | | |
| | | | | | | | | School (K-12 | | | | | | |
| Street Address 25-27 Laramie Ro | ad | | | | | | × | | (Other than K- ivate & commer | | lings, | home | S, | |
| City (5) Plainfield | | | | | | | - 1 | quare Feet 200 | # of Floors 2 | B 6 | ldg. A 0 | ge | | |
| County (6) Union | | - 4 | | County C | ode (7) SE ONLY) | | С | urrent Use (Prio | r if being demoli | ished) | | | | |
| Name of Monitoring Fire | m Hired by Buildin | g Owner (8) | | ASCM | No. | | | Abatement Cont nvironmental | | .C | | | | |
| Street Address | | | | | | 10 1000 | | ldress Ite Drive, PO | Box 483 | | | | | |
| City, State, Zip Code | | | | | | | te, Zip Code ood, NJ 0741 | 18 | | 4 | | | | |
| Project Manager for M | onitoring Firm | | | Telephon | ne No. | 100 | | ne No. 33-8500 | License 703 | No. | | | | |
| Start Date (10) 12/17/14 | | | | | Date (11) | Nar | me of | OSHA Monitor | | Who - | | | | |
| Occupancy Status Dur | ing Abatement (Ch | eck Only Or | ne) | | | Stre | eet Ac | idress | 1 | | | | | |
| Facility Closed/Va | acated During Entir | e Period of | Abatem | ent | | City | te, Zip Code | | | | | 7// | | |
| Scope of Work (Check | : All That Apply) | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lt | | - | Renova Demoliti | | | | × | Mini-Enclosure Glovebag Prod | | | | e | | |
| | | T | | | | | | TVOII-EXCITIBIO | () dila itali i | 1 | TRUE HELL | ement | t | |
| E 1000000 | | 529 | s Locati Normal | 2000000 | | Di- | | | | | Ty | ре | , | |
| TO BE A | ng Material (ACM) ABATED cility | Use Ma | ed Sole aintenar stodial S (12) | ly by nce/ | | Descrip tos Containir thermal syst surfacing, other misce | ng Ma ems i VAT, | terial (ACM) nsulation, or | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure | |
| | | Yes | No | N/A | | | | | | | - | | | |
| base | ment | | | X | | pipe ins | ulatio | on | 70 LF | x | - | | - | |
| | | | | | | | | | | | | | | |
| A. | | | | | | | | | | | | | | |
| Name of Registered V Freehold Cartage | Vaste Hauler | | H | IJDEP W lauler ID 5959 | | Cubic Yard of Waste TBD | ds | Name of TBD | Registered Land | dfill | | | | |
| City, State Freehold, NJ | | | | | | Disposal D TBD | ate | City, Stat | е | | | | | |
| Completed by A. Scott Higgins | | Title President | | | | Signa | ature | m | | Date 12/5/1 | 4 | | | |

| | | | | | | | | ** | P. 7 | eck # | 938 | 37 | |
|---|---------------------------|-----------------------|---|---|-----------------------|-------------|-----------------------|---|-----------------------------------|--------------|----------|-------------|-----------|
| Date of Notification | (1) Decembe | r 5, 2014 | | | Name PNC I | | g Owner / Oper | ator (2) | 2 a Garde Sale Appendix Sale (co. | - 40- | | | |
| Agencies Notified | Type N | lotification | 1 | | Street | Address | 4 | - 21 | M DEC II PH | n: 5 | 2 | | |
| □EPA □DEP | | | | | Two F | PNC Plaza | , 620 Liberty A | venue 19 th Floor | SBESTOS COM | | | | |
| DOL | | Initial | | | City. S | State & Zip | Code | • | & LICENSIN | | ie. | - | |
| ⊠DOH | | Amende Amendn | 37.0 | | | urgh, PA | | | G. LIOLINGIII | J | | | |
| DCA | | Cancella | | | Name | of Contac | t | | IT | elephor | ne Nu | mbe | r |
| | | | | | Brian | Clinton | | | | | | | |
| | | | | | FA | CILITY I | INFORMATI | ON | | | | | |
| Name of Facility Wh Vacant Bldg. | nere Abate | ement is T | aking Plac | e (3) | | | | Facility (4) hool (K-12) | | | | | |
| Street Address | | | | | | | | bchapter 8 (Other tha | an K-12) | | | | |
| 813-817 Grove Stre | eet | | | | | | ⊠ Ot | her (i.e., private & | commercial building | | _ | tc.) | |
| City (5) | | | | | | | Square | | | lg. Age | | | |
| Jersey City | | | | | | | | 2,500 Use (Prior if being de Restaurant | 2 + emolished) | | 70 | | |
| County (6) | | | Count | y Code | (7) | | Prior - I | Restaurant | | | | | |
| Hudson | | | 100000000000000000000000000000000000000 | ONLY | 2000 | | | | | | | | |
| Name of Monitoring PM Environmental | Firm Hire | d by Build | ing Owner | (8) | | ASCM N | No. Name o Synated | f Abatement Contrac | tor (9) | | F-: | | |
| Street Address | | | 10011000 | | | F . | Street A | | | - 1 | | | |
| 170 Changebridge City, State & Zip Coo | | dg. C5-4 | | | | | | dio Road | | | | | |
| Montville, NJ 0704 | | | | | | | | ate & Zip Code gg Harbor, NJ 0808 | 7 | | | | |
| Project Manager for William Mener | | g Firm | | 0.0000000000000000000000000000000000000 | ephone I | | | ne Number | License Nun | nber 0081 | 7 | | |
| Scheduled Start Dat | | Sch | neduled Co | mpleti | on Date (| 11) | Name o | f OSHA Monitor | | | - | | |
| December 1 Occupancy Status D | uring Aba | | check only | one) | ry 12, 20 | | Synated Street A | ddress | | | 35131112 | | |
| Facility Clos Abatement | | SC 325 NO 5000 | | | | nt | | dio Road ate & Zip Code | | | | | |
| Other - Des | scribe: | | -32 -1035-1035-1 | ,,,,,,, | | | | gg Harbor, NJ 0808 | 7 | | | | |
| Scope of Work (Che | a transfer and the second | TOWN OF THE PROPERTY. | | | 7 | | | | | | | | |
| ≥3 sf or ≥ 50 lf ≥160 sf or ≥26 | | | | = | Renovati Demolitic | 201 | | Mini-Enclosure Glovebag Proc | | | | | |
| Lo | cation of | | lis | Location | n Norma | ally Used | Des | scription of | a() and Non-Fhable P | | atem | ent T | Type |
| Asbestos-Conta | aining Ma | | | olely by | / Mainter | nance or | | os-Containing | Amount (Specify | 1 ^0 | atcili | ÇIIL I | ype |
| | E ABATE | D | | Custo | dial Staff | ? (12) | | erial (ACM) | SF or LF) | | | | |
| IIN | I Facility (13) | | | | | | (i.e., the | ermal systems , surfacing, VAT | | _ | | m | m |
| | · / | | 1 | - 1 | | | | miscellaneous) | | Ren | Re | ıcap | nci |
| | | | | Yes | No | N/A | | | | Removal | Repair | Encapsulate | Enclosure |
| Main Room | | | | | | X | · G | ilue Dots | 300 SF | X | | | Η- |
| Main Room / Kitche | en | | | | | Х | Pipe | e Insulation | 200 LF | X | | | |
| | | | | | | | | | |] ^ | | | |
| Name of Basistand | Mosts | vula - | | DEDI | last- | 10 1: 11 | | | | | | | |
| Name of Registered | vvaste Ha | auler | 1000000 | IDEP V Juler ID | No. | | ards of Waste | Name of Regi | | | | | |
| Synatech, Inc. | | | | 27 | 129 | 12 | | Grows Landf | ill | | | | |
| City, State | wa waxaan | | | | | Disposa | | City, State | | | | | |
| Little Egg Harbor, N | J 08087 | 1 | U = | | - | | 13, 2015 | Morrisville, P | · | | | | |
| Completed By | | 1.1 | tle | | | Signatur | e . 177 | 7 | Date | | | | |
| Diane Aloia | | E | recutive A | dminis | trator | 1 646 | 1. x /1/4 | 17 | Docombor 5 2014 | | | | |

check 5394 Name of Building Owner/Operator (2) Date of Notification (1) ESTATE OF RUTH 12-5-2014 RRADLEY Agency Notified Type Notification Street Address 2011 DEC | I 間10:67 ROSE STREET Q EPA Initial III City, State, Zip Code DEP □ Amended BALLAS CONTROL WOOD RIDGE Amendment # Emergency (including Mamie of Contact astification) DOH FONTAWELLA D DCA ☐ Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ESTATE C School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings. MOSE STREET homes, etc.) Square Feet # of Floors City (5) Bidg. Age 1 (1.1 . WOOD RIDGE 1.200 2 76 VRS Current Use (Prior if being demolished) County (6) County Code (7) (STATE USE CNLY BERGEN RESIDENCE Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) Best Removal Inc Street Address 450 South River St City, State, Zip Code City, State, Zip Code Hackensack, N.J. 07601 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201-329-7444 00388 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12-16-2014 12-17-2014 Omega Environmental Occupancy Status During Abatement (Check only one) Sirect Address 280 Huyler St D Facility Closed/Vacated During Entire Period of Alustement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code fill Other - Describe: 8AM - 5PM S. Hackensack , N.J. 07606 Scope of Work (Check all that apply) Ci Full Containment with Negative Pressure @ > 3 ef or > 3 ff -Fit Renovation @ Mini-Enclosure 2 ≥ 160 sf or ≥ 260 F Demolition -U Glovebag Procedure Cl Non-Excepted (*) and Non-Friable Procedure Abatement is Location Type Normally Location of Lived Solely by Description of Containing Material (ACM) (violatenance/ Asbestos Containing Material (ACM) Amount Encapsulate TO BE ABATED (i.e., thermal systems insulation. (Specify Ropalr Costodiai IN Facility 3±77 starfaction VAT, or SF or LF) (13) other miscellaneous) (12)No 1:1 BASEMEUT THERMAL INSULATION LF Name of Registered Waste Hauler MJDEP Weste Harder Cubic Yards of Name of Registered Landfill Best Removal Inc ID No Wages Minerva Enterprises ,LLC 3/4 40 17109 City, State Disposal Date City, State Hackensack , N.J. 07601 12-17-14 Waynesburg. Oh. 44688 Completed by Title Signature/ R. VELDRAN 12-5-14 * Do not use it is form for ashestes licensure exempted activities.

(KH2516

| | Name of Bulld | ing Owner/Opera | HO: {&} | | Maria | | | 1 |
|--|---|--|--|--|---|------------|--------------------------|---|
| of Notification (1) | ZD. | T//(| | | Raio | - 1 h | 40 | |
| 171619 | Street Address | 5 12 | s w | 1.5-21- | STHORD ! | L DW | 10 | ا_ |
| INC. AS INCOLOR | Moon | 7 10.5. | 3 \ Car 3 | 7 | | 三二 | IU: P | 7 |
| ZEPA Initial Amended | City, State, Zi | curel | NJO | 8057 | BESTO | SCO | ITDO | |
| DEP Amendment # Amendment # Emergency (incl.) | uding Name of Cor | tact | | To | stepholige ikumbe | .1 | n⊎ | L |
| OOH [1] Gancellation | Det | 263e | | | | | | |
| DGA Lewi | | INFORMATION | Type of F | actity (4) | | | | |
| nne of Facility Where Abatement is Taking Pl | face (3) | | IT Sch | oo! (K-12) | | | | |
| SDI Property | | | Sub Oth | chapter 8 (O ar (Le. private | ther than K-12) e & commarcial | bulldings, | , homoi | i, |
| 389 Gantown | RY | | etc. | | of Floors | 1 (3'do. / | ACCI | |
| | | | Square F | 5" " | VIII | 600 |)+ | |
| "Sewell | County Cod | la (7) | Current | Jse (Prior If) | eing demolishe | d) | A | |
| ounty (9) lovester | (STATE USE | S (141-1) | res | dence | to: (0) | | | |
| anno of identiforing Firm Hired by Building Ca | wner (8) ASCM N | lo. | Mame of Abater Ace Insulation | nem Contrat on Co., Irre | i.o. (a) | | | |
| anno of radicioning , invited | | | Street Address | | | | | |
| treat Address | | | 95 Montrose | | | | | |
| Sity, State, Zip Code | | | City, State, Zip Colts Neck, | Code N.J. 0772 | 2 | | | 1000-1400 |
| | Telephone | No. | Te'ephone No. | | License ide |). | | 355 |
| Project Manager for Monitoring Firm | 1 (dispriority | 1 | 732-294-17 | | 00029 | | | |
| 11 | Schedulad Completion Da | ite (11) | Name of OSHA | Monitor | | | | |
| Start Date (10) | 12173114 | | Street Address | | | | and the second | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Occupancy Status During Available (| (Only One) | | | | | | | |
| Facility Closed/Vacated During Entire P. Abatement Performed Cutside of Normal Other - Describe: | al Facility Hours | | City, State, Zip | Coile | | | | |
| Other - Describe: | 10 × 10 | | | | | | | |
| | | | 17-55 7 | | with Regative F | ressure | | |
| Scope of Work (Check All That Apply) | [7] Congression | | - Full | Cortainmen | | | | |
| Scope of Work (Check All That Apply) | Renovation Demotifon | | adini | Enclosure | frees. | | duces | |
| Scope of Work (Check All That Apply) | | | adini | Enclosure | | le Proces | dure patemer | |
| Scope of Work (Check All That Apply) | Demolifon | | Asini Glov Non | Enclosure | frees. | le Proces | dure patenter Typo | ni T |
| Scope of Work (Check All That Apply) >3 sf or 23 lf >160 sf or >260 if | ls Location Normally Used Solely by | Assistant Con | Scription of taining Material | Enclosure rebag Proced Exempted (| ture) and Non-Priab Amount | AL | Type | T |
| Location of Asbestos-Containing Meterial (ACM) TO BE ABATED | ts Location Normally Used Sofely by Liaintenance/ Custodial Staff? | Asineatos Con (i.e. therma surfa | scription of taining Material I systems Insula Icing, VAT, o: | Enclosure rebag Proced Exempted (| ture) and Non-Friab | AL | Type | T |
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| Location of Ashestos-Containing Meterial (ACM) TO BE ABATED In Facility (13) | ts Location Normally Used Solely by Liaintenance/ Custodial Staff? (12) | Asineatos Con (i.e. therma surfa | scription of taining Material I systems insula acing, VAT, or miscellaneous) | Enclosure rebag Proced Exempted (| ture) and Non-Friat Amount (Specify | AL | Type | T |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 if Location of Asbestos-Containing Meterial (ACM) TO BE ABATED In Facility | ts Location Normally Used Solely by Liaintenance/ Custodial Staff? (12) | Asisstos Con (i.e. therma surfa other | scription of taining Material I systems insula acing, VAT, or miscellaneous) | Enclosure rebag Proced Exempted (| Amount (Specify SF or LF) | AL | Type | 7 |
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| Scope of Work (Check All That Apply) 23 sf or 23 if 2160 sf or 2260 if Location of Asbestos-Containing Metallal (ACM) TO BE ABATED In Facility (13) | ts Location Normally Used Solely by Liaintenance/ Custodial Staff? (12) Yes No N/A | Ashestos Con (i.e. therma surfa other | scription of taining Material I systems insula acing, VAT, or miscellaneous) | Enclosure abag Proces Exempted ((ACII) | Amount (Specify SF or LF) | Removal | Type | T |
| Scope of Work (Check All That Apply) 23 sf or 23 if 2160 sf or 2260 if Location of Ashestos-Containing Metallal (ACM) TO BE ABATED In Facility (13) Name of Registered Waste Hauter | Is Location Normally Used Sofely by Used Sofely by Unaintenance/ Custodial Staff? (12) Yes No N/A NJOEP W Hauter ID | Asibestos Con (i.e. therma surfa other i | scription of taining Material I systems insula acing, VAT, or miscellaneous) | Enclosure abag Proces Exempted ((ACII) | Amount (Specify SF or LF) | Removal | Type | T |
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| Scope of Work (Check All That Apply) 23 sf or 23 lf 2160 sf or 2260 if Location of Asbestos-Containing Meterial (ACM) TO BE ABATED In Facility (13) Name of Registered Waste Hauler Ace Insulation Co., Inc. | Is Location Normally Used Sofely by Used Sofely by Unaintenance/ Custodial Staff? (12) Yes No N/A NJOEP W Hauter ID | Asibestos Con (i.e. therma surfa other ___________________ | scription of taining Material I systems insular acting, VAT, or miscellemeous) | Enchosure ebag Proces Exempted ((ACM) Fon, Name of R G.R.O.V | Amount (Specify SF or LF) (Specify SF or LF) | Removal | Type | 7 |
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(K#2516

ASB-41 (R-06-08)

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| and the stands | | | Nan | ne of Bui | lding Own | er/Operator | (2) | . 14 | المية المنا | الأسالا | fram ton | J. | | | |
| ate of Notification (1) | | | 5 | DI | u | | | Pilles P | - | | | | | | |
| gencies Notified | Type Notification | | Stre | et Addre | ess | 1. Zw | | 理用上 | JE C | HOR | 9 10: | 66 | | | |
| gencies Notified | | | İ | 400 | 0 /0 | 1. 20 | · | Jy S | | - | | | | | |
| EPA DEP | Initial Amended | | City | , State, | Zip Code | | -040 |) FER | ST | is ce | MIT | (A) | | | |
| DOL | Amendment #_ | aludina | 1 1 | 1.1 | U. | 36 , N | Ju | 7-18 | 1 4 | badne N | mher | | | | |
| 70 5011 | Emergency (inclustification) | Juding | Na | me of Co | | | | | 10.0 | | | | | | |
| DOH DOA | Cancellation | | | | b, c | · · · · | | | 1 | - | ~ 1. | | | | |
| | | 70) | | FACILIT | Y INFOR | MATION | Type of | Facility (4 |) | | | | | | |
| Name of Facility Where | Abatement is Taking I | Place (3) | | | | | IT S | chaol (K-12 | -1 | | | | | | |
| Supertnes | <u>n</u> | | | | | | T C. | ubchapter & ther (i.e. pr | a (Othe | er than K | -12) | ildin | as h | nmes | |
| Street Address | V Secret | | | | | | | ther (i.e. pr c.) | ivate o | Comme | (Glai Di | | | | |
| 12+1019 | KWWG D | | | | | | Square | Feet | # of | Floors | | | J. Age | | |
| City (5) | | | | | | | | \mathfrak{W} | | 1 | | _ | 57 | | _ |
| Clemento | * \ | - | Co | ounty Co | de (7) | | | t Use (Prio | | ng demo | lished) | 1 | | | |
| County(6) | | | (S | TATÉ US | E ONLY) | | | 92ta | | (0) | | | | | |
| Name of Monitoring Fire | m Hired by Building O | wner (8) | | ASCM I | No. | | | ement Con tion Co., | | (9) | | | | | |
| rumo or merco | | | | | | | | | 1110. | | | | | | |
| Street Address | | | | | | | et Addres | s se Road | | | | | | | |
| | | | | | | D. C. | , State, Zit | | | | | /al (5) | | | - |
| City, State, Zip Code | | | | | | | | , N.J. 07 | 722 | | | | | | |
| | | | T Te | elephone | No. | Tel | ephone No |). | | Licens | e No. | | | | |
| Project Manager for Mo | onitoring Firm | | 1. | cicpitoni | | 73 | 2-294-1 | 757 | | 0002 | 9 | | | | |
| | | Scheduled | | | | | | | | | | | | | _ |
| | | otheduled | Comp | letion D | ate (11) | Na | ne of OSH | A Monitor | | | | | | | |
| Start Date (10) | | 1- | | 1 | ate (11) | Na | me of OSH | IA Monitor | | | | | | | |
| 171.7114 | | 12/27 | 3/1 | 1 | ate (11) | | ne of OSH eet Addres | | | | | | | - | |
| Occupancy Status Dur | ing Abatement (Check | 1227 Only One) | 3 In | 1 | ate (11) | Str | eet Addres | 68 | | | - | | | | |
| Occupancy Status Dur | ing Abatement (Check | Only One) Period of Ab | 3 In | 1 | ate (11) | Str | | 68 | | | - | | | | |
| Occupancy Status Dur Facility Closed/Va Abatement Perfor Other – Describe | ring Abatement (Check acated During Entire P rmed Outside of Narm | Only One) Period of Ab | 3 In | 1 | ate (11) | Str | eet Addres | 68 | | | | | | | |
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| Occupancy Status Dur Facility Closed/Va Abatement Perfor Other – Describe Scope of Work (Check | ing Abatement (Check acated During Entire P rmed Outside of Norm : | Only One) Period of Ab al Facility F | atems lours | ent ion | ate (11) | Str | eet Addres y, State, Zi | ip Code | e | | ive Pre | ssure | | | |
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

RICLIUM

| Date of Notification (1) | | | | | Name of Build | ling Owner/ | Operator (2) | - | ***** | أسوف | | |
|---|------------------------|---------------------------------|-----------------------|----------------------------------|----------------------------------|--------------------|--------------------------|-----------------|------------|-----------------------|-------|----------|
| Dec 2, 2014 | | | | | MCUA | | THE DE | 011 | DM 12 | | | |
| Agencies Notified (X) EPA | | Notification (X) Initial No | | | Street Addres 2571 Main St | | ASAFO | The . | PM II | | | |
| (X) DEP (X) DOL (X) DOH | 3 | () Amende () Cancelle | d Certificat | ion | City, State, Zi Sayreville, N | | & L | ICENS | HIG HIG | ROL | | |
| (X) DCA | | | | | Name of Cont Dan Tanzi | tact | | Tel No | ımhor | | | |
| | | | | FACILITY IN | FORMATION | | | | | | | |
| Name of Facility Where Abat Same as Above | ement is T | aking Place (| 3) | | Type of Facili () School (K- | -12) | | | - 51 | | | |
| Street Address | | | 1 3 | | () Subchapte (X) Other (i.e. | | | gs., hom | es, etc | | | |
| City (5) | austi (6) | | T 0 |) - d - (7) | Sq. Feet | 236 Acres | Floors 1 | | | | | |
| | ounty (6) liddlesex | | County C (State Us | | Bldg. Age 64 Current Use (| | demolished) | Utlitiy | | | | |
| Name of Monitoring Firm Hire | ed by Bldg | . Owner (8) | ASCM N | <u>o.</u> | | | Name of Co Absolut Ac | | (9) | | | |
| Street Address | | | | | Street Addres PO BOX 295 | S | ū. | | | | | |
| City, State, Zip Code | | | | | City State, Zip | Code ARK, NJ 07 | 932 | | | | | |
| Project Manager for Monitoria | ng Firm | Telephone I | Number | | Telephone Nu (973) 410-921 | | | Licens 00225 | e Numi | ber | | |
| Scheduled Start Date (10) Dec4, 2014 | | Scheduled Dec 8, 2014 | | Date (11) | Name of OSH MECS | A Monitor | | | | | | |
| Occupancy Status During Ab (x) Facility Closed/Vacated () Abatement Performed Out | During Ent | ire Period of | Abatement | | Street Addres 5 Linwood C | | | | | | | |
| DescribeMANHOLES | | | | | City, State, Zi Hamilton, NJ | | | | | | | (4 |
| Other - Describe | | | | | | | | | | | | |
| Source of Work (Check all the | at apply) | | | | | | | | | | | |
| (X) Demolition (X) Renov () Large Proj. (>160 SF or >2 () Full Containment with Neg | 260 LF AC | M) (X) SM F | Proj. (>25< | 160 SF or >10 < | 260 LF ACM) Glovebag Proce | () Minor F | Proj. (<25 SF o | or <10 LF | ACM) | | | |
| Location of Asbestos- Containing Material (ACM) in | Is Loca Solely | ation Normally by Maint./Cus | y Used | Description of thermal system | ACM (i.e. ns insulation, | | Specify SF or | LF) | Abate | ement Ty | pe | |
| Facility (13) | Staff? | | | surfacing, VAT | , or other | 1 | | | Rem. | Rep. | Encap | Engloss |
| Manholes in Street | YES | NO X | NA T | miscell.) Debris and Ta | 200 | 10 squar | o foot | - | X | Тер. | X | T |
| mailioles in Street | | | 7 | Debris and 12 | ipe | 10 Squar | e leet | | ^ | | ^ | <u> </u> |
| | | | | | | - | | | | | - | + |
| Name of Reg. Waste Hauler Cali Carting | | NJDEP Was 09330 | ste Hauler | ID# | Cubic Yards o | of Waste | | | | Landfill al Sanita | | |
| <u>City, State</u> Kearny, NJ | | | | | | \sim | Disp. Date 12/8/14 | | | City, Sta Penn Ar | | |
| Completed by (Print or Type) | | Title | | | Signature | / | | <u>Date</u> | | 4 | | |
| ROBERT GROGAN | | <u>VP</u> | | 20 | | | | 12/2/1 | 4 | | | |

RECEIVED

| Date of Notification (1) 12-3-2014 |) | | | | of Building Ov e Property | vner/Operator | (2) | 2014 | DEC | II R | HU | l- Le | > |
|---|--|---|--------------------------------------|----------------------------|------------------------------|-------------------------|--|--------------------------|----------------------------|----------------|-------------|-------------|-------------|
| Agencies Notified | Type Notificati | on | | Street A | Address Madison S | t | | ASR | ERT | Be co | a. LC | 1. 192 | - |
| DEP DOL | Initial Amended Amendm | ent# | | | ate, Zip Code am Park N | | - | - | LIE | es co Ensi | NG | ROL | |
| DOH DCA | Emergen justification Cancellar | | 100 | | f Contact t McEwar | 1 | | Tel | ephone | Number | 2 | | 100 |
| | | | | FAC | ILITY INFOR | MATION | | | | | - | 5 | |
| Name of Facility When | e Abatement is Ta | king Place (3) | | | | | Type of Facilit | y (4) | | | | | 370 |
| Private Property Street Address | | | | 2.1 | | | School (H | 39 J. COSSE 17. | | IC 40) | | | |
| 29 E Madison St | | | | | | | | ter 8 (Oth e. private | | | ilding | s, hon | nes, |
| City (5) Florham Park NJ | 07032 | | | | · 20 | | Square Feet 1000SF | # 0 | f Floors | | Bidg +50 | . Age | |
| County (6) Morris County | | | | | Code (7) USE ONLY) | | Current Use (I | Prior if bei | ng dem | olished) | | | |
| Name of Monitoring Fi N/A | rm Hired by Buildi | ng Owner (8) | | ASCN N/A | M No. | | of Abatement C | | | | | | |
| Street Address | | | | | | | Address | | | | | | |
| N/A | | | | | | | Lafayette Str | eet | | | | | |
| City, State, Zip Code N/A | | | | | | | State, Zip Code ark NJ 0710 | 5 | | | | | |
| Project Manager for M N/A | onitoring Firm | | | Telepho N/A | ne No. | (| none No. 491-0877 | | Licens 0012 | 100 | | | |
| Start Date (10) 12-4-2014 | | Schedule 12-8-20 | | pletion | Date (11) | 3/4/4/7/03/4 | of OSHA Monit Environment | | | | | | |
| Occupancy Status Dur | ring Abatement (Cl | heck Only One | ∍) | | | Street | Address | | | | | | |
| Facility Closed/Va Abatement Perfor Other – Describe: | acated During Enti rmed Outside of N 8 Hours | re Period of A ormal Facility | batem Hours | ent | | City, S | Route 22 w state, Zip Code n NJ 07083 | est | | | 67.50 | | |
| Scope of Work (Check | All That Apply) | | | | | Office | 11140 07000 | | _ | | - | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | 1000 | COLUMN TO SERVICE STATE OF THE PERSON SERVICE STATE STATE STATE STATE OF THE PERSON SERVICE STATE | enovat emoliti | | | | Full Contain Mini-Enclos Glovebag P Non-Exemp | ure rocedure | | | | ure | |
| | 7 | le l | ocatio | nn. | | | | 1 | 0 110111 | TIADIC TT | 0.000 | atemer | nt |
| Locati | on of | N | ormall | У | | Description | of | | | | | Туре | _ |
| Asbestos-Containir TO BE A In Fa (13 | BATED | Mair | l Solel ntenan odial S (12) | ice/ | (i.e. the | | Material (ACM) s insulation, T, or | (5 | mount Specify or LF) | Remova | Kepair | Encapsulate | Enclosure |
| | | Yes | No | N/A | - | | | | | | | ate | e, |
| Exte | rior | | | x | a | asbestos de | ebris | 11 | 00SF | х | T | | |
| exde | erior | | | х | | shingles si | ding | 2 | 00SF | x | | T | |
| exte | rior | | | x | 2 -30Yrs | contamina | ted material | 6 |) Yrs | x | | | |
| | | | = 3 | | | | | | | | | | |
| Name of Registered W Tri State Transfer | | | Ha | JDEP W auler ID 1551 | | Cubic Yards of Waste | 0.0000000000000000000000000000000000000 | of Registe va Ente | | | | | |
| City, State 1199 Randall Ave I | Bronx NY | | | | [| Disposal Date | | ate esburg | OH 44 | 1688 | | | - |
| Completed by Carlos Gomez | 100 | Title Presid | lent | | | Signature | | | 51174 | Date 12-3-2 | 014 | | |
| | | | els/Milling | | | 1 /2 | Ce | | | | - 17 | | |

| Date of Notification (1) | | | | Name of | f Building Owr | er/Operator | (2) | | EC. | | Qu | | |
|---|-------------------------------|---------------------------------------|------------------|---|------------------------------|-----------------------------|--------------------------------|----------------------|---------------------|-------------|----------|-------------|-----------|
| 12/05/14 | | | | | ca Williams | | (2) | | | | | | |
| Agencies Notified | Type Notification | | 100 | Street A | ddress orth 12 Stre | et | | and the same | DEC 1 | | ID: 1 | | |
| EPA DEP DOL | Initial Amended Amendment | # | - | City, Sta | ite, Zip Code ect Park, N | | | Ass | \$1 3 | COA | TRI | 31 | - |
| ▼ DOH ▼ DCA | Emergency (justification) | including | 400 | | f Contact | | | | lephone l | PT 44 大 配料 | 6 | 14 | |
| IX DCA | Cancellation | | | EACI | LITY INFORM | IATION | | | | | ii. | | |
| Name of Facility Where Tameca Williamson | | Place (3) | | 1 AOI | LITTINFORM | IATION | Type of Facil | ty (4) | | 2 | | - | |
| Street Address | • | | - | | | | School (| K-12) oter 8 (Oth | er than K | (-12) | | | |
| 121 North 12 Stree | t | | | | | | Other (i. | e. private | & comme | ercial bui | ldings | , hom | ies, |
| City (5) Prospect Park | | | ENTE C | | | | Square Feet | # 0 | f Floors | 1 | Bldg. / | Age | |
| County (6) Passaic | | | | | Code (7) USE ONLY) | | Current Use | Prior if be | ing demo | lished) | | | -05 |
| Name of Monitoring Firm | Hired by Building C | Owner (8) | | ASCIV | 1 No. | | of Abatement Abatement | Contracto | r (9) | | | | |
| Street Address | | · · · · · · · · · · · · · · · · · · · | | 1 | | Street | Address 9 87th Stree | t Suite A | .4 | | - 1200 C | DARES - | - |
| City, State, Zip Code | | | | *************************************** | | City, S | State, Zip Code h Bergen, N | | | 11-1-7/20 | | | |
| Project Manager for Mor | nitoring Firm | | - | Telephor | ne No. | Teleph | none No. | 3 07047 | License | | | | - |
| Start Date (10) | | Scheduled | Com | nletion [| Date (11) | | 293-6305 of OSHA Moni | tor | 01223 | 3 | | | |
| 1.15c. 15 | | | | piction | Suic (11) | | MAMM CON | | G LLC | | | | |
| Occupancy Status Durin | | | | | | | Address ROUTE EA | LIS TS | TE 107 | | | | |
| Facility Closed/Vac Abatement Perform | ed Outside of Norm | eriod of Ab al Facility ⊢ | atem lours | ent | | | state, Zip Code | 101 001 | 12 107 | | | | |
| Other – Describe:Scope of Work (Check A | II That Apply | | | | | UNIC | ON NJ 0708 | 3 | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | л тпаг Арріу) | × Re | novat | ion | | × | Full Contain | ment with | Negative | a Praeci | ro | | |
| 2160 sf or ≥260 lf | | | moliti | | | × | Mini-Enclos Glovebag F | sure | rregative | 0110330 | 10 | | |
| | | | | | | | Non-Exemp | | d Non-Fri | iable Pro | 4.59 | | |
| Location | of | | ocation rmall | | | | | | | | | emen pe | t |
| Asbestos-Containing | Material (ACM) | Used Maint | Solel | y by | Asbestos (| Description Containing M | Material (ACM) | Α. | mount | | | m | |
| TO BE ABA | | Custoo | dial S | | | mal systems urfacing, VA | s insulation, T. or | | Specify F or LF) | Remova | Re | ncap | Encl |
| (13) | | | (12) | | oth | er miscellar | neous) | | / | loval | Repair | Encapsulate | Enclosure |
| Baseme | ant | Yes | No | N/A | Thomas | I Countries | la a detien | | | _ | | (D | |
| Dasein | ont | - | | | merma | System | Insulation | - 3 | 5 LF | x | | | |
| | | | | | 2 | | | + | | - | | | |
| | | | | | | | | 1 | | | | | |
| Name of Registered Was | te Hauler | | 1110000 | IDEP W | | bic Yards | Name | of Registe | ered Land | fill | | | |
| SAN TON SERVICE | S | | | uler ID I :430 | No. of | Waste | MED | OWLAN | ICHES | COMN | IISIC | N | |
| City, State KENILWORTH, NJ | | 11 11 11 11 11 | | | Dis | sposal Date | City, S | tate RNY, N. | ı | 4 | | | |
| Completed by Bryan Parra | 3 | Title Project | Ma | nager | | Signature | | | | Date 12/05/ | 14 | | |
| | | 1 .0,000 | | -90, | | 11/199 | N. Clark | 1000 | | . 2/00/ | 1000 | | |

mo 22252816067

| 5 | | | | | - 4 | | | | 11 | وشاه | 10-1- | | | |
|---|--------------------------|--|-----------------------------|----------------|--------------------------------|---|-------------------|-----------------------------|--------------------------------------|-------------------------|--------------------|--------|-----------------|-----------|
| Date of Notification (1) 12/05/14 | | | | | f Building Owner en Sidwell | /Operato | r (2) | - Jai | | | - 1 | | | |
| Agencies Notified | Type Notification | 1 | | Street A | ddress anal Road | | | | 1 DEC | | | | | |
| EPA DEP DOL | Initial Amended Amendmer | nt# | | | te, Zip Code ton, NJ, 0854 | 10 | | - 48 | & LI | 93 (FFU | HIT | ROL | | |
| Ĭ DOH | Emergency justification | (including | | | f Contact | | | | Tele | phone | Number | | | |
| ▼ DCA | Cancellatio | n ——— | | FACI | LITY INFORMA | TION | | | | | | | | |
| Name of Facility Where Stephen Sidwell | Abatement is Taki | ng Place (| 3) | 17.0 | ZITT IIII ONUM | on | _ | of Facility (| | 7 | | | | |
| Street Address 909 Canal Road | | | | | - | - | | Subchapter Other (i.e. p | 8 (Othe | r than I | K-12) ercial bu | ilding | s, hom | nes. |
| City (5) Princeton | | | | | | | - | etc.) re Feet | | Floors | Т | Bldg. | A.7 5-00-100000 | Account |
| County (6) | | | | County | Code (7) | | Curro | ent Llas (Drie | as if bain | | -link ad | L | | |
| Mercer | | | | (STATE | USE ONLY) | | | ent Use (Prid | | | olisnea) | | | |
| Name of Monitoring Firr | n Hired by Building | Owner (8) |) | ASCN | No. | 100000 | of Aba Abate | tement Con ment | itractor (| 9) | Section 1 | | | |
| Street Address | | | | | | | Addres | ss Street Si | uite A4 | | | | | |
| City, State, Zip Code | | | | | | City, S | State, Z | ip Code | | | | | | |
| Project Manager for Mor | nitoring Firm | | - 1 | Telepho | ne No. | | n Ber | gen, NJ 0 | 7047 | Licens | e No | | | |
| | | | | | | 100000000000000000000000000000000000000 | 293-6 | | | 0122 | | | | |
| Start Date (10) | | Schedul | ed Cor | npletion I | Date (11) | L. | | HA Monitor I CONSU | LTING | LLC | | | | |
| Occupancy Status Durin | | | 2,52,650 | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Addres | | | T 40 | | | | |
| Facility Closed/Vac Abatement Perform Other – Describe: | ned Outside of Nor | Period of a mal Facility | Abaten / Hours | nent 3 | | City, S | State, Zi | JTE EAST | 5011 | E 107 | | | | |
| Scope of Work (Check A | | | | | | UNI | ON N. | J 07083 | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | iii mac Appiy) | × | Renova | tion | | [S | S Ful | l Containme | nt with I | Magativ | o Proce | uro | | |
| ≥160 sf or ≥260 lf | | Promotion of the last of the l | Demolit | | | | Glo | i-Enclosure vebag Proc | edure | | | | | |
| | | 100 | Locati | on | | | J Nor | n-Exempted | (*) and | Non-Fr | riable Pr | | re temen | t |
| Location | | 1 | Normal d Sole | ly | D | escription | of | | | | | | уре | |
| Asbestos-Containing TO BE AB In Facil (13) | ATED lity | Ma Cus | intenar todial S (12) | nce/ Staff? | | | s insula T, or | | (Sp | ount ecify or LF) | Removal | Repair | Encapsulate | Enclosure |
| Kitche | an an | Yes | No | N/A | 1 | inoleur | n | | 75 | SF | | + | · CO | |
| THOR | | | | | | inoleur | н | + | 75 | SF | x | + | | |
| | | | | | | | | | | | | | | |
| Name of Registered Was | ste Hauler | | N | JDEP W | aste Cubi | Yards | | Name of F | Pagistor | ad I on | 1611 | | | |
| SAN TON SERVICE | | | Н | auler ID | 7.7777.0 | | | MEDOV | 11-0 X - 1 00 200 200 200 | | | MSI | NC | |
| City, State KENILWORTH, NJ | | | | 5 | Dispo | sal Date | | City, State | | | | | | |
| Completed by Bryan Parra | | Title Proje | ct Ma | anager | | Signature | | (NOCO) | -, | | Date 12/05/ | 14 | | |

()(社)

| Date of Notification (1) | | | | Name o | f Building | Owner/0 | Operator | (2) | | | | | | | |
|--------------------------------------|-------------------------|--------------|-------------------|-----------|--|------------------------|------------------------|-----------------|---------------------------|-----------------|------------------|-----------------|----------|-------------|-----------|
| 19/8/11 | 4 | 24 | | E | 200 | | | | + 3 | DEC | | 10: | 20 | 80 | |
| Agencies Notified | Type Notification | I . | | Street A | Address | ^ - | | | | | | | <u> </u> | 5-12 | |
| EPA DEP | Initial | | 1 | City St | ate, Zip C | Mec | 4.7 | _ | 08 75 TV 80 | SICC | | | | | |
| DOL | Amended Amendmen | t # | | City St | are, Zip C | | 1)50 | 1 | パュー | τ 🖟 🐪 | 1 . 7. 12. 1 | | | | |
| DOH | Emergency justification | | - | Name o | f Contact | · T) | /U). | _ | 70 73 | Te | elephone N | ımhar | | | |
| DCA | Cancellation | | | | ws | | | | | - | repriorie M | ninnei | | | |
| | | | | FAC | LITKINF | ORMATI | ION | | | | - | | | 1 | |
| Name of Facility Where | Abatement is Takin | ng Place (3 |) / | _ | | | | Тур | e of Facility | (4) | | | | | |
| Street Address | 21+ tresi | Unc | Q/C | ora | 98 | | | | School (K | (-12) | | | | | |
| | 0001 11 | | _ | 1 | | | | | Subchapt Other (i.e. | er 8 (Otl | ner than K- | 12) Sial bui | ldings | ham | |
| City (5) | neet. of H | 005e | 16 | <u>t</u> | | | | Ц | etc.) | . private | d commen | Jiai Dui | diriga | , 11011 | ies, |
| 11711 | | | | | | | | Squ | are Feet | # 0 | of Floors | 1 | 3ldg. | Age | |
| County (6) | | | | County | Code (7) | | | Cus | DO (D | nd n = 16 f = 1 | | | 0 | * | |
| monmw- | th | | | | USE ONLY |) | | Cun | rent Use (P | | ing demolis | shed) | | | |
| Name of Monitoring Firm | Hired by Building | Owner (8) | | ASCN | / No. | | Name | of Ah | atement C | | (0) | | | | |
| | | | | | | | | | lation Co | | (9) | | | | |
| Street Address | | - | | 1 | | | Street A | | | | | V | | | |
| | | | | | | | 95 M | ontr | ose Roa | ıd | | | | | |
| City, State, Zip Code | | | | | | | | 200 | Zip Code | - | | 10 | . 100 | | |
| D-1-11 | | | | | 11 | | Colts | Ne | ck, N.J. C | 7722 | | | | | |
| Project Manager for Mon | itoring Firm | 1 | | Telephor | ne No. | | Telepho | | | | License 1 | Vo. | | | |
| Start Date (10) | | Cabantal | | | | | 732-2 | | | | 00029 | | | | |
| 12/17/1 | ı | Schedule | | | Date (11) | | Name o | of OS | HA Monito | Г | | 0.000 | | 5060.50 | |
| Occupancy Status During | | k Only On | 30 | 119 | | | Street A | dde | | | | | | | |
| Facility Closed/Vaca | | | 50 | ont | | | Street | laare | 355 | | | | | | |
| Abatement Performs | ed Outside of Norn | nal Facility | Hours | ent | | 1 | City, Sta | ate. 2 | Zip Code | | | | | | ď. |
| Other – Describe: _ | | | | | 0 - 12 - 12 - 12 - 12 - 12 - 12 - 12 - 1 | - | | • | | | | | | | |
| Scope of Work (Check Al | l That Apply) | 330 - 3500 | | | | | 7 | | | | | | | | |
| ≥3 sf or ≥3 if ≥160 sf or ≥260 if | , | percent 1 | enovat | | | | | Fu | III Containn | nent with | Negative i | Pressu | re | | |
| D 2100 SI 01 2200 II | | A D | emoliti | on | | | ,H | Mi | ni-Enclosui ovebag Pro | re | • | | | | |
| | | | | | | | | No | n-Exempte | ed (*) an | d Non-Friat | le Pro | cedur | е | |
| | | | ocatio | | | | ~ | | | T. | | | Abate | emen | t |
| Location Asbestos-Containing | | | ormally Solely | | | | cription o | | | | | | Ty | pe | _ |
| TO BE ABA | TED | Mair | tenan | ce/ | Asbest (i.e. | tos Conta thermal s | aining Ma systems i | iteria insul | I (ACM) | | mount Specify | 77 | 1000 | Ē | Е |
| In Facilit (13) | ty | Custo | dial S (12) | ап? | | surfac | ing, VAT, | or. | ation, | | or LF) | Removal | Repair | cape | nclo |
| (10) | | | | | | otner m | iscellane | ous) | | | | oval | air | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | | | | | | e | |
| - OU+57 de | L | | | 0 | 510 | dias | \ | | | 40 | Mo | V | 7 | | |
| | | | | | | / | 1 | | | | 0 | 1 | | | |
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| | | | | | | | | Parent I | | | | - | | _ | |
| Name of Registered Wast | e Hauler | | NJ | DEP Wa | iste | Cubic Y | 'ards | | Name of | Registe | red Landfill | | | | |
| Ace Insulation Co., In | ic. | | | uler ID N | No. | of Wast | | | Chrins | riogicio | oo Lanaiii | | | | |
| City, State | | | 12 | 086 | | Dian | 1 | | | | | | | | |
| Colts Neck, New Jers | sey | | | | | Disposa | Date | 1 | City, Stat | | | | | 15 | |
| Completed by | | Title | | | | 12: | hature | 1 | Lasion | ,, FA | | | | | |
| Bree McGuire | | Secret | ary T | reasur | ег | July | , | | 1/ | | Da | 7 1 | 1/1 | J | |
| | | | - | | | | | 10 | V- | | | 2 | 1 | 1 | |
| ASB-41 (R-06-08) | | | | | | * | Do not u | ıse ti | form for | asbestr | s licensure | exem | oted s | ctiviti | 000 |

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 12-8-14 Michele Steriti 2010 DEC | | PH ID: 63 Agencies Notified Type Notification Street Address 1119 Yardley Road & LICENSING **EPA** Initial City, State, Zip Code П DEP Amended × DOL Amendment # Cherry Hill, NJ 08034 X Emergency (including Name of Contact Telephone Number justification) DOH John Zumbo DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residential School (K-12) Street Address Subchapter 8 (Other than K-12) × Other (i.e. private & commercial buildings, homes, 1119 Yardely Road etc.) City (5) Square Feet # of Floors Bldg. Age Cherry Hill 2000 2 50 County Code (7) (STATE USE ONLY) County (6) Current Use (Prior if being demolished) Camden Residential Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Rick Pellissier Assured Environmental Services, Inc. Street Address Street Address 904 Kings Arms Drive 570 Clems Run City, State, Zip Code City, State, Zip Code Downingtown, PA 19335 Mullica Hill NJ 08062 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 610-304-4676 01145 Start Date (10) Name of OSHA Monitor Scheduled Completion Date (11) **EMSL** Occupancy Status During Abatement (Check Only One) Street Address 200 Rt 130 North Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Cinnaminson, NJ 08077 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Removal Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Living Room and Kitchen pop corn ceiling 1500 SF x Basement Floor Tile 550 X x Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Assured Environmental Minerva Landfill City, State City, State Disposal Date Mullica Hill, NJ 12-21-14 Waynesburg, OH

Completed by

John Zumbo

Title

President

Date

12-8-14

Signature

NO CK

| Date of Notification (1) | | Name of | Building Owner/C | horator | (2) | الالس له | 1 - | Ton 1 | I | |
|--|-------------------|---------------|---|------------|--|---------------------------------------|-----------|--------|-------------|-----------|
| 12/02/2014 | | | PSEG | perator | (2) | | | | | |
| Agencies Notified Type Notification | | Street Ac | | | | ZEM DEC 1 | DE | 10. | | |
| Agencies Nothled Type Notification | | | O HADLEY | P | 0 | 1 | | 110: | | |
| ☐ EPA 🗵 Initial | - | 900 | e, Zip Code | NOA | | & LICE | 0.0 | | | - |
| DEP Amended Amendment #_ | | City, Stat | e, Zip Code | | -5000 | 2 1 100 | CU | MIR | 101 | |
| Emergency (inclu | uding | South | PLAINFIELD | NJ | 0.1080 | & LILE | K511 | G | | |
| DOH justification) | | Name of | | | | Telephone Nu | mber | _ | | |
| DCA Cancellation | | | ID ROCHE | | | 1-0 1 | | | | |
| N. (F. W. M. A. | (0) | FACIL | ITY INFORMATI | ON | T | 0 | | | | _ |
| Name of Facility Where Abatement is Taking Pla | 0.50.50 | r | 60 | | Type of Facility (4 | +) | | | | |
| PSEG BRIDGEWATER SWIT | i CHING | STATI |) A) | | School (K-1 | | | | | - 1 |
| Street Address | | | | | | 8 (Other than K-1 rivate & commerc | | linas | home | |
| 5 POLHEMYSS LANE | | | | | etc.) | invate a commerc | iai baile | inigo, | Home | ٥, |
| City (5) | 725-Killio (115%) | | | | Square Feet | # of Floors | В | ldg. A | ge | |
| BRIDGEWATER | | | | | 2922 | / | 13 | 30+ | | |
| County (6) | | County C | | | Current Use (Price | or if being demolis | hed) | | - | |
| SOMEKSET | | (STATE U | SE ONLY) | | SWITCHING | Control. | BLD. | | | |
| Name of Monitoring Firm Hired by Building Own | er (8) | ASCM | No. | Name | of Abatement Con | tractor (9) | | | | |
| 11/2 | | | | · 1 | TNA ROOF | NG CONRE | RATIA | N | | - 1 |
| Street Address | | 1 | | Street | Address | | | | | \dashv |
| 0.0007.1447.000 | | 99 | | 000. | 1320 EAST | STATE S | THEF | T | | 1 |
| City, State, Zip Code | | | | City S | State, Zip Code | STATE D | TICCL | | | _ |
| City, State, Zip Code | | 12 | | | | T 08/08 | | | | |
| Desired Manager from | | Talanhaa | - N- | 1 K | ENTON, Nonnone No. | License | lo. | | | |
| Project Manager for Monitoring Firm | | Telephor | ie No. | | | | | , | | |
| | | | | 609- | 586-3666 37 | 166 009 | 124 | | | |
| Start Date (10) | heduled Co | mpletion L | Date (11) | Name | of OSHA Monitor | | | | | |
| | | | | | N/A | 7 | | | | |
| Occupancy Status During Abatement (Check Or | nly One) | | | Street | Address / | | | | | |
| Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal F | | | | | Section of the sectio | | | | | |
| Abatement Performed Outside of Normal F Other – Describe: | acility Hour | rs | | City, S | State, Zip Code | | | | | |
| Other - Describe. | | | | | | | | | | |
| Scope of Work (Check All That Apply) | | | | 899 | -5 | | | | | |
| ≥3 sf or ≥3 lf | X Renov | ation | | | Full Containme | ent with Negative | Pressu | re | | |
| ≥160 sf or ≥260 lf | Demol | ition | | | Mini-Enclosure | | | | | |
| | | | | | Glovebag Prod | edure I (*) and Non-Fria | hle Pro | cedur | 2 | |
| | 83 83 | | | | a Non-Exemple | () and Homina | 1 | Abate | - 81 | |
| | Is Loca | | | | | | | Ty | | |
| Location of | Norma Used Sol | | | scription | M 1997 | | | T . | | |
| Asbestos-Containing Material (ACM) | Maintena | | | | Material (ACM) s insulation, | Amount (Specify | 77 | l oron | E | m |
| TO BE ABATED In Facility | Custodial | SERVER SERVER | | cing, VA | | SF or LF) | em | Repair | зар | nclc |
| (13) | (12) |) | | miscella | | and something | Remova | air | Encapsulate | Enclosure |
| | Yes No | N/A | | | | | = | | te | Ф |
| | | | | | | | - | - | | |
| MAIN CONTROL BUILDING | X | | ROST FL | MEAN | NGS | 300 | X | | | |
| SMALL CONTROL BUILDING | X | | ROOFIA | | | 522 | X | | | |
| 3122- (82.100- 001-011-0 | - | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | |
| | | | | | | | | - | | |
| | | | | | | | | | | |
| Name of Registered Waste Hauler | | NJDEP W | aste Cubic | Yards | Name of | Registered Landfi | II | | | |
| IIM a Non Tours | | Hauler ID | No. of Wa | iste // | Con | 1.10 | 211 | | | |
| City State | | 1727 | J Diagram | sal Date | City State | WS LAND | 714 | | - | |
| City, State | | | Dispo | sai Dale | le le city, Stat | " CHILL | PA | | | |
| WM of NEW JERSEY City, State NEWARK NJ 07/14 Completed by | | | | 21 | GRO City, State Morre Bissine | ISVILLE, | ntc. | | | |
| Completed by | Title | | | Signatur | ^e ற | | ate | 2 | .,, | |
| JOHN BIASINI | ESTIMA | 1/6K | _ | 12 m | Beasine | | 12- | 4-1 | 7 | |

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

| Date of Notificat | ion (1) | | | ing Owner/Operator | c (2) | | | | |
|---|--|---------------------------------|--|---|--|------------------------------------|---------------------------------|-----------------------|-------------|
| 12-4-14 | | 3 | 326 Wash | nington Ave. | LLC 5 | Cour | 73 | | |
| Agencies Notified | Type Notificat: | ion St | reet Addres | s | | • | - | | |
| []EPA []DEP [X]DOL | [X]Initial Notificat | E | Ly, State, | s th Washington Zip Code Leld,NJ,0762 | | STES CON | | | |
| [X] DOH | Notificat | (80.800.890) | me of Conta | act | Telephor | ne Number 11 | THUL | | |
| []DCA | []EMERGENCY | 3 | 326 Wash | nington Ave. | | | | | |
| | []Cancellati | on LI | LC . | | | | 11 | | |
| | | | | TY INFORMATION | | | | | |
| Same as abo | Where Abatement is | s Taking | Place (3) | | | (K-12) ter 8 (Othe | | | |
| Street Addres | | | | | cial b | i.e., priva uildings, h | omes, e | tc.) | |
| City (5 | | ounty (6) | Tecay | County Code -(7) | Square Feet | # of Floo | and a second | dg. Age | 9 |
| CILY (5 | | ouncy (6) | ESSEX | (STATE USE ONLY) | 8000 Current Use (| | ing dem | 33 | d) |
| | | | | | | | - | | |
| Name of Monitorin Owner (8) N/A | g Firm hired by Bu | ilding | ASCM No. | | MANAGEMENT | | | | |
| Street Address | | | | Street Addres | ss | | | | |
| | | | | 86 Chris | stopher St | • | | | |
| City, State, Zip | Code | | | City, State, | | | | | |
| | | | | Montcla: | ir, NJ 070 | 42 | | | |
| Project Manager f | or Monitoring Firm | n Telep | hone Number | Telephone Nur (973)74 | | T. | icense 0037 | | |
| [X]Facility (of Abate | Year Mont During Abatement Closed/Vacated Dur | 2-151 th Day (Check on | Year ly one) re Period | N/A Street Addres | - | | | | |
| Hours - De | Performed Outside escribe: «OffHours escribe: «Other Occ | Descript | <u>»</u> | City, State, | Zip Code | | | | |
| 100 000 100 000 000 000 000 000 000 000 | eck all that apply | | | | | | | | |
| [X]≥3 sf | | [X]F | Renovation Demolition | []Mini []Glove | Containment wi -Enclosure bag Procedure -Friable Proced | - | Pressu | ire | |
| | 2 | | Is ation | | 12 <u>1</u> 2 | 4 | Aba | tement | |
| Asbestos- Materia TO BE In Fa | ion of Containing al (ACM) ABATED cility L3) | Norm Us So By 1 tens Cust Staf: | mally sed lely Main- ance/ codial f (12) | Descripti Asbestos-Cor Material (i.e., therma insulation, surf or other misce | ntaining (ACM) 1 systems facing, VAT, | Amount (Specify SF or LF) | R E M O V A L | R C A P P A S I U R L | N C L O S U |
| Roof | | | | Roof Flashir | ng | 460 SF | X | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registere AZTECH MAN | d Waste Hauler AGEMENT, INC | 7 | P Waste er ID No.)40 | Cubic Yards of Waste 1.5 | Name of Regi | | fill | | |
| City, State | | | | Disposal Date | City, State | | | _ | |
| Montclair, | NJ 07042 | | | 12-16-14 | Morrisvi | lle, PA | 1906 | 7 | |
| Completed By (Pri | 77.7 | e siden | t | Signatur | e Clic | | Date | -14 | |
| Montclair, Completed By (Pri | nt or Type) Titl | | t | 12-16-14 | Morrisvi | lle, PA | Date | | |

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

| Date of Notification (1) | Name o | f Build | ling Owner/Operato: | r (2) | | | | | | |
|---|------------------|---|---------------------|---|--|------------------------------------|-----------------------|-------------|---------|---------|
| 12-4-14 | | Ada | m Mor | roze | | | | | | |
| Agencies Notified Type Noti | fication | Street | Addres | s | T. | WOLLIVE WA | 1 | | | |
| []EPA [X]Init | al | | | n Road | | | | | | |
| []DEP | Lfication | 100000000000000000000000000000000000000 | | Zip Code | Eala D | EC PM | 10: 60 | | | |
| [X]DOL []Amend | ded Efication | Upp | er Mo | ontclair,NJ, | | e Number ju | .0.48 | | × | |
| [X] DOH | | Name o | of Conta | act | | | IROI | | | |
| []DCA []EMERO | ENCY ellation | Ada | m Moi | roze | (973) | 13/R | 70. | 8 | | |
| | | Ш | FACIL | ITY INFORMATION | | | | | | |
| Name of Facility Where Abatem | ent is Tak | ing Pla | ce (3) | | Type of Facil: | ity (4) | | | | |
| Same as above | | | | | []School | (K-12) ter 8 (Other | than 1 | K-12 |) | |
| Street Addres | | | | | [X]Other (| i.e., privat uildings, ho | e & co | mmer | - | |
| # ## ## ## ## ## ## ## ## ## ## ## ## # | | | | | Square Feet | # of Floor | | lg. I | Age | |
| City (5 | County | (6) Ess | ex | County Code (7) (STATE USE ONLY) | Current Use (| Prior if bei | ng dem | olis | hed) | 1 |
| | | | | | Current Use (| FIIOL IL Del | ing dem | 0115 | neu, | |
| Name of Monitoring Firm hired Owner (8) N/A | by Build | ing ASC | M No. | | ement Contracto | | | | | |
| Street Address | | | - | Street Addre | CERTIFICATION CONTRACTOR CONTRACT | | 7000 | | | |
| | | | | | stopher St | • | | 1000 | | |
| City, State, Zip Code | | | | City, State, Montcla | ir, NJ 070 | 42 | | | | |
| Project Manager for Monitorin | | relephon | e Numbe | Telephone Nu (973)74 | | 38,000 | icense | | er | |
| | | E-1, C-21 | | | | | | | | |
| | Sched. Con | - | | | Monitor | | | | | |
| 12-16-14 | | -17-1 | =1. | N/A | | | | | | |
| Month Day Year Occupancy Status During Abate | Month | Day ck only | Year | Street Addre | SS | | | | | |
| [X] Facility Closed/Vacat of Abatement | ed During | Entire | Period | | | | | | | |
| []Abatement Performed O Hours - Describe:«Off []other - Describe:«Oth | Hours Desc | ript» | | Y City, State, | Zip Code | | E . | | | |
| | | cy beec | | | | | | | | |
| [X]>3 sf or >3 lf []>160 sf or >260 l | | | ovation olition | []Min: [X]Glo | l Containment wi i-Enclosure vebag Procedure | | Pressu | ire | | |
| | | Is | | []NOII | -Friable Procedu | I | Aba | teme | nt ! | Type |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility | | Normal Used Solel By Mai tenanc Custod | y n- e/ | Descript Asbestos-Co Material (i.e., therm insulation, sw | ontaining (ACM) al systems rfacing, VAT, | Amount (Specify SF or LF) | R E M O V | REPAIR | ENCAPSU | ENCHOSU |
| (13) | Ye | Staff (| 12) N/A | or other miso | cellaneous) | | L | R · | L | R |
| Basement | | | X | Duct Insula | tion | 30 sf | X | | | |
| | | | | | | | _ | | - | + |
| Name of Registered Waste Hau | ler | NJDEP V | Waste | Cubic Yards | Name of Reg | istered Land | fill | | | _ |
| AZTECH MANAGEMENT, | | | ID No. | of Waste 1.5 | G.R.O.W | .S. | | | | |
| City, State | | | | Disposal Date | City, State | | 100 | - 17 | | |
| Montclair, NJ 07042 | | | | 12-18-14 | Morrisvi | ille, PA | T906 |) / | | |
| Completed By (Print or Type) Title | | | | Signatu | | | Date | | | |
| Constantine Vivian | dent | | () | ljian | | 12-4 | | | | |

NJDEP Waste

17040

Title

President

Hauler ID No.

Cubic Yards

of Waste 1.5

Disposal Date

12-19-14

Signature

Name of Registered Landfill

Morrisville, PA 19067

Date

12-4-4

G.R.O.W.S.

City, State

Name of Registered Waste Hauler

Montclair, NJ 07042

Completed By (Print or Type)

Constantine Vivian

City, State

AZTECH MANAGEMENT, INC.

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

| - | pe Notifica | | Andrew (| Sutelle | | 17 | | | | |
|--|--|------------------------|---|--|---|------------------------------------|----------------------------|----------------------------|----------|-----------|
| | pe Notifica | | | | | - were found from a | Je 11 . | 1 | | |
| []EPA | | tion | Street Addres | | 60. | REVER | in t | - | | |
| | [X]Initial | | 61 Chris | stopher Stree | et 4 | A DEC 11 B | M In. | Ξ, | | |
| []DEP | Notifica | ation | City, State, | | Astro | 3 - 3 | ÷) (U•) | J/ | | |
| [X]DOL | []Amended Notifica | ation | Montcla: | ir,NJ,07042 | # D(| ESTAS CO | HID! | וו | | |
| [X] DOH | 1 - 1 | 926 | Name of Conta | | Telephor | & Number VST | ETA | JL. | | |
| []DCA | []EMERGENC: []Cancellat | | Andrew (| Gutelle | | | 1- | | | |
| | | | | ITY INFORMATION | | | F | | | |
| Name of Facility Where Same as above | Abatement | is Takin | ng Place (3) | | Type of Facil | | +han | K_12 | ` | |
| Street Addres | | | | | [X]Other (| i.e., privat uildings, ho | e & co | mmer | | |
| City /E | | Carra tra (| 6) Page 1 | G G4 (7) | Square Feet | # of Floor | s Blo | dg. 1 | lge | |
| City (5 | | County (| 6)ESSEX | County Code (7) (STATE USE ONLY) | Current Use (| Prior if bei | ng dem | olis | hed) | |
| Name of Monitoring Fir Owner (8) N/A | m hired by | Building | ASCM No. | | ement Contracto | | J.: | | | |
| Street Address | | | | Street Addres | stopher St | | | | | ā |
| City, State, Zip Code | | | | City, State, Montcla: | Zip Code ir, NJ 070 | 42 | | | | |
| Project Manager for Mo | nitoring Fi | rm Tel | ephone Numbe | r Telephone Num | aber | Li | cense | Numb | er | |
| | | N/ | A | (973) 744 | 4-8800 | | 0037 | 1 | | |
| Scheduled Start Date (12-17-14 Month Day Year Occupancy Status Durin [X]Facility Closed | Mon | 12-1 nth D | | Name of OSHA N/A Street Addres | | | | | | |
| of Abatement []Abatement Perfo | | | | City, State, | Zip Code | | | | | |
| Hours - Describ | | | - | | • | | | | | |
| Scope of Work (Check a | ll that app | ly) | | | | | | | | |
| [X]≥3 sf or ≥3 []≥160 sf or | | 0.710 | [Renovation]Demolition | []Mini- [X]Glove | Containment wi -Enclosure ebag Procedure Friable Procedu | 2.* | Pressu | re | | |
| 4 | - | T.o | Is ocation | | | - 1 | Aba | teme | | |
| Location o Asbestos-Conta Material (A TO BE ABATE In Facilit (13) | ining M) D | No By te Cu | Used Solely y Main- enance/ stodial aff (12) No N/A | Description Asbestos-Con Material (i.e., thermal insulation, surf or other misce | ntaining (ACM) l systems Facing, VAT, | Amount (Specify SF or LF) | R M O V A L | R E P A I R | ENCAPSUL | ENCLOSURE |
| Basement | | | х | Pipe Insulat | ion | 175 lf | X | | | |
| | | - | | | | | | | _ | - |
| Name of Registered Was | | C. Ha | DEP Waste uler ID No. 7040 | Cubic Yards of Waste 1.5 | Name of Regi | | ill | | | |
| City, State Montclair, NJ 0 | 7042 | | | Disposal Date 12-19-14 | City, State Morrisvi | lle, PA | 1906 | 7 | | |
| Completed By (Print or Constantine Viv | State of the state | _{le} eside | nt | Signature | Tilla | | Date 12-3- | 14 | | |

(X1756

| | | (Purs | uant to | NJAC 8:60 and | 112:120 | 0) | Roman | 1 | | | |
|--|-------------------------------|-------------------------|----------------|---------------------|------------------------------|-------------------------------|---------------------|----------------|--------|-------------|-----------|
| Date of Notification (1) | | | | Building Owner/C | | , | RECEN | | | | |
| Agencies Notified Type Noti | fication | | to(C | | Hie | D 2 | DEC II P | Min | | - | - |
| | | 38 | 34 | Sussex | 29. | 4 | | u III: | 91 | | |
| | nded | | ty, State | e, Zip Code | | × 0 | PESIES CE | MIR | (B) | | |
| Eme | ndment # rgency (including | - L | SC CE | jen field | , N | 2 0 | Telephone Nur | 124 | O.L | | |
| | ication) cellation | | 5,1 | | his | | | | | - * | |
| | in Takina Diago /2 | , | FACIL | ITY INFORMAT | | Type of Facility (4 | 1) | | | | |
| Name of Facility Where Abatement | is raking riace (5 | , | | | | School (K-1 | | | | | |
| Street Address | 1 | | | 02/21 | | Subchapter | 8 (Other than K-1) | 2) al build | inas. | nome | s. |
| 84 SUSSEX K | <u> 7</u> | | | 07621 | | etc.) Square Feet | # of Floors | | dg. A | | |
| sergenfield | N2 | | | | | 1,228 | 2 | | 66 | 2 | |
| County (6) | | | | ode (7) SE ONLY) | | Home | or if being demolis | nea) | | | |
| Name of Monitoring Firm Hired by I | Building Owner (8) | | ASCM | No. | | of Abatement Cor | | ۱۸ | | | |
| Street Address | | | | 290 | Stree | Address | | 10. | | | - |
| Curativa da l'oca | | | | | 8.0 | D. Box 4 | 15 | | | | |
| City, State, Zip Code | | | | | City, | State, Zip Code | 02773 | | | | |
| Project Manager for Monitoring Fire | Te | Telephone No. Telep | | | ephone No. License No. | | | | | | |
| , | | | | | - | -899-749 | 19 01 | 196 |) | | 2 |
| Start Date (10) | Schedul | ed Comp | | Date (11) | Name | e of OSHA Monitor | | | | | |
| Occupancy Status During Abateme | ent (Check Only Or | | 1 | | Stree | t Address | | | | | |
| Facility Closed/Vacated Durin | g Entire Period of | Abateme | ent | | City | Ct-to Zin Codo | | | | el liber | |
| Abatement Performed Outside Other – Describe: | e of Normal Facility | y Hours | | | City, | State, Zip Code | | | | | |
| Scope of Work (Check All That Ap | oly) | | | | | _ | | | | | |
| ≥3 sf or ≥3 lf | - | Renovatio Demolitio | | | | Full Containm | ent with Negative | Pressu | re | | = |
| ≥160 sf or ≥260 lf | | Jemondo | <i>n</i> 1 | | | Glovebag Pro | | ble Pro | cedur | e | |
| | 1 | s Location | n | | | | a () and Hom I ha | | Abate | ement | |
| Location of | He | Normally ed Solely | | | escriptic | | | - | 13 | ре | Н |
| Asbestos-Containing Material (TO BE ABATED | ACM) Ma | aintenand stodial St | ce/ | (i.e. therma | al syster | Material (ACM) ns insulation, | Amount (Specify | Re | R | Encapsulate | Enc |
| In Facility (13) | Ous | (12) | aii: | | acing, V miscella | AT, or aneous) | SF or LF) | Remova | Repair | psula | Enclosure |
| | Yes | No | N/A | 4 uard | c to | ansite | | - | | ate | Ф. |
| | | | X | Siding | SU | aps | | 8 | | | |
| | | | - 0 | 0 | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | D. sistered I and | | | | |
| Name of Registered Waste Hauler | SINC. | | IDEP Wauler ID | | c Yards ^{aste} Ц | | Registered Landf | U.S | , | | |
| City, State Srium, NJ | | | ان دار | Disp | osal Da | | | | | | |
| Completed by | Title | <u> </u> | | -1 | Signatu | - | | Date | - /1 | | |
| EricPlauhis | | PIC | 396 | Nt | | 2 yell | | 215 | 11 | 4 | |

CNG CK #

REVERVED

SELLE OF NEW JETS BY HOTHCATION OF ASBESTOS ABATEMENT (Pursuent to NJAC 8:60 and 12:120)

| 2214 DEC | Pho Di Boghcallon (1) | 14/14 | Name of | Building O | MONTH TE | CH CO | NTRACTA | 16 | | | | |
|----------------|-------------------------------------|--------------------------------------|----------------------------|--|---|---------------------|---------------------------------------|---------------------------------------|--|--|--|--|
| ASSESTAS | COMPROLIMES | Type Holification | Svee: A | 15°55 | 5 RT. | 50 | | | | | | |
| & LICEN | 三∞. □∞. | Emadeuch inc Theusaneur F = Sives | Judico | Cry State Zip Code GREEN RIELD N.J 08230 Name of Contact Name of Contac | | | | | | | | |
| | ☐ 00 h | Justification) Cancellation | | RUCO | | unia | | | | | | |
| e ^N | | 1 | | m ,450A | UKA TION | Type of Facility (4 | | | | | | |
| | | DENCE | | | | School (K-12) | (Other than K-12) rate & commercia | bulangs | | | | |
| | | 2 9 ASBUR | | | | Square Fool | # of Floors | 1 Blog AQ | | | | |
| | Corr 151 | CEAN CITY | / | 2 | 754.45 | Current Use (Price | . Z | | | | | |
| | County 15: P and | May | County USE O | | | VAC | ONT | <u>:</u> | | | | |
| | Name of Marioning Fin | m Hired by Building O | wher ASON Ho | 1 × | lame of Abateme | eni Convegor (9) | c / | | | | | |
| | 8. | // | | | Jee: Address | SPRUC | E Aut. | | | | | |
| | Siree. Appress | | | | 364 5. 27. 20 Coc. | | | | | | | |
| | Cry State Zo Code | | | | MAPLE SHADE NO | | | | | | | |
| | States Hanager la M | antoning Firm | M shareolo | | 856-779-0472 00444 - | | | | | | | |
| | | | uec Completon Date | (11) | JOSE PILALEM M | | | | | | | |
| | 12 / 18 /1 | 12 | 125/14 | 0.02 | Suee: Acdress 3695, Spiruce A ver | | | | | | | |
| | Occupancy Status Ou | | | <u> </u> - | | | | | | | | |
| | T Abatement Perform | ated Durside of Normal | Facility Hours | | Cry Suite, TO COSE SHADE, N. J. 06052 | | | | | | | |
| | _ OWR - Descu∞ | | | | □ FUL CON | אושחהיפחו אודי אפ | gative Pressure | | | | | |
| | Score of Mon. (Chec | 2 31. 3 2 | L Sendralia | | Glove Dag Procedure Non-Exempled (1) and Non-Friable Procedure Non-Exempled (1) and Non-Friable Procedure | | | | | | | |
| | 23 51 01 23 T 23 50 51 01 2260 H | | Is Location | | r I North | enoted () | | ~ ic× | | | | |
| | ÷ . | • | Normally Used Solety by | | Description of Sonia and Ma | ol senal (ACM) | Amount | | | | | |
| •. • | Localis . Localis | & material lucius | Craices : | . • | nomallysiems | 01 | SF a cf. | Removal | | | | |
| | 10 86 0 | المحريج | S:a77 | | one miscellane | :os: | | , , , , , , , , , , , , , , , , , , , | | | | |
| | , 1 3 | | TES NO NIA | | | | 20004 | × | | | | |
| | | | × | | nod & , Te | | | | | | | |
| | 5171N | <i>b</i> - | | | | | 1 | | | | | |
| | | | | | | | pistered Landilli | | | | | |
| | - | Vanile/ | 1000 | Waste | Cubic Yards | Name of Ke | 1, C, M. | J. B. | | | | |
| | Name of Registered | co Inc. | 179 | 27 | Osposi Dale | City. State | .5 | んご・ | | | | |
| | C. S. Siate | | J. 08052 | | | Woo | Daie | 75. 75.0 | | | | |
| | | 14 ~ 17 6 | | | Signature | 41 1 | | -14/14 | | | | |
| | Completed By | LEMM - | * 0 W NER | | -1-0 | emoled activities | | | | | | |
| | A 55 - 1 | - 4 | Do not use this form | 10, 32062 | 101 :: 691/2016 61 | , | | , | | | | |

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SIZE OF NEW JETZEY HOTHCATION OF ASBESTOS ABATEMENT (Persuant to NJAC 8:60 and 12:120)

| | ` . | (Pursuant to | NJAC 8:60 and 17:1 | 20) | | | | | | |
|---------------------------|--|--|--|--|---------------------|---|--|--|--|--|
| 1 0 P. 10: 52 00 (| 15/14 | . Name of | Name of Building Owner Operator (2) EARTHTECH CONTRACTING | | | | | | | |
| 03-004414000 | Type Holifica 80 | n Sveet Ac | W. 2 - D. | 7 70 | | | | | | |
| ICENSING | ₩ Yune uped | 60.800 | | 1.) 0 | | | | | | |
| | Amenomeni | 1 | GREEN | RIELD A | | | | | | |
| | Emergency justification | Name of | Contac: | | I down n' m' | 1 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | |
| ☐ 00m ☐ ∞4 | Carcalado | | | EOMICE | <u> </u> | - 416 | | | | |
| | | FACIL | SUPER ADDRESS SUPER ADDRESS SUPER ADDRESS SUPER SUP | | | | | | | |
| Same of Facility Whe | re Abatement is Tak | ng Place (3) | | Part Control of the C | , 100 da | | | | | |
| | INFINCE | | | Supplier 8 (Other than X-12) Other (I.e., physic & commercial buildings homes, etc.) | | | | | | |
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2)
MERCK & CO. Date of Notification (1) 12 10 114 Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY2 Agencies Notified Type Notification City, State, Zip Code EPA Initial Notification DEP Amended Notification RAHWAY, NEW JERSEY 07065 DOL Cancellation DOH On Hold Name of Contact Telephone Ni.----DCA EMERGENCY NOTIFICATION THOMAS BLAZOVIC **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MERCK & CO. Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 126 EAST LINCOLN AVENUE -BLDG 5 10,00 44 City (5) County (6) County Code (7) Current Use (Prior if being demolished) RAHWAY UNION (STATE USE ONLY) **OFFICE** Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMETAL HEALTH INVESTIGATIONS, INC. 17 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 655 WEST SHORE TRAIL 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SPARTA, NEW JERSEY 07871 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number WILLIAM S. KERBEL, CIH 973-729-5649 845-369-7500 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 12 / 41 24 15 AMERISCI LABORATORIES INC #11480 Month Day Month Year Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: SATURDAY 7AM-7PM City, State, Zip Code NEW YORK, NEW YORK 10016 Full Containment with Negative Pressure Scope of Work (Check all that apply) Demolition Renovation Mini-Enclo:, >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing normally used Containing Material (ACM) Amount ENCAPSULE REMOVAL REPAIR ENCLOSURE Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) No N/A Yes BUILDING #80 P - Area outside loading dock Exterior Tar/Mastic 35 SF NJDEP Waste Name of Registered Waste Hauler Cubic Yards of Waste Name of Registered Landfill FREEHOLD CARTAGE, INC. Hauler ID No. LYCOMING COUNTY RESOURCE MANAGEMENT SERVICE 825 HIGHWAY 33 15939 447 ALEXANDER DRIVE/ROUTE 15 City, State Disposal Date City, State FREEHOLD, NEW JERSEY MONTGOMERY, PA 17752 12/20/14 -4/24/2015

Signature

Date

Completed by (Print or Type)

BENJAMIN SANCHEZ

Title

DIRECTOR OF OPERATIONS

CK 1521

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO N.IAC 8:60-7 AND 12:120-7

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| Date of Notifica | tion (1) | | | Name of B | uilding Owner / 0 | Operator (2) | | | | 5 5 1 | |
| 12 / 10 / 2014 | | | | Jim Wood | | | | | | | |
| | _/ | | 8 | Street Add | ress | | | D = 0 | 1 1 00 | | |
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| Name of Facilit | y Where Abatem | ent is Taking F | Place (3) | | Type of Facility | (4) | | | | | |
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| | or Monitoring Fi | rm | Telephone Nun | nber | Clifton, NJ 070 | | | | | | |
| Varren Clender | | | 973-458-1188 | | | | | | | | |
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| Occupancy Sta | atus During Abate | ement (Check | Only 1) | | Name of OSHA | Monitor | | | 2 70 3 | | |
| ☑ Fac | ility Closed/Vaca | ted During Ent | tire Period of | | Steve Rich Envir | ronmental Contrac | ctors d/b/ | a OPUS A | batement | | |
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