CK 4158

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

| | | | | | | • | | 1 1 | ECE | 15 . | | - | |
|--|--|------------------------------|-----------------------------|--------------------------|---|---------|---|-------------|---------------------------|----------------|--------------|--------------|-----------|
| Date of Notification (1) 12/10/2012 | | | Name P.S.I | of Building O E. & G |)wner/C | perato | or (2) | 20120 | CCE | i V | ED | (()) | |
| Agencies Notified Type Notificatio | n | | 11 | Address Eagle Rock | « Ave. | | | at V U | C 13 | PM II |): ¿ | 0 | |
| DEP Amended Amendmen | | 6: | City, S | state, Zip Cod | е | | <i>E</i> 2: | 21 | 105 0 | 1141 | ili da i | 2 | i |
| ■ DOH ■ DCA ■ Emergency justification Cancellation | 1) | ng | Name | of Contact ck Tkachuk | | | | I Te | lephone N | um b ei | |) | 20 |
| Name of Facility Where Abatement is Taki | ing Place | (3) | FAC | CILITY INFOR | RMATI | ON | Type of Facility | . (4) | | | 9, | | |
| P.S.E.&G | | (0) | | | | | School (K | 100 | | | | | |
| Street Address 50 SOUTH AVE. | | | | | | | Subchapt Subchapt | er 8 (Otl | ner than K- & commer | 12) cial bu | ilding | s, hon | nes, |
| City (5) FANWOOD | | | | | | 100 | Square Feet 780 | 13529900 | of Floors | | Bldg. APP | Age X 46 | YRS |
| County (6) UNION | | | | Code (7) USE ONLY) | | _ | Current Use (P SWITCH ST | rior if be | ing demoli: | shed) | | | 티 |
| Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS | Owner (8 | 8) | ASC 004 | M No. 15 | | | of Abatement Co | | | :A | | | |
| Street Address 64 BROAD STREET | | | | | | | Address WHITEHEAD | AVE. | | | - | | |
| City, State, Zip Code MATAWAN, NJ 07747 | | | | | | | State, Zip Code ITH RIVER, N | J 0888 | 32 | | | | |
| Project Manager for Monitoring Firm TOM GEIGER | | | Telepho 732-2 | one No. 90-2217 | | Telepl | none No. 432-8350 | | License I | No. | | | |
| Start Date (10) 12/29/12 | Schedu 12/31 | | mpletion | Date (11) | | | of OSHA Monito | | | Δ | 5. | | |
| Occupancy Status During Abatement (Cher Facility Closed/Vacated During Entire | | | mont | 1 | | Street | Address WHITEHEAD | | - IVILITIO | , , | , | | • |
| Abatement Performed Outside of Norr Other – Describe: | nal Facili | ty Hour | 'S | | . | City, S | tate, Zip Code TH RIVER, N | | 2 | | | | • |
| Scope of Work (Check All That Apply) | | | | | | - | | J 0000 | | | | | - |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova Demoli | | | | × | Full Containn Mini-Enclosur Glovebag Pro Non-Exempte | e cedure | | | | | |
| | ls. | s Locat | ion | | - | | 11011 Exclipte | u () ain | I NOII-FIIAL | JIE PIC | Abat | emen | t |
| Location of Asbestos-Containing Material (ACM) | | Norma ed Sole | | A-b4 | | ription | | 1 | | - | T | /pe | |
| TO BE ABATED In Facility (13) | 2000 A TOTAL | aintena stodial ((12) | | (i.e. the | contai ermal sy surfacir her mis | ystems | | (S | nount pecify or LF) | Removal | Repair | Encapsulate | Enclosure |
| OUTDOORS | Yes | No | N/A | | | | | 1.25 | | _ | | ite | Ф |
| CONTROL ROOM | - | X | - | | RANS | | | | 0 LF | Х | | | |
| CONTROL ROOM | | X | | TRANSI | IEF | LOOF | RPANELS | 10 | 0 SF | Х | | | |
| Name of Registered Waste Hauler | | - 1 50 | | | | | | | | | | | |
| WASTE MANAGEMENT | | Н | JDEP W auler ID I 125 | | ubic Ya Waste 20 | | Name of GROW | | ed Landfill TH | ű. | | | |
| City, State ELIZABETH, NJ | | | | | sposal 2/31/1: | | City, State | | - PΔ | | | | \dashv |
| Completed by CAROL RAIMO | Title OFFI | СЕ М | GR | | Sign | atare | . Lan | | Dat | te /10/2 | 012 | | |

| No check | | | CATIO | N OF ASB | ESTOS | ABATE | | | rest. | | | | 14/2012 |
|---|---------------------|---|----------------------------|----------------------|--------------------|-------------------|----------------------------|---|------------------------|-----------------|--------|-----------------|----------|
| Date of Notification (1) 11/29/2012 | | | | of Building | | | | 2817 | DECI | 3 1 | PHI |): 4 | 8 |
| Agencies Notified Type Notification | - | | Street A | | uth L: | ivings | ton Aven | ue A | ESTO. | 30 | ili i | 50 | ł. |
| EPA Initial Amended Amendment # | 3 | | | ate, Zip Co | | 7039 | | | * L162 | Tr _C | iNG | | 49 |
| Emergency (ii DOH DCA Emergency (ii justification) Cancellation | ncluding | | Name o | f Contact | | | | Teler | hone Nun | nher | | | |
| | | | FAC | LITY INFO | ORMATI | ON | | | | | | | |
| Name of Facility Where Abatement is Taking | | 3) | | = | | | Type of Fac | ility (4) | | | | | |
| Monmouth Court Community Cer | nter | | | | | | School | | | | | | |
| Street Address 26 Monmouth Court | | | | | 11 | - | | apter 8 (Other i.e. private & | | al buil | | | es, |
| City (5) Livingston | E () | | | * | | * | Square Feet | t # of F | loors | E | ldg. A | ge | |
| County (6) Essex | | | | Code (7) USE ONLY | | | | (Prior if being ty Center | | ed) | | | |
| Name of Monitoring Firm Hired by Building O Environmental Connection Inc | wner (8) |) | ASC | A No. | | Carrie management | | t Contractor (9 Corporati | • | | 4 | 2 | |
| Street Address | | | 1 | | | | Address | 4 | 7 | | 7- | | |
| 120 N. Warren Street | | | | | | 235 | Watchung | Ave | | | | | |
| City, State, Zip Code | | | | | | City, S | tate, Zip Code | е | | | | | |
| Trenton NJ 08608 | | | | | | West | Orange 1 | NJ 07052 | 31 | | Ī | Ķ) ₁ | |
| Project Manager for Monitoring Firm | | | Telepho 609-3 | ne No. 92-420 | 0 | | one No. 243-9872 | | License No 01: |). L71 | | | |
| Start Date (10) 12/03/2012 | | ed Com /14/2 | | Date (11) | | | of OSHA Mor Island | nitor Analytica | al | ř. | | | |
| Occupancy Status During Abatement (Check | Only Or | ne) | | | | Street | Address | | | | | | |
| Facility Classed Alacated During Entire Pe | eriod of | ∆hatem | ent | | 8 | 110 | Colin Dr | ive | | | | | |
| Abatement Performed Outside of Norma Other – Describe: open during b | l Facility usine | Hours | ours | 8:00-4: | 00pm | | tate, Zip Code obrook N | | P) | | | | |
| Scope of Work (Check All That Apply) | | | 10.11 | . 74 | | | _ | | | | | | - 1 |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | - | Renoval Demoliti | | | | | Mini-Enclo | ninment with Nosure Procedure opted (*) and I | 3.50 | | | e | |
| | ls | Location | nn | | | | | | | | Abate | emen | t |
| Location of | 1 | Vormall | У | | Des | scription | of | | | - | 1 1 1 | pe | - |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Ma | ed Solel intenar todial S (12) | ice/ | | thermal surface | | | (Spe | ount ecify n LF) | Removal | Repair | Encapsulate | ≘ndosure |
| | Yes | No | N/A | enn enn man | | | | | | | | œ | |
| 2nd Floor Stair 204 | | х | | VAT 8 | Mast | ic | | 237s | | x | | | |
| 2nd Floor Room 201 | | х | 1 | VAT | & Mas | tic | | 240s | | x | | | |
| 2nd Floor Room 203 | | x | | VAT | & Mas | tic | (F) (F) | 25sf | | х | | | |
| 2nd Floor Room 214 | | x | | VAT | & Ma | stic | | 60sf | | x | | | |
| Name of Registered Waste Hauler Circle Rubbish | | | IDEP W auler ID 3816 | | Cubic of Was | | - | e of Registere lytown Re | | Fac | ilit | Э | |
| City, State Linden NJ | | | ija Taga | | Dispos | al Date | City, Mo | State orrisvill | e PA | • | į, | | |
| Completed by Slawomir Kielczewski | Title | Pres | ident | * | S | ignature | lærsli | 7 | Dat 12, | | 2012 | | |

RECEIVED 2012 DEC 13 PHID: 1

| Date of Notification (1) CONTINUATION 11/29/2012 | SHEET | #1 | | | wner/Oper Livings | | (2) n | A special | ~~ | Př | 10: | 48 | |
|---|-----------------------|------------------------------------|--------------------|-----------------------|----------------------|---------------|---|---------------|---------------------------|-------------------|--------|-------------|----------|
| Agencies Notified Type Notification | | | Street Ad | | th Livi | ngs | ston Avenue | e. | STOS LICEN | COA | i ja | Q1 | |
| EPA Initial DEP Amended Amendment | 3 | | | te, Zip Coo gston, | ie NJ 0703 | 39 | | | - JE11 | of N | G | 61 |) |
| DOH justification) | | | Name of | Contact | 8 | | | Tele | phone Num | her | | | |
| DCA Cancellation | | | FACIL | ITY INFO | RMATION | | | | | Y | | | |
| Name of Facility Where Abatement is Taking Monmouth Court Community Cer | Place (3 |) | TAGIL | | | | Type of Facility School (K-Subchapte | 12) | r than K-12 | | | | |
| Street Address 26 Monmouth Court | | | *** | | N. | | Other (i.e. etc.) | private & | commercia | build | | | es, |
| City (5) | | | | | | | Square Feet | | Floors | | dg. A | ge | |
| County (6) Essex | | | County C | ode (7) ISE ONLY) | | | Current Use (Pr Community | | | ed) | | | |
| Name of Monitoring Firm Hired by Building C Environmental Connection Inc | wner (8) | | ASCM | No. | | | of Abatement Co lczewski Co | | | | | | |
| Street Address | | | | | St | reet | Address | | | | | | |
| 120 N. Warren Street | | | | | | | Watchung Av | 7e | | | | | |
| City, State, Zip Code | | | W | | 200 | | State, Zip Code : Orange NJ | 07052 | | | | | |
| Trenton NJ 08608 Project Manager for Monitoring Firm | - | 1 | Telephor | | Te | eleph | none No. | | License No | | | | 4 |
| 1 Tojour Managar | | | | 92-4200 | | | 243-9872 | | 011 | 71 | | | |
| Start Date (10) 12/03/2012 | | | mpletion E 2012 | Date (11) | | | of OSHA Monitor g Island And | | al | | | | |
| Occupancy Status During Abatement (Check | Only On | e) | | | | | Address | | | | | | |
| | | | nent | | | | Colin Driv | e | | 40427 | | - | |
| Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: open during | al Facility ousine | Hour ss 1 | s nours 8 | 3:00-4: | 00pm C | | State, Zip Code lobrook NY | 11741 | | | | | |
| Scope of Work (Check All That Apply) | | | • | | | Į | 7 | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | enova emoli | | | | | Full Containn Mini-Enclosus Glovebag Pro Non-Exempte | re ocedure | is a | | | e | |
| | T | | | | | | 1 Non-Exemple | - Contraction | THOM THE | The second second | Abate | | t |
| V 10 10 10 10 10 10 10 10 10 10 10 10 10 | | Locat Iorma | | | Descri | ntion | o of | | | | Ту | ре | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Ma | d Sole intend todial (12) | Staff? | Asbest (i.e. | os Containi | ing N stem | Material (ACM) is insulation, AT, ui | (S | mount pecify ui LF) | Removal | Repair | Encapsulate | ≡ndosure |
| | Yes | No | N/A | 173m c | Mastic | | | 60 | sf | x | | - | - |
| 2nd Floor Room 217 | | x | | | & Mastic | | | | sf | x | | | |
| 2nd Floor Room 219 | | × | | | & Masti | _ | | | osf | × | | | |
| 2nd Floor Corridor 200 | - | × | | | & Mast | | | 818 | sf | x | | | |
| 2nd Floor Room 215 | | ***** | JUDEP W | | Cubic Yar | 200 | Name of | Registe | red Landfill | | | | _ |
| Name of Registered Waste Hauler Circle Rubbish | | | Hauler ID 8816 | | of Waste | | Tully | town F | esource | Fac | ili | ty | |
| City, State Linden NJ | | | | | Disposal [| Date | City, Sta | te cisvil | | | | | |
| Completed by Slawomir Kielczewski | Title | Pre | sident | | Signa | ature U t | elaersh. | - 3 to | Da 12 | te /06/ | 2012 | 2 | |

| Date of Notification (1) CONTINUATION SI | HEET | #2 | | Building (| | | | 2012 | DEC | 13 PM | 10: 4 | 8 | - 1 | Ø |
|--|-------------------|-------------------------------|---------------------------|---------------------------------|-------------------------------|--|--|---|-----------------------|----------------------------|------------|--|---------------|-----------|
| Agencies Notified Type Notification | | | Street Ad | idress 57 Sou | ith Li | vings | ton A | Avenue | EST | is cur | i A B | 1 | | |
| EPA DEP DOL DOH DOH DOA DOA Initial Amended Amendment #_ Emergency (inc) justification) Cancellation | 3 cluding | - | | e, Zip Co gston, Contact | | 7039 | | ŏ | | Phone Num | | 69 | | |
| DCA Cancellation | | | FACIL | ITY INFO | RMATIC | ON | | 8.5 | 1 | | | | | |
| Name of Facility Where Abatement is Taking F Monmouth Court Community Cent Street Address 26 Monmouth Court | Place (3 ter |) | | | | | | of Facility (4 school (K-12 subchapter other (i.e. pottc.) | 2) 8 (Otherivate 8 | er than K-12 commercia | l buildi | | | :S, |
| City (5) | | | | | | | Squar | e Feet | # of | Floors | Blo | dg. A | ge | |
| Livingston | | | | | | | 0 | -tites (Drie | r if hair | ng demolish | -d) | | - | |
| County (6) Essex | | | County C (STATE U | Code (7) ISE ONLY) | | _ | Com | nunity (| Cente | r | eu) | | | |
| Name of Monitoring Firm Hired by Building Ow Environmental Connection Inc. | ner (8) | | ASCM | No. | | | | ement Con | | | | | | |
| Environmental Connection Inc. | | | | | | | | ski Cor | porat | ion | • | | | _ |
| Street Address 120 N. Warren Street | | | | | | | Addres Watcl | s nung Ave | е | | | | | |
| City, State, Zip Code | | | | 12-15-70-75-10 | | | 100 | p Code | | | | | | 10000-0 |
| Trenton NJ 08608 | | | | | | West | Orar | ige NJ (| 7052 | | | | | |
| Project Manager for Monitoring Firm | | | Telephor 609-39 | ne No. 92-420 | 0 | | none No 243-9 | | | License No 011 | | The state of the s | | |
| Start Date (10) S | | | mpletion [| Date (11) | | | | A Monitor and Ana | lytic | cal | | | | • |
| Occupancy Status During Abatement (Check (| | | | | | | Addres | | | | | | | |
| | | \ h = 4 = - | ment | | 1 | 110 | Coli | n Drive | | | | | | |
| Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe: open during by | Facility usine | Hour ss 1 | s nours 8 | 3:00-4 | mq00: | 7/2 | tate, Zi Lobro | o Code ok NY 1 | 1741 | | | 200 | | |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova | | 250 0 80 8 10 12 10 12 | | F | Min | i-Enclosure vebag Prod | edure | Negative P | | | e | |
| | | | | | | | - 1101 | 100 | | | | Abate | ement | t |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Use Ma Cus | intena todial (12) | ely by mice/ Staff? | Asbes (i.e. | tos Cont thermal surfac | scription aining N system cing, VA niscellar | Material s insula AT, oi | (ACM) | (8 | mount Specify ou LF) | Removal | Repair | e Encapsulate | ∃nclosure |
| 5 103 | Yes | No | IVA | יייענו | & Mast | ic | | | 25 | 0sf | × | | | |
| 1st Floor part of room 103 | | х | | | & Mast | | - | | 23 | 37sf | х | | | |
| 1st Stair 104 | | х | | | | | | | - 1 | 25sf | x | | | 1 |
| Part of corridor 112 | Bet | х | | | & Mas | | | 1 | | 96sf | × | | | - |
| 1st Fl Stairwell smoke doors | - | х | LIBERT | | ing/ | | ing | Name of | | red Landfill | | | | 1 |
| Name of Registered Waste Hauler Circle Rubbish | | NJDEP W Hauler ID L8816 | | of Was | | | Control of the Contro | | Resource | | ili | ty | 15 | |
| City, State Linden NJ | | | | 1.4 | Dispos | al Date | | City, State Morr | e isvil | le PA | | | | |
| Completed by Slawomir Kielczewski | Title | Pre | sident | | S | ignature A | iell | newk | 2. | Da 12 | te /06/ | 201 | 2 | |

| Agencies Notified Type Notification Size Address Size Addres | Date of Notification (1) CONTINUATION 11/29/2012 | SHEET | #3 | The second second second | of Building (ship of | | | | 201 | A DEC 13 | PM I | (): | 48 | | 2 |
|--|---|-----------------------|--------------|--------------------------|--------------------------|-------------|---------|-----------------------|---|---------------------|-----------|------|----------|-------|------------|
| DOL | | ŧ | | | | th Liv | /ings | ston | A 3 | ESTES & LICES | EUN: | T G | e e l | | |
| DOH | DEP Amended Amendment | # | | | | | 039 | 53 65 | | | | | (| D | |
| Name of Facility (Where Abstement is Taking Place (9) Monmouth Court Community Center Sreef Address 26 Monmouth Court Streef Address 26 Monmouth Court Square Feet 40 floors Community Centers Community Centers Community Centers Square Feet 40 floors Community Centers Community Centers Square Feet 40 floors Community Centers Community Centers Community Centers Square Feet 40 floors Community Centers Community Conters Square Feet 40 floors Community Conters Square Feet 40 floors Community Conters Community Conters Street Address 10 0 floors 10 0 floo | DOH justification) | including | | Name of | f Contact | , | | | | Telephone | Numhe | 1 | | | |
| Normouth Court Community Center Street Address 23 for As If School (K-12) School (K-12) School (K-12) Subchapter 8 (Other than K-12) Subchapter 9 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 9 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 9 (Other t | | | | FACI | LITY INFO | RMATIO | N | | / E - 10 / | | | | | | |
| Cliy (6) | Monmouth Court Community Ce | y Place (3 nter | i) | | | | | R | School (K-1: Subchapter | 2) 8 (Other than | K-12) | | | | |
| County (6) Essex County Code (7) Community Center Community Cen | | | | | | | | EZM | etc.) | | ercial bu | | | | es, |
| Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Street Address 120 N. Warren Street City, State, Zip Code Trenton NJ 08608 Project Manager for Monitoring Firm Telephone No. 12/14/2012 Start Date (10) 12/203/2012 St | | | | | | | | | | - | | | ug. A | ye | ALCOHOLD . |
| Street Address It Cleans No. Name of OSHA Monitor Long Island Analytical Street Address It Colin Drive City, State, Zip Code Holobrook NY 11741 Asbestos-Containing Material (ACM) (State, Zip Code Holobrook NY 11741 Asbestos-Containing Material (ACM) (State, Zip Code Holobrook NY 11741 Asbestos-Containing Material (ACM) (State, Zip Code Holobrook NY 11741 Asbestos-Containing Material (ACM) (State, Zip Code Holobrook NY 11741 Asbestos-Containing Material (ACM) (State, Zip Code Holobrook NY 11741 Asbestos-Containing Material (ACM) (State, Zip | County (6) Essex | 14 | | | | | | | CANADA AND AND AND AND AND AND AND AND AN | | olished) | | | | |
| Street Address 120 N. Warren Street City, State, Zip Code Trenton NJ 08608 Project Manager for Monitoring Firm Telephone No. 609-392-4200 Scheduled Completion Date (11) 12/103/2012 Start Date (10) 12/103/2012 Start Date (10) 12/103/2012 Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Offer - Describe: Open during During Abatement Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Offer - Describe: Open during During Hours Offer - Describe: Open during Hours Offer - | Name of Monitoring Firm Hired by Building C Environmental Connection Inc | Owner (8) | | ASCM | / No. | | | | | | | | 11 | - | |
| City, State, Zip Code Trenton NJ 08608 Project Manager for Monitoring Firm Telephone No. 609-392-4200 Tiz/103/2012 Scheduled Completion Date (11) 12/03/2012 Scheduled Completion Date (11) 12/14/2012 Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other Describe: "Derivating Multiple Second For Mornally 19/14/2012 Scope of Work (Check All That Apply) Abatemost Second For Monitoring Material (ACM) TO EE ABATED In Facility (13) Telephone No. 609-392-4200 Telephone No. 973-243-9872 Name of Repistered Waste Multiple Multiple Second For Mult | | | | | | | | | | | | - | | | |
| Trenton NJ 08608 Project Manager for Monitoring Firm Telephone No. 609-392-4200 773-243-9872 Clicense No. 01171 | | | | | | | 235 | Wato | chung Ave | 9 | | | | | |
| Project Manager for Monitoring Firm Telephone No. 609-392-4200 973-243-9872 01171 Start Date (10) 12/03/2012 Scheduled Completion Date (11) 12/14/2012 Name of OSHA Monitor Long Island Analytical Occupancy Status During Abatement (Check Only One) 12/14/2012 Street Address 110 Collin Drive Other-Describe: Open during Business hours 8:00-4:00pm Other-Describe: Open during Business 8:00-4:00pm Other-Describes 9:00pm Oth | | | | | | especial of | | Section of the second | | 7052 | | | | | |
| Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Long Island Analytical | | -1 | Telephor | ne No. | | | | | | se No. | | | | | |
| Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Open during business hours 8:00-4:00pm Street Address 110 Colin Drive City, State, Zip Code Holobrook NY 11741 Scope of Work (Check All That Apply) 3 st or 23 lf 2 160 sf or 2260 lf Scope of Work (Check All That Apply) Asbestos-Containing Material (ACM) IO BE ABATED II Facility (13) Yes No N/A 1st Floor Room 103 x chalkboard mastic 1st Floor Room 103 x wood paneling mastic 2nd F1 hallway smoke doors x lining/caulking NADEP Waste Hauler ID No. 1881.6 City, State 110 Colin Drive City, State, Zip Code Holobrook NY 11741 Street Address 110 Colin Drive City, State, Zip Code Holobrook NY 11741 Full Containment with Negative Pressure Mini-Enclosure Giovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) | | | | 609-39 | 92-4200 | | | | | | 01171 | | | | |
| Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Open during business nours 8:00-4:00pm Scope of Work (Check All That Apply) | Start Date (10) 12/03/2012 | | | | Date (11) | | | | | lytical | | | | | |
| Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf State St | Occupancy Status During Abatement (Check | Only On | e) | | | | Street. | Addre | ss | | A Maria | | | | |
| Abatement Performed Outside of, Normal Facility Hours Other - Describe: Open during business hours 8:00-4:00pm Other - Describe: Open during business hours 8:00-4:00pm City, State, Zip Code Holobrook NY 11741 Scope of Work (Check All That Apply) 23 sf or ≥3 lf ≥3 sf or ≥3 lf ≥3 sf or ≥26 lf Semovation Demolition Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A 1st Floor Gymnasium Room 110 x wire insulation 1st Floor Room 103 x wood paneling mastric 2nd F1 hallway smoke doors x lining/caulking NAME of Registered Waste Hauler Circle Rubbish Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type Abatement Type City, State, Zip Code Holobrook NY 11741 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Abatement Type Abatement Type Custodial Staff? (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF) Page 10 | Facility Closed/Vacated During Entire P | eriod of A | bate | ment | | | | | | | | | | | |
| Example 23 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Renovation Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) and Non-Exem | Abatement Performed Outside of Norma | al Facility ousine | Hour ss i | nours 8 | 8:00-4: | 00pm | | | A Commence of the Commence of | 1741 | | | | | |
| Demolition De | Scope of Work (Check All That Apply) | | | N | | | _ | • | = | | | | | | |
| Stocation of Containing Material (ACM) Containing Ma | [1] | Transport Co. | | | | | | Mi | ni-Enclosure ovebag Proc | edure | | | | ۵ | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A 1st Floor Gymnasium Room 110 | | | | | - | | | 140 | ni-Exempled | () and Hom | Tidolo I | | | | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A 1st Floor Gymnasium Room 110 x wire insulation 1st Floor Room 103 x chalkboard mastic 1st Floor Room 103 x wood paneling mastic 2nd Fl hallway smoke doors X lining/caulking Name of Registered Waste Hauler Circle Rubbish Disposal Date City, State Linden NJ Amount (Specify SF u LF) Reg Registered (ACM) (i.e. thermal systems insulation, surfacing, VAT, ured) other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, ured) other miscellaneous) Amount (Specify SF u LF) Reg Registered (Specify SF u LF) Reg Reg Registered (Specify SF u LF) Reg Reg Reg Registered Cicle Rubbish Amount (Specify SF u LF) Reg Reg Reg Reg Reg Reg Registered Landfill Tullytown Resource Facility City, State Morrisville PA | Leasting of | 1 | | 200 | | Desc | rintion | of | | | _ | | Ту | ре | |
| Yes No N/A 1st Floor Gymnasium Room 110 | Asbestos-Containing Material (ACM) | Mai | interna | ance/ | | os Contai | ining M | lateria | | | 2 | , | ע | Enc | g |
| Yes No N/A 1st Floor Gymnasium Room 110 | In Facility | Cust | | | | | | | | SF ui LF) | 100 | | epai | nsdie | yosu |
| 1st Floor Gymnasium Room 103 | (13) | Yes | No | . N/A | | outer in. | 300man | icous | | | 2 | - | 7 | late | Гe |
| 1st Floor Room 103 | 1st Floor Gymnasium Room 110 | | x | | wire | insula | ation | n | | 361f | × | | 1 | | |
| 2nd F1 hallway smoke doors x lining/caulking 96sf x Name of Registered Waste Hauler Circle Rubbish Disposal Date City, State Linden NJ X Wood panering Master X Disposal Date Cubic Yards of Waste Tullytown Resource Facility Disposal Date City, State Morrisville PA | 1st Floor Room 103 | | x | | chall | kboard | mas | tic | + | 150sf | : | ĸ | . 1 | | |
| Name of Registered Waste Hauler NJDEP Waste Hauler ID No. 18816 Disposal Date City, State Linden NJ Date City and State Hauler ID No. 18816 Disposal Date City and State Hauler ID No. 18816 Disposal Date City, State Morrisville PA Date Da | 1st Floor Room 103 | x | | wood | panel | ing 1 | mast | ic | |) | | 6 1 | 0. | | |
| Circle Rubbish Hauler ID No. 18816 Of Waste Tullytown Resource Facility City, State Linden NJ Disposal Date Morrisville PA | 2nd Fl hallway smoke doors | х | | lin | ing/ca | au1ki | ing | | 96sf | x | | | | | |
| City, State Linden NJ Disposal Date City, State Morrisville PA | Name of Registered Waste Hauler | | | | | | | Name of F | Registered Lan | dfill | | | | | |
| Linden NJ Morrisville PA | Circle Rubbish | í | 8816 | | | | | | | rce F | ac | ilit | У | | |
| Completed by Slawomir Kielczewski President Signature 12/06/2012 | | | | | | Disposal | Date | | | | 1 | | | - C | II II |
| | Completed by Slawomir Kielczewski | 1000 WH 1000 | Pres | sident | | Sig | nature | in | Paristi | ?, | | 1/2 | 2012 | | |

Print Form

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

| Date of Notification (1) CONTINUATION | SHEET | r #4 | | | wner/Operat | | ret No | 6 13 P | 10: | 3+ | | |
|--|----------------------|------------------------------------|--------------------|---------------------------|---|---|-----------------------|--|-------------|--------|-------------|----------|
| Agencies Notified Type Notification | 1 , | | Stroot | Address | | | A SUPE | 105 | 11.74 | 91 | | |
| EPA Initial Amended | 3 | | | -357 Sou tate, Zip Coo | | gston Av | enu er | LICENSIA | 4G | G. |) | - |
| DOL Amendmen Emergency | t # | <u> </u> | | | NJ 07039 | 021 | | | | NP. | | |
| DOH justification) DCA Cancellation |) | 9 | Name o | of Contact | 8. | | - | Telenhone N | imher | | | |
| News of English Whore Abstament is Takin | on Diago | (2) | FAC | ILITY INFO | RMATION | T 41 | = -:(4) | | | | | |
| Name of Facility Where Abatement is Takir Monmouth Court Community Co | | (3) | | | | | Facility (4) | | 43= | | | |
| Street Address 26 Monmouth Court | | | | | | Sub | er (i.e. priv | (Other than K- rate & commer | | ldings | , hom | ies, |
| City (5) Livingston | - / | | | | | Square F | | # of Floors | | Bldg. | Age | |
| County (6) Essex | | | | Code (7) USE ONLY) | | | Jse (Prior nity Ce | if being demoli enter | shed) | 10 | | |
| Name of Monitoring Firm Hired by Building Environmental Connection In | Owner (8 | 3) | ASCI | M No. | | e of Abatem | | A 10 10 10 10 10 10 10 10 10 10 10 10 10 | | | | 8.7 |
| Street Address | | 24 | I Villa | | | t Address | | | | | | |
| 120 N. Warren Street | | | | -1 | | Watchu | Sel-Accessors | 1 | | | | |
| City, State, Zip Code Trenton NJ 08608 | | | | | | State, Zip C t Orange | | 052 | | | | |
| Project Manager for Monitoring Firm | | | Telepho 609-3 | ne No. 92-4200 | Telep | hone No. | | License | No. 1171 | | | |
| Start Date (10) 12/03/2012 | | led Co | | Date (11) | 7-220000000 | of OSHA M | | rtical | | | | |
| Occupancy Status During Abatement (Chec | k Only O | ne) | | | | t Address | | | | | | |
| Facility Closed/Vacated During Entire F | Period of | Abater | ment | | | Colin | | | | | | |
| Abatement Performed Outside of Norm Other – Describe: open during | al Facilit busine | y Hour | s nours | 8:00-4:0 | Opm City, S | State, Zip C lobrook | | 41 | | | | |
| Scope of Work (Check All That Apply) | | | | | | 7 | | | | are o | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova Demoli | | | | Mini-Er Gloveb | closure ag Proced | | | | | |
| | Т. | | | | | Non-Ex | empted (* |) and Non-Fria | ble Pro | | ement | t |
| Location of | 1 | Locat Norma | lly | - 8 | Description | n of | | | _ | | ре | _ |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Ma | d Sole intena todial (12) | nice/ Staff? | (i.e. th | Containing I ermal system surfacing, VA ther miscellar | Material (AC is insulation AT, ui | | Amount (Specify SF ur LF) | Remova | Repair | Encapsulate | ≘ndosure |
| | Yes | No | N/A | | van en anna anna | | | | | | fe | |
| Exterior doors | | x | | doors | caulk | 44.2 | | 3001f | x | | | ā |
| Exterior windows Room 103 | | x | | window | caulk | | | -1 | x | | | |
| | - | | | | | | | | x | | - | |
| Name of Registered Waste Hauler | لـــا | - I N | JDEP Wa | aste C | ubic Yards | Na | me of Rec | istered Landfil | | | | |
| Circle Rubbish | | | auler ID 1 8816 | | Waste | | | n Resourc | | ilit | У | |
| City, State Linden NJ | (4) | 16.00 | | D | isposal Date | | y, State | ville PA | • | | | |
| | | | | 1 | | | HOLLIS | TITE IN | | | | |

Job #: 1212-1703 Check #:2946

| Date of Notification 12/11/12 | (1) | 7 2 | | | | | uilding meric | Owner / Operato | r (2) | VLIVEU | est. | | | |
|----------------------------------|---|------------------|-----------|-------|-------|-----------------|------------------|--|-----------------|---------------------|----------------------|--------|-------------|-----------|
| Agencies Notified | Type Notific | ation | | - | | Addr | | <u>a</u> | 2012 DEC | 13 PM 10: 2 | 2 | - | _ | |
| ⊠ EPA | , | | | | | | | ottsdale Road | Suite 400 | | 4 | | | |
| ☐ DEP € | | į. | | | | | & Zip C | | A4 MF S | Ga Color Ra | 3.1 | | | - 6 |
| ⊠ DOL | ☐ Ame | | | 1 188 | | | | 85254 | 2. 1 | CENSING | 1. | | | |
| □ DOH | ☐ Eme | rgency | | | | | ontact | | 62 1 | Inclassing. | The pho | ne N | umb | er |
| DCA | | ellation | | | | | gert | | 5.5 | | - Land Dillo | 110 14 | umb | Ci |
| | | | | | | | | 0011471011 | | | - | | | |
| Name of Facility W | hara Abatam | ont is Taking Di | laga | | FAC | االااد | YINF | ORMATION | (A) | | | | | |
| Residential Prop | | ent is Taking Pi | ace | (3) | | | | Type of Facili | | | | | | |
| Street Address | City | <i></i> | - | - | | - | | | oter 8 (Other t | han K-12\ | | | | |
| 2 Pheasant Lane | p | | 88 | | | | | | | ommercial buildir | ac hom | 000 | to \ | |
| Z i ilcusulit Lulic | | | | | | | | Square Feet | # of FI | | Bldg. Ag | | ic.) | _ |
| City (5) | 17 | County (6) | IC | OUD | tv C | ode | (7) | 2371 | 4 | 19000000 | ычу. жу 53 | E | | |
| Willingboro | | Burlington | ١ | ouii | ily C | Jouc | (1) | | (Prior if being | | 53 | - | | |
| willingboro | | Burnington | | | | | | | 0.000 | demolished) | | | | |
| Name of Monitoring | Firm Hired h | y Building Own | or /8 | N. | | 100 | CM No. | Residential | tement Contra | notes (O) | | | | |
| Horizon Environ | | by Building Owi | iei (d |) | | ASI | JIVI IVO. | | | rvices, Corp. | | | | |
| Street Address | | | | | | - | | Street Address | | ivices, corp. | | | | _ |
| PO Box 316 | | | | | | | | 3859 Sylon | | | | | | |
| City, State & Zip Co | ode | | | | | | - | City, State & | | | | | | |
| Thorofare, NJ 08 | 086 | | | | | | | Hainesport | | | | | | |
| Project Manager for | | irm | Tele | pho | one | Num | ber | Telephone N | | License I | Number | | | |
| Dave or Steve FI | | | 856 | | | | | 609-702-040 | 00 | | 0086 | 2 | | |
| Scheduled Start Da | | Scheduled Cor | nplet | ion | Dat | e (11 |) | Name of OSH | | | | | 13 | |
| 12/27/12 | | 1/10/13 | | | | | | EMSL Anal | | | | | | |
| Occupancy Status I | | | | | ۸۱. | | | Street Addres | 1070 | | | | | |
| | | During Entire P | | | | iteme | ent | 107 Haddor | | | | | | |
| Describe: | Periormea O | utside of Norm | ai Ho | urs | | | | City, State & | | | | | | |
| Isolated Are | | | | | | | | Westmont, | NJ 08108 | | | | | |
| Scope of Work (Ch | 90.1 | nnh/) | - | - | 12.07 | | | | - | | | | | |
| Scope of Work (Cir | eck all that a | ppiy) | | | | | | | ⊠ Full Co | ontainment with I | Negative | Dros | cura | |
| \ \ \ ≥3 sf or ≥3 | lf | | \square | F | Ren | ovati | on | | | nclosure | vegative | 1 163 | suic | |
| ≥160 sf ≥26 | 60 If | | H | | | nolitio | | | | Bag Procedures | | | | |
| | | | ш | | | | | | | xempted and No | | Pro | cedu | re |
| L | ocation of | | Is | Lo | cati | on | T | Description | | Amount | | ateme | | |
| | tos-Containir | ıg | | | | Jsed | | Asbestos-Con | | (Specify | 7.0 | | | JPC |
| | terial (ACM) | | | | ely b | | | Material (A | | SF or LF) | 711 | | ᄪ | т |
| | BE ABATED n Facility | | Mai | nte | nand | ce or staff? | | (i.e., thermal s | | | em | Repair | cap | ncle |
| | (13) | | Cus | | 12) | olalis | | insulation, surfactor or other miscell | | | Remova | pair | Encapsulate | Enclsoure |
| | () | | Yes | | No. | N/A | 1 | or other midden | ancous) | | = | | ate | G. |
| Throughout | | | П | T | | | Ashe | stos Debris | | 40 cy | | | | |
| Interior | | 1 | Ħ | Ť | Ħ | X | _ | Insulation | | 20 LF | | H | H | H |
| Exterior Soffit | | | Ħ | Ť | Ħ | X | | site Material | | 150 SF | | H | H | H |
| Exterior | - 100 | | Ħ | 17 | Ħ | X | - | thing below v | invl siding | 1,300 SF | | 片 | H | H |
| Throughout | Ť | Ħ | X | Clea | | myr olding | 2500 SF | | H | H | H | | | |
| g | | | H | Ti | Ħ | X | 0.00 | 9 | | 2000 01 | | H | H | H |
| Name of Registered | Waste Hau | ler | | | NJI | | Waste | Cubic Yards | Name of Re | gistered Landfill | | | | |
| | | | | | | | D No. | of Waste | | giotor ou Luriaiii. | | | | |
| Horizon Disposa | ıl , | | | | | 226 | 12 | 10 | GROWS | | * | | | |
| City, State | | | | | | | | Disposal Date | City, State | | (*) | | | |
| Trenton, NJ | | | | | | | | 4/13/12 | Morrisville | , PA | | | | |
| Completed By (Prin | | 74 | | | Title | е | | Signature | | ** | Date | | 1 | |
| Kim Trumbett | i | • | | | Ac | lmir | ١. | | $\overline{}$ | No. | 3/23 | /12 | 77 | |
| | | | | | I | | | MVIII / | | | | | | |

1/084

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

| D Jones | 1 | Patter | | | | |
|---------|---|--------|---|---|---|-----|
| * 1 fee | م | f in | 1 | 2 | - | 200 |

| Date of Notification (1 |) 7/2012 | | | | | ing Owner/Operat | or (2) sociates 28 | 12 DEC | 10. | THE . | Sandi | | |
|---|----------------------|--------------------------------|------------------------------------|---|--------------------------|--|---|---------------------------|------------------------|---------------|--------|-------------|-----------|
| Agencies Notified EPA | Type Noti | fication | - | 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | et Addres | s oute 1 North | A-Se | Serve | 13 'P | M ID | El | , | |
| DEP DOL | | ded dment # ency (includ | ina | | , State, Zip | Code swick, NJ 0890 | 2 | & LIC | ENSIL | VIII | 81 | | |
| DCA DCA | | cation) | | 2000 | ne of Conta ish Patel | 200 | | | hone Nur | | 0 | 9 | |
| | | | | | ACILITY IN | FORMATION | | | | | | | |
| Name of Facility When Commercial Space | e Abatement i | s Taking Pla | ce (3) | | | | Type of Facil | | | | | | |
| Street Address 2300 US Route 1 N | | | | | | | School (K. Subchapte Other (i.e. | er 8 (Othe , private 8 | r than K-1 | 2) cial bu | ilding | ıs, | |
| City (5) North Brunswick | | | | - | | | Square Feet 200,000 | | Floors | | Bldg. | Age | |
| County (6) Middlesex | | | | Co | unty Code E ONLY) | (7) (STATE | Current Use (| Prior if be | ing demol | - - | | | |
| Name of Monitoring Fir | m Hired by Bu | uilding Owne | г | ASCA | A No. | 1 | ment Contractor sociates, LLC | (9) | | | | | |
| Street Address | | | | | | Street Address 145 Mill Str | | | | | | | |
| City, State, Zip Code | | | | | **** | City, State, Zip Paterson, I | Code | | | - | | | |
| Project Manager for Mo | onitoring Firm | | Te | elephone | No. | Telephone No. 973-553-53 | 374 | 1 | nse No. | w | | | |
| Start Date (10) 12/8/2012 | | Scheduled 1/30/20 | | letion D | ate (11) | Name of OSHA | | - 1 - 0 | 100 | | | | |
| Occupancy Status Duri | ng Abatemen | | |) | | Street Address | | | | | _ | | |
| Facility Closed/Vaca | | | | | | 145 Mill Str | | | | | | | |
| Abatement Performe Other - Describe: | d Outside of | Normal Facil | ity Ho | urs | | City, State, Zip Paterson, N | | | , | | | | |
| Scope of Work (Check | all that apply) | | | | | 1 | | | | | | | |
| >3 sf or >3 lf >160 sf or >260 lf | | | lenova Demo | ition olition | | ☐ Mini-Er ☐ Goveb | ontainment with N nclosure ag Procedure | | | | | | |
| | | Is | Locat | ion | T | I Non-E | xempted (*) and | Non-Fria | ble Proce | | Ahata | ment | |
| Location | of | | lormal d Sole | | | Description of | ı, | | | ' | | pe | |
| Asbestos-Containing N <u>TO BE ABA</u> IN Facilit (13) | Material (ACM TED |) Ma | intena custod staff? (12) | nce/ ial | | tos Containing Ma thermal systems surfacing, VAT other miscellane | terial (ACM) insulation, , or | (Spe | ount ecify r LF) | Remova | Repair | Encapsulate | Enclosure |
| D. 1111 | | Yes | No | N/A | | | | | | _ | | 6 | (9) |
| Building 8 - Through | | | | Х | | Insulation | | 50 LF | | X | | | |
| Building 8 - Mechanic | | | <u></u> | X | | les/Mastic | | 150 SI | | X | | | |
| Building 8 - Room next to M | echanical Room | | - | X | Floor ti | les/Mastic | | 80 SF | | X | _ | | |
| Name of Registered Wa | ste Hauler | | | NJDEP 1 | Waste I | Cubic Yards | Name of Reg | stered La | ndfill | | | | |
| Service Transport G | roup | | 4 | Hauler II 20990 | No. | of Waste | Minerva L | | | | | | |
| City, State | | | =1 | | | Disposal Date | City, State | | | | | - | = |
| New Castle, DE Completed By | | Title | | | | 1/30/2013 | Waynesbu | | | | | | |
| Miodrag Stamenovic | | Project N | /lana | ger | | Signature (N.J.) | Treduny | | Date 12/07/2 | 2012 | | | |

| REMEMBER - MAIL | - 11A 1 W.L | | 100A () | PUTOUS | non of A | 9083705 ABAT C 8:60 and 12,1 | ENCAT |)[| Δ٧ | | ٦ | 3 |
|---|--|----------------------|-------------------------------------|---------------|-----------|--|-------------------------|---|---------------------|------------------|------------|--------------|
| Date of Hotification (1) 12/07/2012 | 2 | - 2000 - 2000 | , | No | orth Brur | ling Cymor/Operat | or (2) | | A. | | - | |
| DOP DOP | pe Notificati Initial Amended Amendmen Emergency justification Canocilatio | t#_ (Inchio | ilng | Cif No | Shie 71 | oute I North p Code swick, NF0890 | | DEC -// O | 12 DV | FD | | == |
| | | | | | ACILITY I | MFORMATION " | ***** | | District Administra | س <u>ت</u> بالرح | P#7* | 7 |
| Nome of Facility Where Abate Commercial Space Street Address 3300 US Route 1 North | ement is a fil | ang Pla | ace (3 |) | | | Donner (i | (K-17) pter 8 (Other than K 후, pilvate 8 control etc.) | -1 Z) arolal b | ullding |)s, | |
| City (5) North Brunswick | | | | | 7 | | 200,000 | of # of Floors | | Bldg 60+ | Age | , |
| County (6) Middlesex | | | ~ | US | E ONLY) | (7) (STATE | Commerci | (Prior It being dom | ollahoo | | | |
| Name of Monitoring Firm Hired (5) N/A Street Addrana | by Oulidin | y Owne | er | ASG | M No | Valiant Ass | ociates, LL | | | | | _ |
| City, Stole, Zip Code | | | | | | 145 Mill Str | eet | | | | _ | |
| | - 3 | | | | | Paterson, I | | | | | | |
| Project Manager for Monitoring |) Fl/m | | T | Hophon | a No | 973-553-83 | 74 | 01108 | | | | - |
| Start Date (10) 12/8/2012 | | advled 30/201 | | letion D | Date (11) | Name of OSHA Valiant Ass | Monitor | | | | - | |
| Occupancy Status During Abe Facility Cinced/Vacated Dur Abetoment Performed Outsi Other - Describe: | ing Entire F de at Norm | arlod o | / Abs | tement | | Street Address 145 Mill Stre City, State, Zip C Paterson, N | eet ode | 197 | | | | |
| cope of Work (Check all link) >3 of or >3 if -160 at or >200 if | ispply) | | ono Jome | ibn iltion | | Mini-En | dosura Ig Procedura | Nogotive Pressure | - | | | |
| Location of Asbestos Containing Material | (ACM) | Upan | Loculi Iormai I Sak Intena | ly by by | | Description of | | Non-Ennblo Prov | | Abulu Tyt | | ı |
| TO BE ABATED IN Facility (13) | | C | ustorii starr? (12) | ed be | (i.t., | hs. Containing Mut thermal systems in surfacing, VAT, other miscellance | ov stylation | Amount (Specity SF nr (F) | Removal | Repar | Enceperate | Card Carolie |
| uilding 8 - Throughout | | | | X | Elbow I | nsulation | | 50 LF | x | | | \vdash |
| illding 8 - Mechanical Room | | | | х | Floor til | es/Mastic | | 150 SF | X | | | - |
| iding 8 - Room untitio Machanical | Recen | | | X | Floor tu | los/Mastic | | 80 SF | x | | | |
| ome of Registered Waste Haul Projec Transport Group V. State | nr . | | | SOSSO NDEN | | Cubic Yards of Waste | Minorya I | andfill | | _1 | | |
| ew Castle, DE | | | | | | Disposal Date 1/30/2013 | City, State Waynesbu | | - | | | _ |

[·] Do not use this form for inbestor licensure exempted activities.

1212-4580 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check #4785 (Pursuant to N.J.A.C. 8:60 and 12:120) RECEIVED

| Date of Notification | (1) 12/11/12 | | | Name N J T i | | 1,122 | Owner / Operato | AND AND TO SERVICE OF THE SECOND | | | | | |
|--|---|-----------------|---|------------------------|-------|--------------------------|--|--|-----------------|--------|--------|-------------|------------|
| Agencies Notified | Type Notific | ation | | | - | dress | | 112 DEC 13 P | M 10: 19 | | | | |
| ⊠ EPA | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | (| | | | n Plaza | Fast | Ti . | | | st | | 55 |
| ☐ DEP | | I | | | | e & Zip C | ode 5 | THESTOS C | | | | | |
| □ DOL | | nded # | - Inc | | | | 05-2246 | & LICENS | ING _ | | | | |
| □ DOH | | rgency | | | | Contact | | | PAL | elepho | no N | | r |
| □ DCA | Cand | cellation | Į. | Russ | ell | Samaro | 00 | | T. | | | -4 | |
| | | | | The second second | CIL | ITY INF | ORMATION | | | | | | |
| Name of Facility Wh | | ent is Taking P | lace (3 | 3) | | | Type of Facil | | | | | | |
| Far Hills Train St Street Address | ation | | | - | | | | oter 8 (Other than | K-12) | | | | |
| Route 202 & Far | Hille Dood | | | | | | | e. private & comm | | s. hom | es. e | etc.) | |
| Route 202 of Fai | i iiiis ixoau | | | | | | Square Feet | | | dg. Ag | | , | |
| City (5) | | County (6) | Co | unty (| Code | e (7) | | | | | | | |
| Far Hills | | Somerset | | | | 3 h | Current Use | (Prior if being der | nolished) | | | | |
| i ui i iiii | | | | | | | Train Statio | on | | | | | |
| Name of Monitoring | | by Building Owi | ner (8) | | A | SCM No. | | tement Contracto | r (9) | | | W-15- | |
| TTI Environment | al | | | | | | AbateTech, | | | | _ | | |
| Street Address 1253 North Church | ah Ctraat | | | | | | Street Addres | SS | | | | | |
| City, State & Zip Co | | | | | _ | | City, State & | Zin Code | | | | | |
| Moorestown, NJ | | | | | | | Lumberton | | | | | | |
| Project Manager for | | Firm | Telep | hone | Nu | mber | Telephone N | | License Nu | ımber | | | |
| Jim Guilardi | | | 100000000000000000000000000000000000000 | 840-8 | | C200 | 609-265-21 | | | 0052 | 29 | | |
| Scheduled Start Da 12/26/12 | - 10 10 | Scheduled Cor | mpletio 12/2 | | te (1 | 11) | Name of OSI EMSL Anal | | | | | | |
| Occupancy Status [| | | | | | 20 | Street Addres | | | | | 110112 | |
| | | During Entire F | | | aten | nent | 108 Haddoi | | | | 1760 = | | |
| | Performed C | utside of Norm | al Ho | urs – | | | City, State & | | | | | | |
| Describe: | upied During | Abatament | | | | | Westmont, | NJ 08108 | | | | | |
| Scope of Work (Che | | | | | | | | | | | | | |
| | | FF-37 | | | | | | | inment with Ne | gative | Pre | ssure | 9 |
| ≥3 sf or ≥3 l | | | \boxtimes | Ren | nova | ation | | Mini-Enclo | | | | | |
| ≥160 sf ≥26 | 0 If | | | Den | nolit | tion | | | Procedures | | _ | 0.000 Se | 0.0045.000 |
| | | | | | | | | Land In Control of the Control of th | npted and Non- | | | | |
| | ocation of tos-Containir | ng. | | Locati nally l | | d | Description Asbestos-Con | | Amount (Specify | Aba | lem | T | Гуре |
| | erial (ACM) | 19 | | olely l | | ٠ | Material (A | | SF or LF) | - | | l m | l m |
| <u>TO I</u> | BE ABATED | | Main | tenan | ice o | | (i.e., thermal s | | | err | Repair | cap | nck |
| i | n Facility | | Cust | odial | Staf | f? | insulation, surfactor or other miscell | | | Remova | pair | Encapsulate | Enclosure |
| | (13) | | Yes | (12) No | N/ | 'A | or other miscen | aneous | | - | | ite | 0 |
| First Floor Waitin | na Room | | m | П | | 25.0 | Pipe Insula | ation | 60 LF | | | | |
| Basement | ig itooiii | | Ħ | Ħ | Þ | | Pipe Insula | | 35 LF | | | | |
| Dadomoni | | | Ħ | Ħ | Ī | il | | | | | | | |
| | | | | | Ī | | | | | | | | |
| | | | | | | | | | | | | | |
| | 2.5 | | | | |] | | | | | | | |
| Name of Registered | d Waste Hau | ler | | 0.100000 | | P Waste | | Name of Regist | ered Landfill | | | | |
| AbataTach Inc | | | | На | | r ID No. 8 750 | of Waste | TRRF Landfil | 1 | | | | |
| AbateTech, Inc. City, State | | | - 60 | | 10 | ,, 00 | Disposal Date | City, State | | | | | |
| Lumberton, NJ | | | | | | | 12/29/12 | Tullytown, PA | A | | | | |
| Completed By (Prin | t or Type) | | | Tit | le | | Signature | | | Date | | | |
| Gwen Trumbe | | | | 01 | ffic | е | M | 18 | | 12/1 | 1/1 | 2 | |
| sometimestrating acres in the Control of the Contro | \$450.45°C | (5) | | Co | oor | d. | - Of W | | | | | | |

State of New Jersey 1207-4513 NOTIFICATION OF ASBESTOS ABATEMENT Check # (Pursuant to N.J.A.C. 8:60 and 12:120) PECEIVED

1207-4513

| Date of Notification | (1) 12/7/12 | | | | | | Owner / Operato | or (2) 2012 [| IFC 12 | - 1 | | | | |
|----------------------------------|---------------------|---|---|---------------|----------------|--------|--------------------------------------|------------------|--------------------------------|--------|----------------------|----------|-----------|-----------|
| Agencies Notified EPA | Type Notific | ation | | Stree | t Addr | ess | Street | 1 A THURST | EC 13 PM | 10: i | 8 | | | |
| □ DEP | ☐ Initia | g · | | | State & | | | 1 344 M M. C. | STOS PAN | Tron | | - | | |
| DOL | | nded #2 | | 10000 | den, l | | | ď. | STOS COM LICENSING | [[] | | | | |
| ☑ DOH | ☐ Eme | rgency | | | e of Co | | | | | | pho | ne N | umb | er |
| ☐ DCA | | ellation | - 1 | Cele | ste R | ckett | S | | | - | ed (3)-ly | | | |
| | | | | ΕΛ | CILIT | VINE | ORMATION | | | 1 | | | | |
| Name of Facility W | here Abatem | ent is Taking P | lace (3 | | CILII | 1 1141 | Type of Faci | lity (4) | | | | | | - 0 |
| Camden City Ad | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | -, | | | School | | | | | | | |
| Street Address | | | Cellsten | | | | Subcha | pter 8 (Other th | nan K-12) | | | | | |
| 201 North Front | Street | | | | | | | e. private & co | mmercial build | dings, | hom | es, e | etc.) | |
| | | | | | | | Square Feet | # of Fl | oors | Bldg | . Age | е | | |
| City (5) | | County (6) | Co | unty | Code | (7) | | | | | | | | |
| Camden | | Camden | | | | | Current Use | (Prior if being | demolished) | | | | | |
| | | | | | | | Administra | tion Building | g | | | | | |
| Name of Monitoring | Firm Hired b | y Building Ow | ner (8) | | ASC | M No. | Name of Aba | atement Contra | actor (9) | | | | | |
| PARS Environme | | | | | | | AbateTech | , Inc. | | | | | | |
| Street Address | | | 9 9 12 | | | | Street Addre | | | | | | | |
| 500 Horizon Driv | | 0 | | | | | PO Box 25 | | | | | | | |
| City, State & Zip Co | | | | | | | City, State & | | | | | | | |
| Robbinsville, NJ | | | T - 1 | - | 1 | | | n, NJ 08048 | 10: | - NI | | | | - |
| Project Manager for Firoz Jan | r Monitoring F | -irm | | | e Numl 3674 | per | Telephone N 609-265-32 | | License | | 10er 0 052 | ٥ | | |
| Scheduled Start Da | to (10) | Scheduled Cor | | | | 1 | Name of OS | | | | 0032 | .5 | | |
| 11/12/1 | | Scrieduled Col | 12/1 | | ate (11 | ' / | EMSL Ana | | | | | | | |
| Occupancy Status | | ment (Check o | | | | / | Street Addre | | | | | | | 12.1 |
| | | During Entire F | | | ateme | nt | 108 Haddo | | | | | | | |
| Abatement | Performed O | utside of Norm | al Ho | urs | | | City, State & | Zip Code | | | | | | |
| Describe: | | | | | | | Westmont | NJ 08108 | | | | | | |
| | cupied During | Abatement | | | | | | | | | | | | |
| Scope of Work (Ch | eck all that a | oply) | 1 | | | | | | | | | 22-01-10 | | |
| | | | E | - | | | | | ntainment with | n Neg | ative | Pres | ssure | 9 |
| ≥3 sf or ≥3 | | | \bowtie | | novatio | 20020 | | | nclosure | | | | | |
| ≥160 sf ≥26 | OU IT | | Ш | De | molitio | n | | | Bag Procedure cempted and N | | riable | Dro | oodi | ıro |
| | ocation of | | lo. | Loca | tion | ř | Descriptio | | Amount | | Aba | | | |
| | tos-Containir | ıa | | | Used | | Asbestos-Cor | | (Specify | | Abe | item | | ype |
| | terial (ACM) | 3 | | olely | | | Material (A | (CM) | SF or LF | | | | m | m |
| | BE ABATED | | | | nce or | | (i.e., thermal | | 1 | | \em | Repair | cap | l cc |
| | in Facility (13) | | Cust | odial (12) | Staff? | | insulation, surfa or other miscel | | | | Remova | pair | Encapsula | Enclosure |
| | (13) | | Yes | No | N/A | 1 | or other misoer | iancous | | | - | | te | 0 |
| Throughout 2 nd | Floor | | | | N | Pine | e Insulation/Elb | ows/Fittings | 563 LF | | | П | П | П |
| Tilloughout 2 | FIOOI | | H | H | | 1.10 | , modiation Lie | owon ittinge | 300 Li | | H | H | H | 怈 |
| | | | H | H | 十十 | | | | | | Ħ | 片 | H | 怈 |
| | | | H | H | H | | | | 1 | | H | H | H | 怈 |
| | | - | Ħ | H | 卄片 | | | | 1 | | Ħ | Ħ | Ħ | tH |
| | | | H | H | Ħ | | | | | | Ħ | Ħ | Ħ | 恄 |
| Name of Registere | d Waste Hau | ler | | N. | JDEP | Waste | Cubic Yards | Name of Reg | gistered Landf | ill | | | | |
| | | | | 100000 | auler II | | of Waste | | | | | | | |
| AbateTech, Inc. | | | | | 187 | 50 | TBD | TRRF Land | dfill | | 2 | | | |
| City, State | | | | E I I I I | | | Disposal Date | City, State | | | | | | |
| Lumberton, NJ | | 100000000000000000000000000000000000000 | | | | | 12/12/12 | Tullytown, | PA | | | | | |
| Completed By (Prin | | | | 100.00 | tle | | Signature | 12 | | | ate | 14 ~ | | |
| Gwen Trumbe | etti | | | 10000 | ffice | | / ' | 218 | | 11 | 2/7 | /12 | | |
| | | | | C | oord | | | YUUN | * | | | | | |

State of New Jersey 121 NOTIFICATION OF ASBESTOS ABATEMENT Check (Pursuant to N.J.A.C. 8:60 and 12:120) CONVED

1211-4575 Check #4712

| Date of Notification | | | 1 | Vame | of Bu | uilding | Owner / Operato unications | or (2)12 | DEC 13 I | OM IO. | | | | |
|-------------------------------|--|-----------------|-------------|---|----------------------|-----------------------|-------------------------------|-------------|---|-----------------------|---------|--------|-------------|-----------|
| Agencies Notified EPA | | ation | - 1 | Jucc | riadi | 033 | l Ave. | | ESTOS S. LICENS | | i | | | |
| ☐ DEP | | | - | 100000000000000000000000000000000000000 | | & Zip C | | à | Z I ICELIA | - N / 作會1 | | | | |
| ☑ DOL | | nded #2 | | | | | 19046 | 6 | E LICENS | ING . | | | | |
| □ DOH □ DCA | ☐ Emer | gency | Ī | Name | of Co | ontact | | | | | anha | no NI | ე | er |
| ☐ DCA | ☐ Canc | ellation | 1 | Alex | Bayl | or | | | | - | | | | |
| | Los, some | | | FA | CILIT | Y INF | ORMATION | | | | | | | |
| | here Abateme | ent is Taking P | lace (3 | 3) | | | Type of Facil | | | | | | | |
| Verizon | | | | | | | School (| | | | | | | |
| Street Address | | | | | | | | 10.5 | ther than K-1 | (1,6) | a ham | | to \ | |
| 588 Route 9 | | , | | | | | Other (i.e. Square Feet | | f of Floors | | dg. Ag | | 10.) | |
| City (5) | | County (6) | Co | unty (| Code | (7) | - | | | | -99 | | | |
| Bayville | | Ocean | | | | | Current Use | (Prior if I | being demoli | shed) | | | 112130 | - |
| | | | | | | | Offices | | | | | | | |
| Name of Monitoring | | y Building Ow | ner (8) | l l | ASO | CM No | Name of Aba AbateTech | | Contractor (9 |) | | | | |
| Street Address | | | | -722 | | | Street Addres | | | | | | | |
| 8436 Enterprise | | | | | | | PO Box 25 | | | | | | | 27,745-0 |
| City, State & Zip Co | | | | | | | City, State & | | | | | | | |
| | Initial DOL | | Teler | hone | Num | her | Lumberton Telephone N | | U40 | License Nu | ımher | | | <u> </u> |
| Mark Jenkins | i wontoning i | | 215-3 | | | | 609-265-21 | | | LIGOTIOO TYC | 0052 | 29 | | |
| Scheduled Start Da 12/10/1 | | Scheduled Co | mpletio | | te (11 |) | Name of OSI EMSL Anal | | tor | | | | | |
| - CHOPHON, 18-0/37/01-13 | The state of the s | ment (Check o | - 5.55 | 5.5000000 | | | Street Addres | - | | | | | | |
| Facility Clo | sed/Vacated I | During Entire F | Period | of Ab | ateme | ent | 108 Haddoi | | A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | | | | | |
| | Performed O | utside of Norm | al Ho | urs | | | City, State & | | | | | | | |
| Describe: | | | | | | | Westmont, | NJ 081 | 08 | | | | | |
| Hemanif | | | | | | | | | | | | | | |
| Scope of Work (Cr | ieck all that ap | opiy) | | | | | | ПЕ | LUL Containm | ent with Ne | gative | Pres | sure |) |
| ≥3 sf or ≥3 | lf | | \boxtimes | Rer | novati | on | | | /lini-Enclosur | | 3 | | | |
| ≥160 sf ≥26 | 60 If | | Ħ | Der | nolitic | n | | П | Glove/Bag Pr | ocedures | | | | |
| | | | | | | | / | | Von Exempte | d and Non- | Friable | e Pro | cedu | ire |
| | | | | Locat | | | Description | | | Amount | Aba | ateme | ent T | ype |
| | | g | | nally olely | Used | | Asbestos-Con Material (A | taining | | (Specify SF or LF) | 70 | | ш | |
| | | | | | nce or | 2 | (i.e., thermal s | | | or or Li) | Remova | یر | inca | E |
| | | | | | Staff? | | insulation, surface | | | | oval | Repair | Encapsulate | Enclosure |
| | (13) | | 1 | (12) | 1 11/0 | | or other miscell | ianeous) | | | * | = | ilate | Te |
| | 0.00 | | Yes | No | N/A | | FI 4:1 - 0 I | NA 4: - | | OF Tatal | | | | |
| First Floor | | | | H | | | Floor tile & I | Mastic | 60 | SF Total | | H | Η | 님 |
| | | | H | H | ዙ | | | | | | ㅐ | H | H | H |
| | | | H | H | H | - | | | | | ㅐ | H | 片 | H |
| | | | H | H | +片 | | | | | | ᅢ | H | H | H |
| | | | H | H | H | | | 7 | | | TH | Ħ | Ħ | H |
| Name of Registere | d Waste Haul | er | | N. | DEP | Waste | Cubic Yards | Name | of Registere | d Landfill | | | _ | |
| AbateTech, Inc | | | | Ha | uler I 187 | D No. 50 | of Waste | TRRF | Landfill | | | | | |
| City, State | | | 7 | | | | Disposal Date | City, S | | | - | | | |
| Lumberton, NJ | | | | | | | 12/11/12 | | own, PA | | | | | |
| Completed By (Prin | nt or Type) | | | Tit | | pro 2000 pr 1994 15 M | Signature | 1 | • | | Date | | | |
| Gwen Trumbetti | | | | O | ps. C | oord. | (001 | ΛM | | | 12/10 |)/12 | | |

State of New Jersey 1211-457 NOTIFICATION OF ASBESTOS ABATEMENT Check #4715 (Pursuant to N.J.A.C. 8:60 and 12:120) CEIVED

1211-4577

| Completed By (Print or Type). Gwen Trumbetti | | Title Office Coord. | Si | gnature | M | | Date 12/1 | 0/1 | 2 | |
|--|-------------------|--|---------|----------------------------------|-----------------------------|---------------------------|----------------|--------|-------------|-----------|
| City, State Lumberton, NJ | | I r u > | | 12/13/12 | City, State Tullytown, I | PA | 15 | | | |
| AbateTech, Inc. | | Hauler ID N 18750 | | Waste 10 | TRRF Land | fill | | | | |
| Name of Registered Waste Hauler | | NJDEP Wa | | ubic Yards | Name of Reg | istered Landfill | | | Ш | بار |
| | | +++ | | | | | ᆜH | H | H | ዙ |
| | | | | | | | | ዙ | ዙ | ዙ |
| | | | | | | - | 니님 | 님 | 님 | 붜 |
| | | | | 2 | | | | | | 旧 |
| 3 rd Floor Bathroom | | | Flo | or tile, mastic 8 | plywood | 900 SF | | | | |
| | | No N/A | | | | | | | Ф | |
| (13) | (| 12) | | r other miscella | | | oval | a: | Encapsulate | Enclosure |
| in Facility | | dial Staff? | | ulation, surfac | | | Removal | Repair | aps | l Clo |
| Material (ACM) TO BE ABATED | | ely by enance or | | Material (AC i.e., thermal sy | | SF or LF) | Į, | _ | Enc | m |
| Asbestos-Containing | Norma | ally Used | | Asbestos-Cont | taining | (Specify | | | | |
| Location of | ls Lo | ocation | | Description | Manager 1 | Amount | | | | |
| | Ц. | | | | _ | empted and No | n-Friabl | e Pro | cedi | ure |
| ≥160 sf ≥260 lf | V - V | Demolition | | | ☐ Mini-En | ciosure Bag Procedures | | | | |
| \ \ \ ≥3 sf or ≥3 lf | K71 | Renovation | | | | ntainment with N | Vegative | Pre | ssure | Э |
| Scope of Work (Check all that apply) | | | | | | | | | | |
| Facility Occupied During Abat | | 14 | | | | | | | | |
| Describe: 12/10 & 12/11 work | | 1 | | Westmont, | - | | | | | |
| Abatement Performed Outside | | | | 108 Haddor City, State & 2 | | | | | | |
| Occupancy Status During Abatement Facility Closed/Vacated Durin | (Check only one) | f Ahatement | | Street Addres | | | | | | |
| 12/10/12 | 12/13/ | and the same of th | | EMSL Analy | | | | | | |
| Scheduled Start Date (10) Sche | eduled Completion | | | Name of OSI | | | | | | |
| Geiser Fajardo | | 89-8700 | | 609-265-210 | | License | 005 | | | |
| Project Manager for Monitoring Firm | Teleph | one Numbe | r | Lumberton, Telephone Nu | | License N | Number | 10 | - | |
| City, State & Zip Code South Hackensack, NJ 07606 | | | | City, State & | | | | | | |
| 280 Huyler Street | | | | PO Box 25 | | 77.25 | | | - | |
| Street Address | | | | Street Addres | | | | | | |
| Omega Environmental | namy Owner (0) | ASCIV | 71 TVU. | AbateTech, | | 00529 | | | | |
| Name of Monitoring Firm Hired by Bu | ilding Owner (8) | ASCN | / No | University | tement Contra | ctor (0) | | | - 100 | |
| South Orange Ess | sex | | | | (Prior if being of | demolished) | | | | |
| The state of the s | | nty Code (7) |) | 10,000 | | 2 | | 90 | | |
| | | | | Square Feet | # of Flo | oors | Bldg. A | ge | | |
| 400 South Orange Ave. | | | | | | mmercial buildir | ngs, hor | nes, | etc.) | |
| Street Address | iaii | | | | oter 8 (Other th | an K-12) | | | | |
| Name of Facility Where Abatement is Seton Hall University- Mooney I | | V. | | Type of Facili | | | | | | |
| Name of English When Aberry | | | INFO | RMATION | 1 (4) | | | | | |
| - BOA - Caricenati | | and the second second | | | | 5 | • | | | |
| ☑ DOH ☐ Emergend ☐ DCA ☐ Cancellati | | ame of Con lichael Ma | | | | | Teleph | one I | Numb | oer |
| □ DOL □ Amended | | outh Oran | | J 07079 | ex L | | 6.0 | | | |
| DEP Initial | C | ity, State & | Zip Co | de | 新力量上 2 1 | TOS CONTR ICENSING | | | | |
| ⊠ EPA | | 00 South | | e Ave. | a 1 10 0 10 | P 19 5 37 37 1 数 | 101 | į. | | |
| Agencies Notified Type Notification | | eton Hall I | | rsity | 7817 UEC | 13 PM 10: 1 | 1 0 | 3 | | |
| Date of Notification (1) | | | | wner / Operato | r (2) | 10 0410. | : A | | | |
| | | | | | | | | | | |

1211-4577 Check #4715

| Date of Notification | | | | Na | ame | e of E | Building | g O | wner / Operato rsity | or (2) | OFC 12 | | | | | |
|-----------------------------------|---|-----------------|---------------|---------|--------|--------|----------|-----|----------------------------------|-----------|--------------------------------|---------------|----------|--------------|-------------|-----------|
| A N-4'6- 4 | 12/7/12 | | | Se | eto | n H | all Un | ive | rsity | | -2013 | PM 10: ; 7 | | | | 7.11 |
| Agencies Notified EPA | Type Notific | ation | | 10.7263 | | | | | e Ave. | A 3 1 | ESIDS O ELICENS | | 7 | | | |
| DEP | ☐ Initia | il - | | | | | & Zip | | de Ave. | 6 | FILES | A. I RAI | | | - | |
| DOL | 100000000000000000000000000000000000000 | nded# | | | - | | | | J 07079 | | - LILENS | ING "WEL | | | | |
| □ DOH | ⊠ Eme | rgency | | | | | Contac | | | | | a | eleph | one l | Numl | oer |
| ☐ DCA | ☐ Can | cellation | | M | ich | ael | Marco | oni | | 0 | | | | | | |
| | F | | | | FΑ | CIL | TY IN | FO | RMATION | | | | | | | |
| Name of Facility W | nere Abatem | ent is Taking F | Place | | | OIL. | | | Type of Facil | itv (4) | | | tipali . | 1000 | | |
| Seton Hall Unive | | | | ` ' | | | | | School (| | | | | | | |
| Street Address | | | | 98 | 6.78 | 3 | | | | | Other than K- | | | | | |
| 400 South Orang | je Ave. | | | | | | | | | | te & commer | cial building | gs, hor | nes, | etc.) | |
| | | 1 | | | | | | | Square Feet | | # of Floors | В | ldg. A | ge | | |
| City (5) | | County (6) | C | our | nty (| Code | (7) | | 10,000 | | 2 | | | 90 | 167 | |
| South Orange | | Essex | | | | | | | Current Use | (Prior if | being demol | ished) | | | | |
| N | F: 11: 11 | | | | -11222 | 1. | | | University | | | | | | | |
| Name of Monitoring Omega Environn | | by Building Ow | ner (8 | 3) | | AS | SCM N | 0. | Name of Aba | | | | | | | |
| Street Address | icilai | | - | | - | | | | AbateTech, Street Addres | | - 01 | 0529 | 1 | | | |
| | 0 Huyler Street | | | | | | | | PO Box 25 | 33 | | | | | | |
| | y, State & Zip Code | | | | | | | | City, State & | Zip Cod | de | | | | | |
| | outh Hackensack, NJ 07606 | | | | | | | | Lumberton | , NJ 08 | 3048 | | | | | |
| | oject Manager for Monitoring Firm | | | | | | nber | | Telephone No | | | License N | | | | |
| Geiser Fajardo | t- (40) | 0 1 1 1 1 0 | | - | | 3700 | | | 609-265-320 | | | | 005 | 29 | | |
| Scheduled Start Da 12/10/12 | 25 15 15 | Scheduled Co | mplet 12/1 | | | te (1 | 1) | | Name of OSF EMSL Analy | | itor | | | | | |
| Occupancy Status I | | ment (Check o | CA CHILD | | 14 | | | - | Street Address | | - | | | | | |
| Facility Clos | ed/Vacated | During Entire F | erioc | of | Aba | atem | ent | | 108 Haddor | | | | | | | |
| Abatement | Performed O | utside of Norm | al H | ours | S | | | | City, State & 2 | | le | | | | | |
| Describe: | | | | | | | | | Westmont, | NJ 081 | 108 | | | | | |
| Facility Occ | | | | | | | | | | | | | | | | |
| Scope of Work (Che | eck all that ap | oply) | | | | | | | | _ , | O t - t | | | _ | | |
| ≥3 sf or ≥3 l | f | | M | ŗ | Ren | novat | ion | | | | Full Containm Mini-Enclosur | | egative | Pre | ssure |) |
| ≥160 sf ≥26 | | | H | | | noliti | | | | | Glove Bag Pr | | | | | |
| | | | | | | | | | | | Non-Exempte | | -Friabl | e Pro | cedu | ıre |
| Lo | cation of | | Is | Lo | cati | ion | | | Description | | | Amount | | | | |
| | os-Containin | g | | | | Jsec | | , | Asbestos-Cont | | 1 1 | Specify | | | | İ |
| | erial (ACM) BE ABATED | | | | ely t | ce o | - | - | Material (AC i.e., thermal sy | | 8 | F or LF) | Z. | __ | Enc | m |
| | Facility | | | | | Staff | | | sulation, surfac | | T | | Removal | Repair | aps | Enclosure |
| 8 Y Y 20 | (13) | | | | 12) | | | 01 | r other miscella | aneous) |) | | <u>a</u> | = | Encapsulate | ure |
| - ed | | , 10 | Yes | | Vo. | N/A | \ | | | | | | | | · O | |
| 3 rd Floor Bathroo | m | | Ц | 10 | X . | Ц | | Flo | or tile, mastic 8 | k plywod | od (| 900 SF | | | | |
| | | | H | 11 | 4 | | | | | | 10-14-1 | | | | | |
| | | | H | ++ | 4 | 님 | | | | | | | ᆛᅛ | 닏 | 닏 | Щ |
| | | | H | ┼ | + | H | | | | 1 | | | + | 님 | H | H |
| | H | ╁ | ╡ | H | - | - | | | | | H | H | Η | H | | |
| Name of Registered | Waste Haul | er | | 14 | N.I | DEP | Waste | C | ubic Yards | Name | of Registered | l Landfill | | | Ц | |
| Training of Freguetor or | Tradio Tradi | | | | | | ID No. | | Waste | Ivamo | or registered | Landilli | | | | |
| AbateTech, Inc. | | | | | | | | | 10 | TRRF | Landfill | | | | | |
| City, State | 20 | | | | | | | Di | isposal Date | City, S | | 1 | | | | |
| Lumberton, NJ | | | | | | | | | 12/13/12 | Tullyt | own, PA | | · | + | | |
| Completed By (Print | | | | | Titl | | | Si | gnature | | | | Date | | | 1943 |
| Gwen Trumber | tti | | | | | fice | | | (A | , 1 | | | 12/7 | /12 | | |
| | | | | | Co | orc | | | $ \vee$ χ η ι | | | | | | | |

State of New Jersey 127 NOTIFICATION OF ASBESTOS ABATEMENT Check # (Pursuant to N.J.A.C. 8:60 and 12:120) RECEIVED

1211-4577 Check #47,14

| Date of Notification | | | 1 | Vame | of E | Buildin | ng O | wner / Operator rsity | (2) 2012 DE | C 13 PM | 10. 6 | 3 | | | |
|----------------------------------|---------------------------------|-------------------|-----------|-------------|---|------------------------|-----------------------|---------------------------------|-----------------------------------|--------------------------|-------------------------|----------|--------|-------------|-----------|
| Agencies Notified | 12/5/12 Type Notification | ation | - 0 | Stree | t Add | dress | IIVE | isity | | | | | | | |
| EPA | Type Notifica | allon | 100 | | | | and | e Ave. | ASSEC | TOS COM | W/S | | í | | - 1 |
| □ DEP | ☑ Initia | i . | | | | e & Zip | | | 2 | LICENSIN | Thai | | | | \neg |
| ⊠ DOL | | nded # | | | | | | J 07079 | · 2 | -IUCKOIN | 6 | | | | 1 |
| ☑ DOH | | rgency | | | | Contac | | | | | Tel | hon | e Ni | mhe | r |
| DCA DCA | | ellation | 1.6 | | | Marc | | | | | | | | | |
| | ш | | | | 21.000000000000000000000000000000000000 | | SSSSSSSSS | | | | | | | | |
| NI | Ibara Abatana | ant in Taking D | loss (2 | | CIL | II Y II | NFU | RMATION Type of Facilit | by (4) | | | 138-31 | | | \dashv |
| Name of Facility W | | | lace (3 |) | | | | School (K | | | | | | | |
| Street Address | ersity- woor | теу пап | | | | | 21311 = 0. | | ter 8 (Other th | an K-12) Unc | occupie | ed | | | |
| | A | | | | | | | | . private & co | | | | s. et | c.) | |
| 400 South Orang | ge Ave. | | | | | | | Square Feet | # of Flo | | | g. Age | _ | | |
| City (5) | | County (6) | Co | unty | Code | o (7) | | 10,000 | - 1 | 2 | Diag | 3 200 | 90 | | |
| City (5) | | | 00 | unity | Cour | C (1) | | Current Use (| | demolished) | | | - | | |
| South Orange | | Essex | | | | | | University | i nor ii being t | acinolionou) | | | | | |
| | First Basel b | Desilelia a Occu | (0) | | TAG | SCM N | Ma | Name of Abat | oment Centra | ctor (0) | | | _ | | |
| Name of Monitoring Omega Environ | | by Building Owl | ner (8) | | A | SCIVIT | NO. | AbateTech, | | 00529 | | | | | |
| Street Address | Helital | | | | | | | Street Addres | | 00020 | | | | | |
| 280 Huyler Stree | 1 | | | | | | | PO Box 25 | • | | | | | | |
| City, State & Zip Co | | | 7 | F | | - | | City, State & 2 | Zip Code | | | | | | |
| South Hackensa | | 06 | | | | | | Lumberton, | | | | | | | 10 |
| Project Manager fo | | | Telep | hone | Nui | mber | | Telephone Nu | | Licens | se Nun | nber | | | |
| Geiser Fajardo | | | 201- | | | | | 609-265-320 | 7 | | | 0052 | 3 | | |
| Scheduled Start Da | ate (10) | Scheduled Co | mpletic | n Da | ate (1 | 11) | | Name of OSH | IA Monitor | | | | | | |
| 12/7/12 | 2 | | 12/9 | /12 | 20 | 53.01 | | EMSL Analy | /tical | | | | | | |
| Occupancy Status | | | | | - 55 | | | Street Addres | 97-A | | | | | | |
| | | During Entire F | | | aten | nent | | 108 Haddon | | | | | | | |
| | | utside of Norm | | | | | | City, State & 2 | | | | | | | |
| | | 30 AM, 12/8- 7AM- | 3:30 PM | 12/9 8 | AM- 4 | 1:30PM | | Westmont, | NJ 08108 | | | | | | ~ |
| | cupied During | | | | | | | | 0 | | | | | | |
| Scope of Work (Ch | neck all that a | pply) | | | | | | | □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ | ntainment wit | th Noo | otivo | Droo | 01150 | |
| | | | 5 | _ | | ••• | | | | ndamment wi | lii weg | auve | ries | suie | |
| ≥3 sf or ≥3 | | | \bowtie | | nova | | | | | iciosure Bag Procedur | | | | | |
| ≥160 sf ≥26 | 60 If | | Ш | De | molit | tion | | | | empted and | | riabla | Drog | odu | ro |
| | | | | | | | | Description | | | | Aba | | | |
| | ocation of | | Norn | Loca | | | | Description Asbestos-Conf | | Amour (Specif | | Aua | teme | 111. 1 | Ahe |
| | stos-Containir iterial (ACM) | ig | | olely | | u | | Material (AC | | SF or L | | | | ш | m |
| | BE ABATED | | Main | | | or | | (i.e., thermal sy | | 1. | | Rer | 교 | ıca | nc |
| | in Facility | | Custo | odial | Staff | f? | | sulation, surfac | ing, VAT | | | Remova | Repair | Encapsulate | Enclosure |
| | (13) | | | (12) | | | (| or other miscella | aneous) | | | <u>a</u> | 7 | late | ıre |
| | | | Yes | No | N/ | 555 | | | | 1 | | | | | |
| 3 rd Floor Bathro | om | 100 | | \boxtimes | | FI | oor t | tile, mastic, linol | eum, plywood | 225 S | F | | 님 | H | H |
| 8 4 | | | | | L | | | | | | | | 뷔 | 屵 | H |
| | | | | | L | | | | Elger-a | | | 님 | 뷔 | 무 | H |
| | | | IL | | | | | | | 님 | 붜 | 井 | 님 | | |
| | | | L | | | | | | | 님 | 뷔 | 님 | H | | |
| | | | | Ļ | | | | | | | ıcıı | | | Ш | Ш |
| Name of Registere | d Waste Hau | ler | | 11/1/20 | | P Was | | Cubic Yards | Name of Reg | gistered Land | ITIII | | | | |
| AbataTash Inc | | | | H | | r ID N 8 750 | 0. | of Waste 6 | TRRF Land | Hill | | | | | |
| AbateTech, Inc. | | | | | 10 | ,, ,,, | r | Disposal Date | City, State | | Alexander of the second | | | | |
| City, State Lumberton, NJ | | | | | | | 1 | 12/9/12 | Tullytown, | PA | | - | | | |
| | nt or Tunal | 7 | | Т: | tle | 74 | | Signature | · any county | | - I | Date | - | | |
| Completed By (Prin | 1000 | | | 100000 | ffic | • | , | Signature | L | | | 12/5 | /12 | | |
| Gwell Trullib | CLLI | | | | oor | | - | M | U | | | 0 | | | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check #4787 (Pursuant to N.J.A.C. 8:60 and 12:129) ECEIVED

1211-4577

| Date of Notification | (1) 12/11/12 | | | | | | Owner / Ope | rato | or (2) 211 | 9 DFC 13 | PM 10: 6 | | | .37 | | |
|---------------------------------------|-----------------------|----------------------------------|-----------------|--|--------------------|----------|-----------------------------|--------|--|-------------|---------------------|-------------|--------|--------|-------------|-----------|
| Agencies Notified | Type Notific | ation | 1000 | | Addre | | | | | 013 | THIU: (i) | E : | | | | |
| ⊠ EPA | N | | | | | | ige Ave. | _ | 4 | 11 8- 12 E | UUNT 大磐 | - τ | | | | |
| ☐ DEP ☐ DOL | ☐ Initia | I nded # | | | | Zip (| NJ 07079 | | | & LICE | しいに「内容 | Ĺ. | | | | |
| □ DOH | | rgency | | | of Co | | NO 0/0/9 | | | GC L 10 [| 10111b | leap | hor | ne N | umh |)er |
| □ DON | | ellation | 1000 | | | arco | ni | | | | t, | affiging to | 101 | | uni | ,01 |
| | | | | | | | ORMATION | | | | | - 6- | | | - • | |
| Name of Facility Wh | nere Ahatem | ant is Taking P | lace (3) | | JILI I | I IIN | Type of F | | ity (4) | | | | | | | |
| Seton Hall Unive | | | iacc (o) | | | | | | K-12) | | | | | | | |
| Street Address | iony inter- | , | | | - | | | 32 | 3 2557 | ther than k | (-12) | | | | | |
| 400 South Orang | e Ave. | | | | | | Othe | r (i.e | e. privat | e & comme | ercial building | gs, ho | me | es, e | tc.) | |
| | | | | | | | Square F | eet | | # of Floors | В | ldg. A | \ge | | | - 1 |
| City (5) | | County (6) | Cou | nty C | code (| (7) | 10, | | | 2 | | | | 90 | | |
| South Orange | | Essex | | | | | | | (Prior if | being dem | olished) | | | | | |
| 222 | | | | | | | Universi | _ | | | | | | | | |
| Name of Monitoring Omega Environn | | y Building Ow | ner (8) | | ASC | CM No | AbateTe | ch, | , Inc. | Contractor | (9) 00529 | | | | | |
| Street Address 280 Huyler Street | ŧ | | | | | | Street Ade | | SS | | 10 | | | | | |
| City, State & Zip Co | | | | | | | City, State | | | | | | | | | |
| South Hackensa | | | IT-1 | | N1 | | Lumbert | | | 048 | License N | | | | | |
| Project Manager for Geiser Fajardo | Wonitoring F | -irm | Teleph 201-4 | | | ber | Telephone 609-265- | | | | License IV | 00 | | 9 | | |
| Scheduled Start Dat | te (10) | Scheduled Cor | | | | 1 | Name of 0 | - | | itor | | | - | | | |
| 12/26/12 | | ochedaled ool | 12/31/ | | C (1.1) | <i>'</i> | EMSL A | | | | | | | | | |
| Occupancy Status E | | ment (Check o During Entire F | | | teme | nt | Street Add | | | | 4 | | | | | |
| | (+) | utside of Norm | | | | | City, State | | | le | | | | 5.00 | | |
| | | 2/26-12/28, B/D 12 | | | | | Westmo | | | | | | | | | |
| Facility Occ | upied During | Abatement | | | | | - | | | | | | | | | |
| Scope of Work (Che | eck all that ap | oply) | | | | | | | | | | | | | | |
| | | | | D | | | | | Name and Address of the Owner, when the Owner, which the Owner, | | ment with N | egati | /e I | res | sure |) |
| ≥3 sf or ≥3 lt ≥160 sf ≥26 | Second Control | | × | | ovatio nolition | | | | | Mini-Enclos | ure Procedures | | | | | |
| ≥160 sf ≥26 | U II | | Ц | Den | IOIILIOI | 11 | | | | | ted and Non | -Frial | nle | Pro | cedi | ıre |
| 10 | ocation of | | Isla | ocati | on | | Descrip | otion | | TOTT EXOTIF | Amount | | | | | уре |
| | os-Containin | g | Norma | | | | Asbestos-0 | Con | taining | | (Specify | | Т | | 0.000 | 1 |
| | erial (ACM) | | | lely b | | | Material | | | | SF or LF) | 1 : | 0 | _ | Enc | m |
| | BE ABATED n Facility | | Mainte | | | | (i.e., thermainsulation, su | | | т | | | Remova | Repair | Encapsulate | Enclosure |
| | (13) | | | (12) | , tuii . | | or other mis | cell | aneous) | | | | 2 | Ħ. | ulat | sure |
| | (ABSOCIATE) | | Yes | No | N/A | | | | | | | | | | Ф | |
| Basement | | | | \boxtimes | | | Floor tile | & N | /lastic | | 900 SF | | 1 | | | |
| | | | | | | | | | | | | | 1 | | Ц | |
| | | | | Ш | Ц | | | | | | | | # | 4 | 님 | H |
| | | | | 님 | 井 | | | | | | | - <u> -</u> | + | 4 | 뭐 | H |
| | H | H | H | - | 3-20- | - | | | 200 | ᆉ | + | 닉 | ዙ | H | | |
| Name of Registered | Masta Haul | or | | | DED / | Macta | Cubic Yards | S | Name | of Register | ed Landfill | | 11 | | Ш | Ш |
| Name of Registered | i vvaste i laul | CI | | | uler IE | | of Waste | * | l' tamo | or regiotor | ou Lariaiiii | | | | | |
| AbateTech, Inc. | | | | | 1875 | 50 | 12 | | TRRF | Landfill | | | | | | |
| City, State | | 25 | | | | | Disposal Da | | City, S | | | | e etc. | | | |
| Lumberton, NJ | | | | 3000 CO | | | 12/31/12 | 2 | Tullyt | own, PA | | | | | | |
| Completed By (Print | | | | Title | | | Signature | | 2 | | | Dat | | 14 | | |
| Gwen Trumbe | tti | | | 100 THE RESERVE TO TH | fice ord. | | $\left(\right)$ | N | # | | | 12 | 17 | 1/1/ | 4 | |
| | | | | 160 | OTO. | | - /\ \ | 1 | | | | 1 | | | | - 1 |

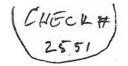
STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

| | / | 1 | | |
|-----|------|---|----|------|
| 101 | Ler. | 6 | 11 | 2814 |
| 01 | uc | 1 | | 2019 |

| Date of Notification | | | | | Building Owner | / Operator (2) TICALS CORPOR | NAT WALL | 11/50 | i i | •3 |
|---------------------------------------|---------------------|-----------------------------|------------------------------|-------------------|--|---------------------------------------|-----------------|-----------|--------------|----------|
| $\frac{12}{2} / \frac{12}{2}$ | /12 | | | Street Ad | | TICALS CORFER | VALUE OF STREET | F Francis | Epub Epub | |
| Agencies Notified | 8773 | otification | | 1 HEALTH | | 9810 6 | F0 | - | | |
| ☐ EPA | | Initial Amended | | | e, Zip Code NOVER, NJ 0793 | 36 | EC 13 | PM 10 | :47 | |
| ☑ DOH | | Amendment # | | Name of | | 6 3 1 1 T | Telepho | | er | |
| ☑ DOL | | Emergency w Cancellation | / justification | KEN PIR | 0221 | ** # W | | | Ħl. | |
| | | | F. | ACILITY IN | IFORMATION | | | COLLEGE | | |
| Name of Facility Wi | nere Abaten | nent is Taking | Place (3) | | Type of Facility | y (4) | | 37,700 | | |
| NOVARTIS | | | | | ☐ Sch | ool (K-12) | | | | |
| Street Address | | | | | the state of the s | chapter 8 (Other | | 13.5 | | |
| 1 HEALTH PLAZA | | | | | | er (l.e., private & gs., homes, etc.) | | | | |
| City (5) EAST HANOVER | County (6 MORRIS | 5) | County Code | (7) | Square Feet 100.000 | # Of Floor | ' s | Buildin | g Age 40+ | |
| LASTINIOVER | MONTO | | | | | rior if being dem | | 1 | 880 | |
| | F1 | IL DIJ O | (0) | IACCM NO | OFFICE/RESE/ | | (0) | | | |
| Name of Monitoring HILLMAN ENVIRON | | i by Blag. Own | er (8) | ASCIVI NO | Name of Abate | ement Contractor | (9) | | | |
| | | | | | | ntal Services Inc. | | | | |
| Street Address 1600 ROUTE 22 EAS | ST | | | | Street Address | 3 | | | | |
| City, State, Zip Cod | | | | | 462 Getty Aven | ue | | | | |
| UNION, NJ 07083 | | | | | City, State, Zip | Code | | | | |
| Project Mngr. For M MIKE NEHLSEN | lonitoring F | irm | Telephone Nu 908-688-7800 | mber | Clifton, NJ 070 | 11 | | | | |
| Sheduled Start Date | (10) | Sched. Comp | letetion Date (1 | 1) | Telephone Nur | | License | Number | | |
| 12_/26_ | | 01 | <u> </u> | 13 | 973-772-36 | 60 | | (| 00117 | |
| Occupancy Status I | During Abat | tement (Check | Only 1) | | Name of OSHA | 070770 | | | 30117 | |
| Facility 0 | losed/Vaca | ited During Ent | | | | ntal Services Inc. | | - 1 | | |
| Abateme Abateme | TO 100 1 10 | ed Outside of N | lormal Facility | | Street Address | 1 | | | | |
| Hours - E | Describe: | | | | 462 Getty Aven | | | | | |
| Other - D | escribe: | _MON-FRI - 7:0 | 00AM - 11:30PM | 6 10 | City, State, Zip Clifton, NJ 070 | | | | | |
| Scope of Work (Che | eck All That | Apply) | | | | | | | | |
| ☐ Demolitie | on | V | Renovation | V | Full Containme | ent with Negative | Pressure | Э | | |
| ≥3sf or ≥ | | | | | Mini - Enclosu | | | | | |
| ✓ ≥160 sf o | r ≥260 lt | | | | Glovebag Prod Non-Exempted | edure I (*) and Non-Fria | ble Proce | edure | | |
| | | | | | 1 - 1 | | | | | |
| Location of Asbestos Con | | ls Location | As | Descript | tion of Containing | | Abateme R | ent Type | İΕ | ĮΕ |
| Material (A | | Normally | | Material | (ACM) | Amount | E | R | N | N |
| TO BE ABA | | Used | | e., therma | | (Specify | M | E P | C A | C L |
| in Facilit (13) | у | Solely by Main- | | | facing, VAT, cellaneous) | SF or LF) | O V | A | P | o |
| 1.07 | | tenance/ | | | | | A | 1 | s | s |
| | | Custodial Staff (12) | | | | | L | R | U | U R |
| | | YES NO N/A | - | | | | - | _ | + | + |
| B415 - 1ST FL OFFI | CE AREA | | FIREPROOFIN | NG . | | 325 SF | 7 | | | |
| | | | | | | | | | | |
| | | | - | | | | H | ++ | 1-1 | 1 |
| Name of Registered | | iler | NJDEP Waste | | Name of Regis | tered Landfill | | | | |
| NEWARK CARTING | | | Hauler ID No. 4509 | Yards of Waste | IESI | | | | | X |
| City, State | | 100 | - | Disposal | City. State | DA. | | | | |
| NEWARK, NJ | 2 2 | | 61 700 | Date | BETHLAHEM, I | PA | | | | |
| Completed by (Prin | t or Type) | | Title | | Sign | nature | (1 | 11: | Date | |
| STEVEN STILES | | | PROJECT MA | NAGER | | tower | 1 | KS | +- | 12/12/12 |

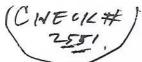
| sD7 | | NC | (Pur | suant to | NJAC 8: | 60 and | 12:120) | 1 | PE | CEI | 1 | | | | | _ |
|---|--------------------------------|-----------------------------|--------------------------------------|------------------------------|-----------------------|-----------------|-----------------------|--|--|--------------------|---------------------------|--------|---------|--------------|-------------|-----------|
| Date of Notification (1) DECEMBER 11, 201 | 1 | | N | ame of B | Building Ov OUSING | wner/Op | perator (| (2) Y OF? | WE CELT | Y OF E | LIZAB | 2+ | l | | | |
| Agencies Notified | Type Notification | | S 6 | treet Add | iress PLE AV | ENUE | | £. | مرين | 13 P | M 9: | 47 | | į. | | |
| DEP [| Initial Amended | | C | ity, State | , Zip Code ETH, No | е | | SALE | 21/0 | 96 CU | Niza | n. | | | | |
| | Amendment # Emergency (in | | | lame of C | | 0720 | | | - 410 | FARMA | AAA NIII | mhor | - | | | |
| DOH DCA | justification) Cancellation | | N | | EDEIR | | ON | | | | | 0 | | - | | |
| Name of Facility Where Ab | patement is Taking | Place (3) #201 | | FACILI | ITY INFO | RMATI | JN | T s | f Facility (4 | 2) | W 1950 W | | | | | |
| Street Address 69 DIVISON STREE | | | | | | | | × o | ubchapter 8 ther (i.e. pr c.) | rivate & co | ommero | ial bu | | | | , |
| City (5) ELIZABETH | | | | | | | | Square 60000 | OSF | # of Flo | | | 55- | g. Ag +YR | | |
| County (6) UNION | | | | County Co | ode (7) SE ONLY) | | _ | APAF | t Use (Prio RTMENT | BUILD | ING | shed) | | | | |
| Name of Monitoring Firm I | Hired by Building C | Owner (8) | | ASCM | No. | | FINI | SHING | ment Con TOUCH | tractor (9) |) STOS | ABA | ATE | ME | NT | |
| Street Address | | | | | | | 17 T | | SON ST | REET | | | | | | |
| City, State, Zip Code | | | | | | | City, S WES | State, Zip ST LON | Code NG BRAN | | | | | | | |
| Project Manager for Monit | toring Firm | | | Telephon | e No. | | | none No 222-83 | | 100 | icense 00040 | No. | | | | |
| Start Date (10) . 12/21/12 | | Schedule 12/21/1 | | pletion D | Date (11) | | Name N/A | of OSH | A Monitor | | | | | | | |
| Occupancy Status During | | | | | | | Street | Addres | S | | | | | | | |
| Facility Closed/Vaca Abatement Performe Other – Describe: A | ed Outside of Norn | Period of A nal Facility | batem Hours | ent | | | City, | State, Zi | p Code | | | | | | | |
| Scope of Work (Check Al | | - | | | | | <u> </u> | _ | | - | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | - | tenova emolit | | | | | Min Glo | Containment- i-Enclosure vebag Pro | e cedure | | | | | | |
| | | | - | - | | | | × No | n-Exempte | d (*) and | Non-Fri | able I | | Abate | ment | |
| Location | of | 1 | Locati Iormal | ly | | De | escriptio | n of | | | | - | \neg | Ту | pe | |
| Asbestos-Containing TO BE ABA In Facili (13) | Material (ACM) ATED | Ma | d Sole intena todial ((12) | nce/ | Asbes (i.e. | therma surfa | al system acing, V | Material ns insula AT, or aneous) | (ACM) | (Sp | nount pecify or LF) | | Removal | Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | | 600 | 0 SF | X | | - | | - |
| APARTMEI | NT 201 | | | X | | | VAT | | | 600 | JOF | | | _ | | - |
| | | | | | | | - | - | | | - 67 | 1 | | | | |
| | | | | - | | | | | | | | | (4 | | | |
| Name of Registered Was | | BATEM | EN | NJDEP W Hauler ID 2058 | | of W | | | 1 1000 | Register VS NOF | | | FIL | L | | |
| City, State WEST LONG BRAN | | | | | | Disp | osal Da | te | City, Sta | ate RISVILL | E, PA | 921 | | | | |
| Completed by JOSEPH P. MILLEF | | Title | SIDE | NT | | | Signatu | ire | Se see | in | Ati | Date | | 2 | | |

ASB-41



RECEIVED &

| | Y . | (| | | | 0.00 8110 | | | hour I | MI | 1 | - | _ |
|-------------------------|--|--------------|-----------------|-------------------|--------------|-----------|---------------|-------------------|---------------------------|-----------|--------|-------------|-----|
| Date of Notification (1 | 1/10 /0 | | | Name o | f Building | g Owner/C | perator (2 | NSTRU 24 | 2000 in | • | | | |
| | 111 /12 | | | | Address | CAIC | <u> </u> | | 15 PH | 9:.6 | 7 | - | - |
| gencies Notified | Type Notification | | | | 300 | 7- | 7 TH | ST, 👸 | 1.76 - | - '6 | 4 | - | _ |
| DEP DEP | [2] Initial Amended | | - | <u> </u> | 7-6 | ode | | | Edder Co. | I Am | 1 | | |
| DOL | Amendment # | | | < | OF A | TYLE | CIL | TIN, Y | JOSEH 311 | C | é. | | - |
| 7 рон | Emergency (in justification) | ncluaing | - | The second second | of Contac | 1 | | | Telenhone Numb | er | PA | | |
|] DCA | ☐ Cancellation | | | F | 2001 | EDI | カルカ | <u> </u> | _ | | | = | - |
| - | | | | | | ORMATIC | N . | | | | | | |
| (F. W. 146 | re Abatement is Takin | o Place (| 31 | | | | | Type of Facility | (4) | | | | |
| lame of Facility When | ESIDENCE | £ | | 4 | | | | School (K-12 | t) 3 (Other than K-12) | Y | | | |
| Street Address | | , | | | | | | Other (i.e., pr | rivate & commercia | l buildir | ngs, | | |
| 7 1 | 13 LANDI | 5 AVI | ē- | | | | $=\downarrow$ | homes, etc.) | T # of Floors | | . Ag | - | - |
| City (5) | / | 1 | | | | | | Square Feet | # 01710013 | | | | |
| ··· <u>}</u> | EN ISLE (| 1179 | | | 0 1-7 | 7) /CTAT | - | Current Use (Pr | or if being demolis | hed) | | | = |
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| City, State, Zip Code | | | | | | | Moq | re SHO- | DE N.J. | 00 0. | | _ | = |
| Project Manager for M | Appitoring Firm | - | .Telep | ohone N | ю | Telepho | ne No. | A 01/27 | License No. | 44 | | | |
| Project Manager for it | T.G. | | | | | | | 9-0472 | 1 | | | _ | - |
| Start Date (10) 2 | Sche | duled Co | mplet | | | Name of | OSHA M | JOHN KI | EMM | . * | | | |
| Start Date (10) | - 12 | | | 12 | | Street A | | | | | | | |
| Occupancy Status Du | iring Abatement (Che | eck only | one) | 15 | | Sueer | 369 | S, SPA | LULE LUC. | | | | _ |
| V F No. Clocod//2 | cated During Entire P | enod of A | apater | nent | | City Sta | | ode | | _ | | | 315 |
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| Other - Describe: | | === | | | | | | | | | | | |
| Scope of Work (Chec | ck all that apply) | - | | | | | Full Con | ntainment with Ne | egative Pressure | | | | |
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| ≥160 st or ≥260 if | • | B 00. | | | | | Non-Exe | empted (*) and N | on-Friable Procedu | A | bate | | |
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| Name of Registered | Waste Hauler | - 1 | 1 | tauler IC | No. | of Was | | -CIN | 1, C, M.V. | Α, | | | _ |
| K Lome | o INC, | | | 179 | 04 | Dispos | al Date | City, State | | | | ŧ8 | -5 |
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| JOSEPH | KLEMM - | | <u>'</u> | | | | 1 | | | | * | | |



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| ate of Notification (1) | · | | ing Owner/Operato | | RECEP | |
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| are of Marylonna Firm Hired by Bu | 0124 | | _ | | | |
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| raeci Manager for Monitoring Firm | | | 1 436 / | 1 1 | | |
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| Date of Notification | (1) | | IN | ame | of Bu | ildina (| Owner / Operato | r (2) | 112-11 | La la | | | | - |
|---------------------------------------|---------------------|---------------------|----------|----------------|------------------------|------------------------|--|--------------------|--|------------------|--------------|--------|-----------|-----------|
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| ⊠ DOL | | nded #1-12/7/1 | | | | 1J 086 | 25 | 9,50,000 | & LICENS | 1711 | | | | |
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| Name of Facility W ARTHUR BRISB | | | | | P | | Type of Facil | | Non Sub 8 | | | | | |
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| Farmingdale | | Monmouth | | | | | Current Use | (Prior | if being demol | ished) | | | | |
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| Name of Monitoring | Firm Hired b | by Building Owr | ner (8) | | ASC | CM No. | Name of Aba | teme | nt Contractor (9 | 9) | | | | |
| Environmental C | Collection | | | - 41 | | | Bristol Env | | mental, Inc. | | | | | |
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| City, State & Zip Co | | | | | | | City, State & | | | | | | | |
| Trenton, New Je Project Manager fo | | | Teleph | | Mirmal | har | Bristol, PA Telephone N | | | License Nu | mbor | | | |
| Ryan Broadwate | | riiiii | 609-3 | | | bei | (215)788-60 | | | 00509 | iiibei | | | 200 |
| Scheduled Start Da | | Scheduled Cor | | | |) | Name of OSH | | onitor | 00000 | | | _ | |
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| | Performed O | utside of Norm | al Hou | rs – | 7am to | o 3pm | City, State & | | | | | | | |
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| | JO 11 | | ш | Dei | Hondo | | | A | Non-Exempte | | Friable | Pro | cedu | ire |
| | ocation of | | Isl | ocat | ion | T | Description | n of | | Amount | | | | |
| | tos-Containir | ng | Norm | | | | Asbestos-Con | | g | (Specify | - | | | 1 |
| | terial (ACM) | | | lely l | | | Material (A | | | SF or LF) | 70 | | ᇑ | · m |
| | BE ABATED | | Mainte | | | | (i.e., thermal s insulation, surface | | | | Remova | Repair | cap | Enclsoure |
| | in Facility (13) | | | diai ((12) | Stall? | | or other miscell | | | | ova | air | Encapsula | 2 |
| | (.0) | | | No | N/A | | J. 5(.16) 111155511 | | | | - | | 6 | 0 |
| Basement | | | | M | П | | Fire Door | SF | | 21 | | П | П | \Box |
| Basement | | | H | d | Ħ | | Debris S | | | 100 | A | Ħ | Ħ | Ħ |
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| Name of Registere | d Waste Hau | ler | | NJ | DEP | Waste | Cubic Yards | Nan | ne of Registere | d Landfill | 1 | | | |
| | | | 100 | 27.27.75 | | D No. | of Waste | | 4 | | | 6 10 | | 911 |
| Service Transpo | ort Inc. | | <u> </u> | 20 | 990 | | 1 Cu Yd | 1,000 | erva Landfill | | | | | 6 |
| City, State | | | | | | | Disposal Date | | , State | | | | | |
| New Castle, DE | | | | 7=- | | | 12/7/12 | wa | ynesburg, O | 110 | ln : | | | |
| Completed By (Prin | | | | Tit | ^{le} oject | | Signature | | | à | Date 12/6 | 140 | | |
| Gino Pizzigor | 11 | | | | anage | | Sino Pig | zia | ou 1 1 | K | 12/0 | 114 | | |
| | | | 7 | inte | | | 1 | 1 1 | ' () | | I | | | |

State of New Jersey APPROVED: TOM VOORHEES

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)

| Date of Notification | (1) 12/6/12 | 8 | 1 | Nam | ne o | f Build | ding (| Owner / Operat | d (2) D | EC 13 PM | 0-50 | | | | • |
|---|-------------------|--|-------------|-----------------|------|---------|-------------|-----------------------------------|--|--------------------------------|--------------------|---------------|--------|-------------|-----------|
| Agencies Notified | Type Notific | ation | | | | | | | | | | ies | | | |
| EPA | Type reduite | ation | { | P.O | B. | ox 71 | າ ປີເປັນ | uakerbridge l | Plaza | STUS PHI | J.F. Stand | | | | |
| ☐ DEP | | il . | | City, | Sta | ate & Z | Zip C | ode | Œ. | LICENSIA | 10 | | - 7 | | |
| ☑ DOL | 1 TO 100 III | nded | | | | n, NJ | | | | | C. |) | | | |
| □ DOH □ DCA | | rgency | | | | f Cont | | | | | | Telepho | one l | lumi | ber |
| □ DCA | ☐ Can | cellation | ** | Ron | nalc | l Wyb | orani | iec | | | | | | | |
| - 120 | | | | F/ | ACI | LITY | INF | ORMATION | | | | | | | |
| Name of Facility W | | | ace | (3) | | | | Type of Fac | | | | | .9 | | W. |
| Regional School Street Address | - Burlingt | on Campus | | | | | | | | Non Sub 8 | | | | | |
| Allaire Road | | | | | | | | | | Other than K- ite & commer | | | | | |
| Allalio Moda | | | | | | | | Square Feet | | # of Floors | | | | eic.) | |
| City (5) | | County (6) | C | ounty | Co | de (7) | - | 6000 | | # 01 1 1001S | , | Bldg. Ag | | | |
| Farmingdale | | Monmouth | | - uy | - | 40 (1) | | | | being demol | ished) | • | 504 | | _ |
| . agaa.e | | in on in out in | | | | | | School | (1-1101-11 | being demoi | isrieu) | | | | |
| Name of Monitoring | Firm Hired b | y Building Own | er (8 |) | | ASCM | No. | Name of Aba | atement | Contractor (| 9) | | | | _ |
| Environmental C | ollection | | | | | | | Bristol Env | vironm | ental, Inc. | , | | | | |
| Street Address | 12.13.6 | | | | | | | Street Addre | | | | | | | |
| 120 North Warre | | | | | | | | 1123 Beav | | | | | | | |
| City, State & Zip Co | | | | | | | | City, State & | | | | | | | |
| Trenton, New Jer Project Manager for | | irm I | Tala | -6 | - NI | | | Bristol, PA | | 7000 | | | | | |
| Ryan Broadwate | | | | -392 | | umber | | Telephone N (215)788-66 | | | License N 00509 | lumber | | | |
| Scheduled Start Dat | | Scheduled Com | | *** | | | - | Name of OS | | itor | 00509 | | | _ | |
| 12/7/12 | | | | 7/12 | | () | | Bristol Env | | | | | | | i |
| Occupancy Status D | | | | | | | | Street Addre | | | | | | - | |
| [| | During Entire Pe | | | | | | 1123 Beave | er Stre | et | | | | | |
| | Performed O | utside of Norma | I Ho | ours – | - 7a | m to 3 | pm | City, State & | Zip Cod | de | | | | | |
| Describe: | | | | | | | | Bristol, PA | 19007 | | | | | | |
| | | Abatement 9Al | M to | 5 PI | M | | 0200-1111- | | | | | | | | |
| Scope of Work (Che | ck all that ap | oply) | | | | | | | | - " 0 | | | 225 | | |
| ≥3 sf or ≥3 lf | | | \boxtimes | Re | nov | ation | | | | Full Containm Mini-Enclosur | | legative | Pres | sure | 2 |
| ≥3 sf or ≥3 lf ≥160 sf ≥260 | | | H | | | ition | | | | | | | | | |
| | | | П | | | 10011 | | | - | Glove Bag Pr Non-Exempte | | - Eriable | Dro | ood: | ıro |
| Lo | cation of | | ls | Loca | tion | T | | Description | The same of the sa | | Amount | Aba | | | |
| | os-Containin | 9 | | mally | | ed | | Asbestos-Con | | | (Specify | 7,00 | 20111 | JIIC 1 | Abe |
| | erial (ACM) | | | olely | | | | Material (A | | | F or LF) | - | | щ | m |
| | E ABATED Facility | The state of the s | | ntenar odial | | 00000 | : | (i.e., thermal s | | _ | | er er | Re | Ca | 2 |
| 111 | (13) | | Cusi | (12) | | 11 ! | | sulation, surfactor other miscell | | | | Remova | Repair | Encapsulate | Enclsoure |
| | (.0) | | Yes | No | | /A | | or other imagen | iai icous | ' | | <u> </u> | | ate | ē |
| Basement | | | П | X | 1 | | | Fire Door | SF | | 21 | × | П | П | |
| Basement | | | Ħ | Ø | 市 | 7 | | Debris S | | | 100 | | + | H | H |
| | | | Ħ | H | 十市 | 1 | | Doblio | | | 100 | 기위 | 님 | Η | H |
| | | | Ħ | H | 十市 | 4 | - | | | | | ᆛ岩 | Η | Η | H |
| | | | Ħ | Ħ | 1 | 5 | | | | | | ᅱ붜 | 片 | 片 | H |
| | | | Ħ | Ħ | 十 | 1 | | | | | | 井井 | H | 片 | H |
| Name of Registered | Waste Haule | er | | ĪN. | JDE | P Was | ste (| Cubic Yards | Name | of Registered | d Landfill | | | | |
| | | | | Ha | aule | r ID N | 0. | of Waste | | | | | | | |
| Service Transport | Inc. | + | | 20 | 99 | 0 | 1 | Cu Yd | Miner | va Landfill | | | | | |
| City, State | | | | - | 12 | | | Disposal Date | City, S | | 4 | | | | |
| New Castle, DE | | <u> </u> | | | | | | 2/7/12 | Wayn | esburg, Oh | io | | | | |
| Completed By (Print | | | | 100000 | tle | -4 | 5 | Signature | ^ | 5 | | Date | | | |
| Gino Pizzigoni | | | | 10000 | roje | | | M. 1 |) - | soni / | 1 | 12/6 | 112 | | |
| | | | | IAI | dna | iger | | Man / | mar | gone 1- | K | | | | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

| No check | ~ | (Pur | suant 1 | CEL | CEIVED | | | | | | | |
|--|-------------------------------|----------|---------------|---------------------------------------|---------------------|--------------------------------------|-----------------------------------|-----------------------|--------------|--------------|-------------|-----------|
| Date of Notification (1) | 19 / 12 | | | | | Owner/Operator (2 Broad of Educat | | 2012 DE | | | | |
| Agencies Notified | Type Notification | | - | Street A | ddress | | | | | | | |
| □ EPA | ☑ Initial | ί | | 440 B | Beverly-F | Rancocas Rd | | A & L | 10 10 | | TUE # | 24 |
| □ DOLWD | ⊠ Amended | AAIEI | 42 | City, Sta | te, Zip Co | ode | | de 1 | ICENS | 1110 | INE | 1. |
| ☑ DHSS | Amendment #_2. | | 12 | | | | | | | IN | 3 | 6 |
| ☐ DCA (NJAC 5:23-8) | justification) | uuiiig | | Name of | f Contact | nber | r 4 | | | | | |
| (140/10 0.20 0) | ☐ Cancellation | | | Kelvi | | | | | | | | |
| | | | | FACI | | | | | | | | |
| Name of Facility Where | Abatement is Taking I | Place (| 3) | | | | | | | | | |
| Willingboro High S | | | | | | | School (K-12) |) (Other than K-12 | 2) | | | |
| Street Address | | | | | | | Other (i.e., pr | ivate and comme | ercial build | dings | , | |
| 20 Kennedy Way | | | | | | | homes, etc.) | | | | | |
| City (5) | | | | | 14 11 11 | | # of Floors | | , Age | Э | | |
| Willingboro | | | | | | | 2 | |)+ | | | |
| County (6) | | | | County | y Code (7) | (STATE USE ONLY) | | or if being demol | ished) | | | |
| Burlington | | | | | | | High Schoo | | | | | |
| Name of Monitoring Firm | Hired by Building O | wner (8 | 3) | ASCM N | lo. | | ent Contractor (9) | | | | | |
| TTI Environmental | | | | | | BRISTOL EN | IVIRONMENTA | L, INC. | | | | |
| Street Address | | | | | | Street Address | | | | | | |
| 1253 N. Church St | | | | | | 1123 BEAVE | | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip C | | | | | | |
| Moorestown, NJ 0 | 8057 | | | | | BRISTOL, PA | A 19007 | | | | | 1 |
| Project Manager for Mo | nitoring Firm | | | phone N | | Telephone No. | | License No. | | | | |
| Jim Guilardi | | | 8 | 56-840- | 8800 | 215-788-604 | 00509 | | | | | |
| Start Date (10) | | | | letion Date (11) Name of OSHA Monitor | | | | | | | | |
| 12 / 7 | / _ 12 1 | 2_/ | 8 | 8 / 12 BRISTOL ENVIRONMENTAL, INC. | | | | | | | | |
| Occupancy Status Durin | ng Abatement (Check | only o | ne) | Street Address | | | | | | | | |
| ☐ Facility Closed/Vaca | ited During Entire Per | iod of | Abate | ment | | 1123 BEAVE | ER STREET | | | | | |
| | ed Outside of Normal | Facility | Hou | rs - Desc | cribe | City, State, Zip C | | | | | | |
| Time of Abatement: | AM- <u>3:00</u> PM/ | 11:30 | -M | AIVI | | BRISTOL, P | A 19007 | 95 | | | | |
| Scope of Work (Check | all that apply) | | | | | □ F.·!! Co | ntainment with Ne | native Pressure | | | | |
| [] . 2 . 4 2 lf | | ⊠ Re | novat | tion | | ☐ Mini-Er | nclosure | galitotitocalis | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | moliti | | | Gloveb | ag Procedure cempted (*) and N | on Friable Proces | dure | | | |
| | | | | | | ⊠ Non-Ex | tempted () and N | T TIABLE 1 TOOC | | ateme | ent T | vne |
| | | | Loca Norma | | | Description | of | | - | | | T |
| Location Asbestos-Containin | | Use | ed So | lely by | Asbe | estos Containing N | Naterial (ACM) | Amount | Removal | Repair | Encapsulate | Enclosure |
| TO BE A | BATED | 1977.883 | | ance/ I Staff? | (i.e | e., thermal system surfacing, VA | s insulation, | (Specify SF or LF) | ova | | psu | Sur |
| IN Fac | | | (12 | | | other miscellar | | 1 | - | | late | 0 |
| (10 | , | Yes | No | N/A | | | | | | _ | - | - |
| Rooms #301A & 30 | 2A | | \boxtimes | | Floor | ile and mastic | | 177 SF | | | | |
| Rooms # 405 thru # | # 409 | | \boxtimes | | Floor | ile and mastic | | 627 SF | | | | E |
| Rooms #219 & #22 | 1 | | \boxtimes | | Floor | ile and mastic | | 246 SF | | | | 냗 |
| Boy's and Girl's loc | cker room offices | | | | No to the second of | tile and mastic | Name of Pos | 380 SF | | | | L |
| Name of Registered W | aste Hauler PORT GROUP, IN | C. | | NJDEP Hauler II | D No. | Cubic Yards of Waste | | LANDFILL | | | | |
| | . 5.1. 5.1.5.7 | | | 20990 | U | Disposal Date | City, State | | | | | |
| City, State NEW CASTLE, Di | E 19720 | | | | | | WAYNES | BURG, OH 44 | | 31 | | 11 |
| Completed By (Print or | r Type) Titl | e · | + | | | Signature | 1. 1 | 0. | Date | 1 | 2 | |
| Brian Scafiro | | Estima | ator | | | Drea | n Scafe | ero | 12/0 | 10 | | |

ASB-41 B 51 0 MAY 11 14 34 0 A B512066 * Do not use this form for asbestos licensure exempted activities. 5 (1) A 1 0 1 (2) 9 / 12 LAI D

| 10 / 19 / | 12 | | Name of Building Owner/Operator (2) Willingboro Broad of Education 2812 DEC 13 PH 9: 22 | | | | | | | | | | |
|--|----------------|------------------|--|--------|------------|--|--|----------------------|---------|--------|-------------|-----------|--|
| | | | | | | broad of Educa | | | | | | | |
| Agencies Notified | n | | | | Address | D D4 | AS能够 | TOS CONTRA | 21 | | | | |
| ☑ DOLWD ☑ Amended | | | | 4 | | Rancocas Rd | &L | ICENSING" | η, | | | | |
| □ DHSS Amendmen | # <u>1-11</u> | /5/12 | 5 1 L | | ate, Zip C | | a | -1101140 | CA | | | | |
| ☐ DCA ☐ Emergency | | ng | | | | NJ 08046 | | T= | | | | | |
| (NJAC 5:23-8) justification | | | | | of Contact | | | Telephone Num | ber | | | | |
| ☐ Cancellation | 1 | | | | in Smith | | | | | | | | |
| Name of Facility Where Abatement is Tal | ing Dla | 0 (3) |) - X | FAC | ILITY IN | FORMATION | Type of Facility | (4) | | | | | |
| Willingboro High School | ing Plac | æ (3) | | | | | School (K-12 | | | | | | |
| Street Address | | | | | | | | 8 (Other than K-12 |) | | | | |
| The same of the sa | | | | | | | Other (i.e., p | rivate and comme | | ilding | js, | | |
| 20 Kennedy Way | | | | | | | homes, etc.) | | Lou | | | | |
| City (5) | | | | | | | Square Feet | # of Floors | - 1 | dg. A | ge | | |
| Willingboro | | | | | | | 75,000 | 2 | | 40+ | | | |
| County (6) | | | 10 | Count | y Code (7 |)(STATE USE ONLY) | | ior if being demolis | hed) | | | | |
| Burlington | | | | | | | High School | | | | | | |
| Name of Monitoring Firm Hired by Buildin | g Owne | r (8) | AS | CM N | No. | Name of Abatem | | | | | | | |
| TTI Environmental Inc. | | | 1 | | | BRISTOL EN | VIRONMENTA | L, INC. | | | | | |
| Street Address | C. Market Mark | A THE BUILD | | | II. | Street Address | | | | | | | |
| 1253 N. Church St | | | | 4 | | 1123 BEAVE | R STREET | | .000 | | | | |
| City, State, Zip Code | | | | | | City, State, Zip C | | | | | S- 200 | | |
| Moorestown, NJ 08057 | | | | | | BRISTOL, PA | 19007 | | | | | | |
| Project Manager for Monitoring Firm | | | elepho | | | Telephone No. | | License No. | | | | - 3 | |
| Jim Guilardi | | | 856- | 840- | 8800 | 215-788-6040 |) | 00509 | | | | | |
| the state of the s | eduled) N | THE PARTY OF THE | | n Date | e (11) | Name of OSHA N BRISTOL EN | fonitor VIRONMENTA | L, INC. | | | - | | |
| Occupancy Status During Abatement (Ch | | - A 10 | | | | Street Address | | | | | | | |
| ☐ Facility Closed/Vacated During Entire | | | | nt | | 1123 BEAVE | RSTREET | | | | | | |
| Abatement Performed Outside of Norm | | | | | ribe | City, State, Zip Co | | | | | | | |
| Time of Abatement:AM-3:00P | | | | _AM | | BRISTOL, PA | | | | | | | |
| Scope of Work (Check all that apply) | | | | - | | | | | | | | | |
| | | | | | | | tainment with Ne | gative Pressure | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | enov | | | | ☐ Mini-End | losure g Procedure | | | | | | |
| M 5100 31 01 5200 11 | | | | | | | | n-Friable Procedu | re | | | | |
| | | | cation | | | | | | Ab | atem | ent T | уре | |
| Location of | u | Nom | naliy olely i | hv | A-1- | Description of | 10. | | Z | Z, | ш | m | |
| Asbestos-Containing Material (ACM) TO BE ABATED | I A | lainte | nance | e/ | | stos Containing Ma ., thermal systems | | Amount (Specify | Removal | Repair | Ca | 등 | |
| IN Facility | Cı | stodia (1) | al Sta | ff? | • | surfacing, VAT | , or | SF or LF) | Va | = | Encapsulate | Enclosure | |
| (13) | Ye | | | N/A | 39 | other miscellane | ous) | | | | ate | · · | |
| Rooms #301A & 302A | | × | | | Floor ti | le and mastic | | 177 SF | | | | | |
| Rooms # 405 thru # 409 | 10 | | - | 7 | | le and mastic | | 627 SF | | 12 | | | |
| Rooms #219 & #221 | 붐 | | - | - | | le and mastic | | 246 SF | - | 님 | | | |
| | | | - | = | | | | | | | 무 | | |
| Davids and Civila lanks a second office | s | | | | Vaste | le and mastic Cubic Yards of | Name of Regi | 380 SF | | ПП | Ш | | |
| Boy's and Girl's locker room office | | a 12 | US 1160-517-50 | ler ID | No. | Waste | The state of the s | LANDFILL | | | | | |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, | NC. | | | | | | 1 | | | | | | |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, | NC. | | 20 | 990 | | Disposal Date | City State | | - | | | | |
| Name of Registered Waste Hauler | NC. | | 20 | 1990 | | Disposal Date | City, State WAYNESE | BURG, OH 4468 | 3 | | | | |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, City, State NEW CASTLE, DE 19720 | NC. | | 20 | 1990 | | Disposal Date Signature | L 1777 | BURG, OH 44688 | | | | | |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, I City, State NEW CASTLE, DE 19720 | 77. | ator | 20 | 1990 | | | WAYNESE | | | 5/ | 12 | | |

| | • | | | 1,039 | ind in pull | Iding Owner/Operato | (2) | 161. 12 | | | | | | |
|---|---|-----------------------------------|---|---|--|---|---|--|-------------|---------|-------------|----|--|--|
| | 199 E | 12 | _ | | Willingbo | oro Broad of Educ | cation Account | DEC 13 PM | 9: 5 | 2 | | | | |
| | ype Notifica | tion | (| S | treet Addres | ss | | | | ٤ | | _ | | |
| | Initial Amended | | | | 440 Beve | rly-Rancocas Rd | et l | LICENSING | Nest. | | | | | |
| ☑ DHSS 4606 | Amendme | | | C | ity, State, Z | ip Code | | - LMOING | 11 VI. | | | | | |
| □ DCA □ | Emergenc | v (inch | ıdine | | | ro, NJ 08046 | | 2 | 6 | | | | | |
| (NJAC 5:23-8) | Justification | n) | Juliy | | ame of Con | | | 15: | | | | | | |
| | Cancellation | on | | | Kelvin Sm | | | Telephone Number | | | | | | |
| | | | | | | INFORMATION | | | | | | | | |
| Name of Facility Where Abat | ement is Ta | king F | lace (3 |) | | INT OKWIATION | Type of Facilit | 4.74 | | | | | | |
| Willingboro High Scho | ool | | | | | | School (K- | | | | | | | |
| Street Address | | | | | | | ☐ Subchapte | 8 (Other than K | -121 | | | | | |
| 20 Kennedy Way | | | | | | | U Other (i.e., | private and come | mercia | l buile | dinas | | | |
| City (5) | | - | | | | | nomes, etc | C.) | | | | | | |
| Willingboro | | | | | | | Square Feet | # of Floors | | Bldg | . Age | 9 | | |
| County (6) | | | - | 10 | ounts Oct | | 75,000 | 2 | | 40 |)+ | | | |
| Burlington | | | | 10 | ounty Code | (7)(STATE USE ONLY) | Prior if being dem | olished | i) | - | - | | | |
| Name of Monitoring Firm Hire | d by Ruildia | a O | Or /01 | 1400 | | | High Scho | ol | | | | | | |
| TTI Environmental Inc. | , Danum | A CAL | (d) | ASC | M No. | Name of Abatem | | | | | | - | | |
| Street Address | | | | | | BRISTOL EN | VIRONMENTA | | | | | | | |
| 1253 N. Church St | | | | | | Street Address | | | | | | | | |
| | | | | 1 | | 1123 BEAVE | ER STREET | | | | | | | |
| City, State, Zip Code | | | | | - International Contraction | City, State, Zip Co | | | | | | | | |
| Moorestown, NJ 08057 | | | | | BRISTOL, PA 19007 | | | | | | | | | |
| Project Manager for Monitoring | Firm | | Te | lephon | e No. | Telephone No. | | Linera | | | | | | |
| Jim Guilardi | E . | £ | | | 10-8800 | 215-788-6040 | | License No. | | | | | | |
| Start Date (10) | Sch | eduled | | | Date (11) | Name of OSHA M | | 00509 | | | | | | |
| 11 /2 /12 | | | | | | | | | | | | | | |
| | _ _ | 12 | /_3 | 31 / | 12 | | | | | | | | | |
| | | | | 31 / | 12 | BRISTOL EN | | L, INC. | | | | | | |
| Occupancy Status During Abat Facility Closed/Vacated Dur | ement (Che | ck onl | y one) of Abat | ement | | Street Address | /IRONMENTA | L, INC. | | | | | | |
| Occupancy Status During Abat Facility Closed/Vacated Dur Abatement Performed Outsi | ement (Che ing Entire P | eck onl | y one) of Abat | ement | neer'h e | Street Address 1123 BEAVER | R STREET | L, INC. | | | | _ | | |
| Occupancy Status During Abat Facility Closed/Vacated Dur | ement (Che ing Entire P | eck onl | y one) of Abat | ement | neer'h e | Street Address 1123 BEAVER City, State, Zip Co | IRONMENTA STREET | L, INC. | | | | _ | | |
| Occupancy Status During Abat ☐ Facility Closed/Vacated Dur ☐ Abatement Performed Outsi Time of Abatement: | ement (Che ing Entire P de of Norma AM-3:00PN | eck onl | y one) of Abat | ement | neer'h e | Street Address 1123 BEAVER | IRONMENTA STREET | L, INC. | | | | _ | | |
| Dccupancy Status During Abat Facility Closed/Vacated Dur Abatement Performed Outsi Time of Abatement: cope of Work (Check all that a | ement (Che ing Entire P de of Norma AM-3:00PN | eck onl | y one) of Abat | ement | neer'h e | Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA | R STREET de 19007 | | | | | | | |
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APPRONED: TOM VOORHEES

State of New Jersey APPROT

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

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| Date of Notification | Na | ame | of Bui | Iding C | Owner / Operator, | (3) | bly 2. | od Eamilia | | - | | | | |
| | 12/6/12 | | 1.31 | MIN. | CH INC | 2VV .1(2) | SEVIARRATIRE | :III. U | i Gilliulich ai | ia Familie | 5 | | | _ |
| Agencies Notified EPA | Type Notifica | ation | St | reet | Addre | 10 0 | akerbridge Pla | 272 | COMPLY | 7A | | | | |
| ☐ DEP | | į. | C: | ty C | tate 9 | Zip C | nakerbridge Pla ode & Star V 25 | ICI | Hally 1 | 139 | | | | |
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| ☑ DOH □ DCA | | ellation | | | | brani | ec | | | 1. | , | | 1 | 367 |
| | | | in legge | | | | | | | | | | | |
| Name of Facility WI | horo Abatana | ent in Taking Di | | | ILII' | INF | Type of Facilit | hy (A) | | | | | | |
| Regional School | | | ace (3) | | | | School (K | | | | | | | |
| Street Address | - burningto | on Campus | | | | | | | (Other than K- | 12) | | | | |
| Allaire Road | | | | | | | | | ate & commerc | | s, hom | es, e | tc.) | |
| Allalle Noau | | | | | | | Square Feet | | # of Floors | | dg. Ag | | | |
| City (5) | | County (6) | Cour | nty C | ode (| 7) | 60000 | 50+ | | | | | | |
| Farmingdale | | Monmouth | | | | | Current Use (F | Prior | if being demoli | ished) | | | | |
| | | | | | | | School | | | | | - 5 | | |
| Name of Monitoring | Firm Hired b | y Building Own | er (8) | | ASC | M No. | Name of Abate | emer | nt Contractor (9 | 9) | | 9 | | |
| Environmental C | | | , | | | | Bristol Envi | | | | | | | |
| Street Address | | | | | | | Street Address | | - | | 15110 | | | |
| 120 North Warren Street | | | | | | | 1123 Beaver | | | | | | - Norway | |
| City, State & Zip Code | | | | | | | City, State & Z | | | | | | | |
| Trenton, New Jersey 08608 Project Manager for Monitoring Firm Te | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Bristol, PA 1 | | | It income No | umbar | | | |
| | | one Number Telephone Number License Numb 92-4200 (215)788-6040 00509 | | | | | | | imber | | | | | |
| Ryan Broadwate | | (2.5) | | | | | | | | _ | | | | |
| Scheduled Start Da 12/7/12 | | Scheduled Con | 12/7/1 | | e (11) | | Bristol Envi | | | | | | | |
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| Facility Clos | sed/Vacated | During Entire Po | eriod of | f Aba | teme | nt | 1123 Beaver | r Str | eet | | | | | |
| Abatement | Performed O | utside of Norma | al Hour | s-7 | 7am to | 3pm | City, State & Z | Zip C | ode | | | 1505 | | |
| Describe: | | | | | | | Bristol, PA 1 | 1900 | 7 | | | | | |
| ☐ Facility Occ | upied During | Abatement 9A | M to 5 | PM | | 2110101,177 10001 | | | | | | | | |
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| | BE ABATED | | Mainte | | | | (i.e., thermal sy | ysten | ns | er de energ particular | Ren | Re | ıca | nc! |
| | n Facility | | Custo | | Staff? | i | nsulation, surfac | | | | Remova | Repair | Encapsulate | Enclsoure |
| | (13) | | | (12) | NI/A | | or other miscella | aneo | us) | | <u> a</u> | , | ate | 9 |
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| Name of Registere | d waste Haul | ier | | | uler ID | | Cubic Yards of Waste | Ivan | ne or Registere | u Lanuill | | | | |
| Service Transpo | rt Inc. | | | 120/2007 | 990 | J 140. | 1 Cu Yd | Mir | nerva Landfil | 1 | | | | |
| City, State | | | - | | 7132 | _ | Disposal Date | City | , State | | | * | | |
| New Castle, DE | | | | | | | 12/7/12 | | ynesburg, O | hio | | | | |
| Completed By (Prin | nt or Type) | | | Titl | | .~ | Signature | _ | * | | Date | | | V-150 |
| Gino Pizzigor | ni | | | | oject | | U. 1 | 0 - | argoni 1 | 1:0 | 12/6 | 5/12 | | |
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| Date of Notification (12/5/12 | 2 | | | Name of New Je | f Building rsey Sch | g Owner/O nool Develo | perator opment | (2) Authority 212 D | FC 1 | Same 5 30 Selections | D- | 81 | | | |
|--|--|----------------------------|----------------------------|---|------------------------|----------------------------------|---------------------|---|--------------------------------|----------------------------|------------------|-------------------|-------------|-----------|--|
| Agencies Notified | Type Notification | | | Street A | ddress est State | Street. | | A 4 241. | -0 / | PM 9: | i 9 | | | | |
| XEPA | Initial | | - | | | | | PRIL | 1100 | + | | | | | |
| X DEP X DOL | x Amended Amendmen | 7.23 | | | ate, Zip C New Jei | Code rsey 08625 | 5 | A SALS | ICE | laing | #1. | | | | |
| X DOH DCA | Emergency justification Cancellation |) | | Name of | f Contac | t Jorge | Alfonso |) | TA | lenhone Nu | mR | | | | |
| | - Ab-tatia Talia | - DI (2) | | FACI | ILITY IN | FORMATIO | ON | T | (4) | | | | | | |
| name of Facility Where Warminster Buildi | | g Place (3 |) | | | | | Type of Facility School (K- | | | | | | | |
| Street Address 6400 Broadway | | 11.5 | 1000 | * | | 7. | | | | er than K-1: & commerci | | dings, homes, | | | |
| City (5) West New York | | | 3 | | | | | Square Feet 4500 | # 0 | f Floors | Bldg. Age 35+ | | | | |
| County (6) Hudson | | | | County (| | | | Current Use (Prior if being demolished) Factory | | | | | | | |
| Name of Monitoring Fi Matrix New World | rm Hired by Building | Owner (8) | | ASCN 00140 | | | | of Abatement Co Enterprises Inc | ment Contractor (9) ses Inc | | | | | | |
| Street Address 25 Columbia Turnpike | | | | | | Address eers St | | | | | | | | | |
| City, State, Zip Code Floram Park N.J. | | r | | | | state, Zip Code nt N.J. 07735 | 1.3 | ************************************** | | | | | | | |
| Project Manager for M Eric Gibson | | Telephone No. 732-739-1200 | | | | | | License N 01095 | No. | | | | | | |
| Start Date (10) 9/10/12 | 4 | Schedule 1/30/12 | | npletion [| Date (11) |) | | of OSHA Monitor Enterprises Inc | | E . | | | | | |
| Occupancy Status Dur | ing Abatement (Chec | ck Only On | e) | | | | Street | Address 322 Be | eers St | | | - | | | |
| | acated During Entire rmed Outside of Norn | | | | | _ | | tate, Zip Code rt, N.J. 07735 | | | , | | | | |
| Scope of Work (Check | All That Apply) | 1000 | | | | | | | - | | | | | | |
| ≥3 sf or ≥3 lf | 41.37 | D | enovat | ion | | | | V Full Containm | ont with | Nogotivo B | roccu | | | | |
| X≥160 sf or ≥260 lf | | | | wation XFull Containment with Negative Press nolition XMini-Enclosure XGlovebag Procedure XNon-Exempted (*) and Non-Friable Press | | | | | | | | | | | |
| | | 100 | Locat | NESTING | | | | W 4 | | | | Abatement Type | | | |
| Locati | | | mally l Solely l | | | | cription | | | | - | | PC | | |
| Asbestos-Containi TO BE A In Fa (13 | ABATED cility | Ma | intena todial ((12) | nce/ | | e. thermal s | systems sing, VA | | (5 | mount Specify or LF) | Remova | Repair | Encapsulate | Enclosure | |
| | | Yes | No | N/A | | | | î | | | | | ite | Ф | |
| See Attached | 17.7 | | | | | | | | | | | | | | |
| | | | | | | * | | | | 3 3 3 | | | | | |
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| Name of Registered Wa | aste Hauler R&B | Debris | 144.115785 | JDEP Waller ID I SW2607 | No. | Oubic Y of Wast 20 | | Name of Minerva I | | red Landfill | | | | | |
| City, State 5900 Sylon Blvd Haine | sport N.J. 08036 | | | 1 | | Disposa 1/10/13 | | | | nio | *** | | | | |
| Completed by Scott Rubin | t mana | ger | | Sig | gnature | M | | Da 12/ | te 7/12 | i i | | | | | |



| MATERIAL | ASBESTOS | LOCATION(S) | QUANTITY 9: 19 |
|----------------------------------|-------------|--------------|----------------|
| Block Insul | 40% Chry. | Throughout | CELCUL 'S |
| Aircell Insul | 30-40% Chry | Throughout | 355 If |
| 12" x 12" Cream Floor Tile | 8-10% Chry | First Floor | 6350 sf |
| 9" x 9" Green Floor Tile | 8% Chry | Second Floor | 60 sf |
| 9" x 9" Tan Floor Tile | 3% Chry | Second Floor | 150 sf |
| Window Glazing | 2-3% Chry | Throughout | 1,700 sf |
| Roof Parapet Sealant | 20-30% Chry | Roof | 4,000 sf |
| Roof Membrane | 2% Chry | Roof | 29,000 sf |
| Roof Flashing | 30% Chry | Roof | 500 sf |
| 10000 | | | |

(CODE: Chry - Chrysotile / Amos - Amosite / Trem - Tremolite / Croc - Crocidolite)

G 1.2 Lead Based Paint Survey

During the building in spection samples of paint were collected from representative painted substrates found on interior surfaces of the structure. The samples were delivered to EMSL Analytical, Inc. in Westmont, NJ for analysis by flame atomic absorption spectroscopy (AAS) to determine the lead content of the paint.

Following is a summary of the results of the analysis of the lead content of the paint films sampled from the stated representative substrates:

Green Wall Paint -- 2.5% lead By Weight

Gray Wall Paint - 17% Lead By Weight

Blue Wall Paint - .55% Lead By Weight

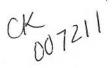
The US Envi ronmental P rotection Agency (USEPA) and the US Department of Housing and Urban Development (US HUD) have defined a level of 1.0 milligram of lead per centimeter squared of paint film surface (1.0 mg/cm2) or 0.5 % lead by weight as being lead-based paint (LBP). This defined limit is used to evaluate the potential risk to human health in residential settings where the paint is in poor condition, or where renovation activities may cause disturbance of the paint that could result in human exposure.

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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|---|------|-----|---------|----|-----|--------|------|---|
| • | firm | 4. | Sec. 20 | 4 | 3 4 | Niles. | 72.0 | 3 |
| | Come | 300 | 4 | į. | 1/ | Fre | 13 | |

| | | (P | ursuar | at to N | JAC 8: 60 and 12: 120-) of Building Owner/Operat | tor (2) | · · · · · · · · · · · · · · · · · · · | T Same | U | | |
|--|----------------------|-----------|------------------|--------------|--|---|---------------------------------------|---------|----------------|----------|----------|
| ate of Notification (1) | المال 1 | | 11 | | | | | | | | |
| 1 2 / 0 | 4 / 1 2 | | ┚┖ | Pijush | | | 2812 DEC 13 F | M 9 | : ; ; | 9 | _ |
| 6011010 | Notification | | | SALES MANEY | Address outh Feltus Street | | & LICENS | | , (| 9 | |
| [X] EPA | | | | | State, Zip Code | | - STOS CI | 114 [1 | \$ 16 t | (6 (6 | |
| [] DEP [X] Ini | tial | | - 11 | | | | & LICENS | INC | 101 | 8 | |
| [X] DOL [] An | nended nendment# | | 11 | South | Amboy, NJ 08879 | | | | | PA- | |
| (X) DOH []En | ergency (including | | | Name | of Contact | | Telephone Numbe | r. | | E | |
| Ju | stification) | | 11 | Pijusl | Sen | | | | | | |
| [] DCA [] Ca | ncellation | | | | Y INFORMATION | | | | | | |
| | Place (3) | | PA | CILII | THYORMATION | Type of Facili | ty (4) | | | | |
| ame of Facility Where Abatement is Taking | Place (3) | | | | | 11 | School (K-12) | | | | |
| tesidential | | | | | | dl ii | Subchapter 8 (Other than | K-12) | | | |
| treet Address | | | | | | [X] | Other (i.e., private & com | nercial | | | |
| 12 Bordentown Avenue | | | | _ | 6.1. (7) | Square Feet | buildings, homes, etc.) # of Floors | Bld | g. Ag | e | _ |
| City (5) | ounty (6) | | | | y Code (7) TE USE ONLY) | | | | 50 E | | |
| | | | - 1 | (SIA. | | Current Use (| Prior if being demolished) | | | | |
| | iddlesex | | | | I Name of A beter | nent Contractor (9 |) | | | _ | |
| Name of Monitoring Firm Hired by Building | Owner (8) | 1 | ASCM | | | | | | | | |
| | (res | | | | | & Environmental | Consulting, Inc. | | | | |
| Street Address | | | | - 0 | Street Address | | | | | | |
| | | | | | City, State, Zip 6 | Code | | | | | |
| | | | | | Wayne NJ 0747 | | | | | | |
| | | Telepl | one N | umber | | | License No. | | | | |
| Project Manager for Monitoring Firm | Telepi | ione iv | umber | 973 628-9500 | | 00408 | | | | | |
| Scheduled State Date (10) | Scheduled Comp | pletion D | ate (11 | 1) | Name of OSHA | Monitor | | | | | |
| 1 2 1 7 / 1 | 2 1 2 | 3 | 0 | 1 | 2 Enviro Vision C | Consultants, Inc. | | | | | |
| Month / Day / Yea | | / Da | y / | Y | ear Control description | | | | | - | |
| Occupancy Status During Abatement (Chec | k only one) | | | | Street Address | n 1 DIJ- #744 | | | | | |
| [X] Facility Closed/Vacated | | | | | The state of the s | Road, Bldg. #34A | | | | _ | _ |
| [] Abatement Performed O | utside of Normal Fac | ility Hou | rs | | City, State, Zip Fairlawn NJ 07 | | | | | | |
| Other - Describe: | | | | | Pairiawn NJ 07 | | | | | | II. |
| Scope of Work (Check all that apply) | | | | | . 1 | | ment With Negative Pressure | | | | |
| | | [X] | Renov | vation | 3.5 | Mini-Enclos X Glovebag Pa | ocedure | | | | |
| $[] \geq 3 \text{ sf or } \geq 3 \text{ lf}$ | | 11. | Demo | nuon | A 1 W | X] Non-Exemte | d (*) and Non-Friable Proced | ure | | | |
| [X] ≥ 160 sf or ≥ 260 lf | - | | | | | | | A | baten | E E | ype E |
| | | 38 | s | | Description of | | 5 2 | R | | N | N |
| Location of | | | cation rmally | | Asbestos-Contai | | Amount | E M | R | CA | C |
| Asbestos - Containing | | | Jsed | | Material (AC (i.e., thermal sys | | (Specify SF or LF) | o | P | P | 0 |
| Material (ACM) | W. | | ely by itenan | ce / | insulation, surfa | cing, VAT, | 888888 1 1 1 1 | V | A | SU | S |
| TO BE ABATED in Facility (13) | | Cu | stodial | | or other miscel | llaneous) | | A L | R | L | R |
| | | Yes Yes | ff (12) No | N/A | | | | | <u> </u> | E | E |
| | | / | 1.0 | X | Pipe Insulation | 100 - | 125 LF | X | | | |
| Basement | | - | | - | | | 1250 SF | x | Γ | | |
| Roof | | | | X | Shingles | | | 1 | 1 | | |
| | 122 3 | | | | | | | + | 1 | - | - |
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| | | 1, | | | Cubic Vanda of West | Na | me of Registered Landfill | | 1 | | |
| Name of Registered Waste Hauler | | | EP W | | Cubic Yards of Waste | | | | | | |
| J.R. Contracting & Environmental Consu | lting, Inc. | | 1781 | | | | R.O.W.S | | - | - | |
| City, State | | 1 | 181 | | Disposal Date | - | y, State | | | | |
| Wayne NJ 07470 | | | | | Sten-tura / | Mo | Date | - | | | 74 |
| Completed by (Print or Type) | Title | | | | Signature | | | | | | |
| v must st | Project Mana | ger | | | 1 | | | 12 | /4/201 0466 | | |
| Jerry Bijelonic | 2.03000 | | | | | | | | 0400 | | |



Print Form

| Date of Notification (1) 12/7/12 | | Name of Building Owner/Operator (2) The College of New Jersey 2112 DEC 13 PM 9: 17 | | | | | | | | | | | | |
|--|--|---|------------------------------------|----------------------|-----------------------|---|-------------------------------------|--|----------------------|------------|----------|--------------|-------------|-----------|
| Agencies Notified | Type Notification | | - 1 | Street Ad 2000 P | | on Road | | \$ 3 } | ESIC | \$ CO | HTR | ۵L | | 4 |
| EPA DEP DOL | Amended Amendment # | £002 | | | e, Zip Coo NJ 0862 | | | | & LIC | ENSI | NG | 6 | | |
| X DOH □ DCA | Emergency (in justification) Cancellation | ncluding | 1163 | Name of David J | | | | | Teleph | one Num | ber | - | | |
| | | | | FACIL | ITY INFO | RMATION | | | | | | | | |
| Name of Facility Where A The College of New Street Address | | | | | | | | of Facility (4 School (K-12 Subchapter 8 |) 3 (Other th | nan K-12 |) | | h | |
| 2000 Pennington R | oad | | | | | | | Other (i.e. prietc.) | ivate & cc | mmercia | ii bulla | irigs, | nome | 5, |
| City (5) Ewing | | | | | | | Squar 5400 | re Feet 00 | # of Flo | ors | | dg. Ag)+ | ge | |
| County (6) Mercer | | | | County C (STATE U | ode (7) SE ONLY) | | 2,032027 | nt Use (Prior mitory | r if being | demolish | ed) | | | |
| Name of Monitoring Firm USA Environmenta | | | ASCM 0112 | No. | | | tement Cont ervices, Ll | | | | | | | |
| Street Address 344 West State Str | eet | | | | 4777777 | et Addres 32 b Lu | ss con Road | | | | | | | |
| City, State, Zip Code Trenton, NJ 08618 | | | 10.00 | 10 | | State, Z ppack, | ip Code PA 19474 | | | | | | | |
| Project Manager for Mor William Weisgarbe | | | Telephon | | | phone N 0.539.5 | | License No. 01077 | | | | | | |
| Start Date (10) | | Schedule | | | | | | HA Monitor | | - | | | | |
| 12/26/12 | | 1/ | 31 | 13 | | 35,000 | | ervices, L | LC | | | | 0.0 | |
| Occupancy Status Durin | ig Abatement (Check | Only One | e) | | 5,6 | | Street Address 2082 B Lucon Road | | | | | | | |
| Facility Closed/Vac Abatement Perform Other – Describe: | cated During Entire P ned Outside of Norm | eriod of A al Facility | baten Hours | atement | | | | | | | | | | |
| Scope of Work (Check A | | | | | | - SK | | ap & Cut | <u> </u> | | | | _ | |
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| | | le | Locati | ion | | | | | 17 | | | Abatement | | |
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| Asbestos-Containing TO BE AB In Faci (13) | g Material (ACM) BATED ility | Mai | d Sole ntena odial s (12) | nce/ | Asbest (i.e. | tos Containing thermal syste surfacing, \ other miscel | ms insula VAT, or | ation, | Amo (Spe SF or | cify | Removal | Repair | Encapsulate | Enclosure |
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| 13(1) | 001 | | | | go or join | | | | | | - | | | |
| - | | | | | | 7.1 | | | | | | | | |
| Name of Registered Wa | ste Hauler | | - 1 | JDEP W | aste | Cubic Yards | 3 | Name of I | Registere | d Landfill | | _ | | |
| Waste Managemen | - 2 | lauler ID 7273 | No. | of Waste <5 | | Waste N | A C. 192 | ment, I | nc. | | - | | | |
| City, State Keyport, NJ | | | | | | Disposal Da | ate 1 | City, State Tullytov | | | | | | |
| Completed by Caroline M. Harper | ct Ma | anager | ¥ | Signat | roll | Ma | rper | | te // 2 // | 0/ | 12 | ~ | | |

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) MO# 147490 RECEIVED Name of Building Owner/Operator (2) Date of Notification (1) 10 / 12 12 Gena Siembab 2012 DEC 13 PM 9: 17 Type Notification Street Address Agencies Notified X Initial ☐ EPÁ 432 Fern Avenue ◆本語ESTUB CUM「件像L **⊠** DOLWD Amended City, State, Zip Code Amendment # & LICENSING X DHSS Lyndhurst, NJ 07071 ☐ Emergency (including T DCA Telephone Number Name of Contact justification) (NJAC 5:23-8) Cancellation Gena Siembab FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Private house Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings. Street Address homes, etc.) 432 Fern Avenue Bldg. Age # of Floors Square Feet City (5) Lyndhurst, NJ 07071 County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) County (6) Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 01127 973-638-1777 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 12 / 19 / 12 12 / 20 / 12 Envirovision Consultants, Inc Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 34A Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM- PM/ Fair Lawn, NJ 07410 Clean up and decontamination Scope of Work (Check all that apply) Full Containment with Negative Pressure >3 sf or >3 lf 2 160 sf or 2260 lf Renovation Mini-Enclosure Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Location of Encapsulate Enclosure Repair Remova Used Solely by Aspestos Containing Material (ACM) Asbestos-Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? SIF or LF) surfacing, VAT, or IN Facility (12)other miscellaneous) (13)Yes No N/A X X 10 LF Pipes insulation Basement X X Elbows insulation 10 each Basement NUDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Name of Registered Waste Hauler T.R.R.F. Inc TBD 0033785 Gr Tech LLC City, State Disposal Date City, State Tullytown, PA TBD Wayne, NJ 07470 Date Title Signature Completed By (Print or Type)

Owner

N.Jevtic ASB-41

MAY 11

12/10/2012

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