K 005761 State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: 2014-512 Name of Building Owner/Operator (2) Date of Notification (1) 2 3 2014 1 2 / 1 7 / 1 4 DOUGLAS DONOVAN Agencies Notified Type Notification Street Address ASBESTOS CONTROL & EPA Initial LICENSING 123 MAIN STREET Amended DEP City, State, Zip Code Amendment #: DOL Emergency WEST ORANGE, NJ 07052 (including DOH DOH Name of Contact Telephone Number justification) DCA DOUGLAS DONOVAN Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) DOUGLAS DONOVAN Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bidgs./Homes, etc. Square Feet Bldg. Age # of Floors 123 MAIN STREET County (6) County Code (7) (State use only) Current Use (Prior if being demolished) WEST ORANGE Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number Telephone Number Project Manager for Monitoring Firm Phone Number 01169 973-345-8020 Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. Street Address 12/18/14 12/31/14 Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure Mini-enclosure  $\times$  >3 sf or >3 If □ Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (\*) and Non-friable procedure E Is location normally used solely E Location of е P n by maintenance/custodial Amount asbestos-containing Description of asbestos-containing m p staff(12) C (Specify SF or C material (acm) to be material (ACM) 0 a a abated in facility (13) ν Yes No N/A p PIPE INSULATION 165 L FT X BASEMENT Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# Registered Waste Hauler TULLYTOWN, RESOURCE RECOVERY D & S RESTORATION, INC. 13506 2 YDS Disposal Date City, State City, State 12/18/14 PATERSON, NJ 07503 TULLYTOWN, PA Signature Date Completed by (Print or Type) 12/17/2014 **BOGDAN JOLDZIC** PRESIDENT Do not use this form for asbestos licensure exempted activities.

ASB-41

| UK 005/4   | (2)           |                     |             | State                        | of N. I |                                    |   |                                 |                       |               |          |           |        |
|--|---------------|---------------------|-------------|------------------------------|---------|------------------------------------|---|---------------------------------|-----------------------|---------------|----------|-----------|--------|
| D&S Proj. #: 2014-514                                      |               |                     |             | cation of Asb<br>ant to NJAC | estos   |                                    |   | EG                              | E                     | V             |          |           |        |
| Date of Notification (1)                                   |               | lame of Bu          | ilding Own  | er/Operator (2)              |         |                                    |   | i DEC                           | 2 3 2                 | 014           | TL       | 扩         |        |
| 1 2 / 1 7 / 1 4  |               | robert mo           |             |                              |         |                                    |   |                                 |                       |               |          |           | _      |
| Agencies Notified   Type Notifica                          | uon S         | treet Addre         | ess         | .7                           |         |                                    | ļ   | ASBESTO                         | S CONT                | ROL           | &        |           | S      |
| ☐ DEP ☐ Amended  |               | 106 adam            |             |                              |         |                                    |   | LIC                             | ENSING                |               |          |           |        |
| DOL Amendment #  |               | ity, State, Z       |             | 07016                        |         |                                    |   |                                 |                       |               |          |           |        |
| DOH (including   | IN            | ame of Cor          | ORD, NJ     | 07016                        | -       |                                    |   | Telephon                        | e Numbe               | r             | n de med | Ord CP II | -      |
| justification)  DCA  Cancellation                          |               | robert m            | oore        |                              |         |                                    |   |                                 |                       |               |          |           |        |
| Cancellation   | 1 11          | 100cit iii          |             | II ITV INICODIA              | ATION   |                                    |   | =L-                             |                       | =             |          |           |        |
| Name of facility where abotement                           | io takina pla | 20. (2)             | FACI        | ILITY INFORM                 | ATION   |                                    | I I T   | pe of Facility (                | 4)                    |               |          |           |        |
| Name of facility where abatement                           | is taking pia | ice (3)             |             |                              |         |                                    | -     '   |                                 | (K - 12)              | 1             |          |           |        |
| robert moore   |               |                     |             |                              |         |                                    | _   |                                 | apter 8 (C            |               |          | -12)      |        |
| Street Address   |               |                     |             |                              |         |                                    |   | Other ( Bldgs./                 | Private/C<br>Homes, e | Comme<br>etc. | rcial    |           |        |
| 106 adams avenue   |               |                     |             |                              |         |                                    | _   |                                 | # of Floo             |               | Ble      | ig. Ag    | je     |
| City (5)   | Cour          | ity (6)             |             |                              |         | ty Code (7)<br>e use only)         | -   | Current Use (Pr                 | day if bala           |               | olioba   | الم       |        |
| CRANFORD   | UN            | ION                 |             |                              | Olaic   | de only)                           |   | Surrent Use (Pr                 | for it bein           | ig dem        | IOHSHE   | ea)       |        |
| Name of Monitoring Firm Hired by                           | Bldg. Owne    | er (8)              |             | ASCM No.                     | T       | Name of Abaten                     | nent Con  | tractor (9)                     |                       |               |          |           |        |
|  |               |                     |             |                              | _       | D & S REST                         | ORATI   | ON, INC.                        |                       |               |          |           |        |
| Street Address   |               |                     |             |                              |         | Street Address                     |   |                                 |                       |               |          |           |        |
| City, State, Zip Code                                      |               |                     |             |                              | -       | 20 Californi<br>City, State, Zip C |   |                                 |                       |               |          | -         | -      |
|  |               |                     |             |                              |         | Paterson, N                        |   |                                 |                       |               |          |           |        |
| Project Manager for Monitoring Firm                        | n             | Ph                  | one Numb    | er                           | -       | Telephone Numb                     | oer   | ·                               | License               |               | er       |           |        |
|  |               |                     |             |                              |         | 973-345-8                          | STOREST CONTRACTOR  |                                 |                       | 1169          |          |           |        |
| Start Date (10)  | Sched         | . Completio         | on Date (1  | 1)                           |         | Name of OSHA<br>D & S Resto        |   | Inc                             |                       |               |          |           |        |
| 12/18/14   | 12/30         |                     |             |                              |         | Street Address                     |   |                                 |                       |               |          |           |        |
| Occupancy Status During Abateme                            |               |                     |             |                              |         | 20 California                      |   | ie                              | 10                    |               |          |           |        |
| Facility closed/vacated during Abatement performed outside | 9             |                     |             |                              |         | City, State, Zip C                 | ode   |                                 |                       |               |          |           |        |
| Describe: NORMAL F   | HOURS         |                     |             |                              | -11     | Paterson, N                        | J.07503   |                                 |                       |               |          |           |        |
| Scope of Work (check all that appl                         |               |                     |             |                              |         |                                    |   | Containment w                   | /negative             | e press       | ure      |           |        |
| $\boxtimes$ >3 sf or >3 lf                                 | Renovatio     | n                   |             |                              |         |                                    | Total Control of the | -enclosure                      |                       |               |          |           |        |
| ≥160 sf or ≥260 lf   | Demolition    | ì                   |             |                              |         |                                    |   | rebag procedur<br>-Exempted (*) |                       | -friable      | proc     | edure     |        |
| Location of  |               | normally enance/cus |             | 1                            |         |                                    |   |                                 | i i                   | R             | R        | E<br>n    | E      |
| asbestos-containing<br>material (acm) to be                | staff(12)     | nance/cus           |             | Description material (       |         | bestos-containir                   | ng  | Amount<br>(Specify S            | F or                  | m             | р        | С         | n<br>c |
| abated in facility (13)                                    | Yes           | No                  | N/A         | , material (                 | ,,      |                                    |   | LF)                             |                       | v             | a<br>i   | a<br>p    | L      |
| BASEMENT   |               | X                   |             | PIPE INSU                    | LATIO   | ON                                 |   | 20 1 ft                         |                       | e             | 6        |           |        |
|  |               |                     |             |                              |         |                                    |   |                                 |                       |               |          |           |        |
|  |               |                     |             |                              |         |                                    |   |                                 |                       |               |          |           |        |
|  |               |                     |             |                              |         |                                    |   |                                 |                       | 1             |          |           |        |
| Registered Waste Hauler                                    | INIDE         | P Hauler I          | D# 10       | ubic Yards of V              | Vaste 1 | Name of Regist                     | ered Lar  | ndfill                          |                       |               |          | Ш         |        |
| D & S RESTORATION, INC.                                    | 135           | 06                  |             | l yd                         |         | TULLYTOV                           |   | SOURCE RE                       | COVE                  | RY            |          |           | THE SH |
| City, State  |               | 1 1                 | Disposal D  |                              |         | City, State                        | NAT D   | ÷                               |                       |               |          | 3         |        |
| PATERSON, NJ 07503  Completed by (Print or Type)           | Title         |                     | 12/19/1     | Signature                    |         | TULLYTO                            | WN, PA  |                                 | Date                  |               |          |           |        |
| BOGDAN JOLDZIC   | PRESID        | ENT                 |             |                              |         |                                    |   |                                 | 12/17                 | /14           |          |           |        |
| ASR-41   | * Do not us   | e this form         | for asbesto | os licensure ex              | empted  | activities.                        | -   |                                 |                       |               |          | -         | -      |

| D&S Proj. #: 2014-513   | <b>-</b>                    | (A) D (B) (B) (B) | State cation of Asb ant to NJAC | estos   |  | DEC  |                           | $\mathbb{V}$ |            |          |     |
|---|-----------------------------|-------------------|---------------------------------|---------|--|--|---------------------------|--------------|------------|----------|-----|
| Date of Notification (1)  | Name o                      | f Building Own    | er/Operator (2)                 |         |  | U LI DE  | 023                       | 2012         | F          | 世        | 壮   |
| 1 2 /1 7 /1 4   |                             | ALD MAC           | GOWAN                           |         |  | and the second   |                           |              |            | <u> </u> |     |
| Agencies Notified Type Notifica   | tion Street A               | ddress            |                                 |         |  |  | TOS CO                    |              | DL &       |          | T   |
| EPA Initial Amended   | 15 FI                       | REDERICK I        | PLACE                           |         |  | L  | LICENSH                   | VG.          | *****      |          | 4   |
| Amendment #   | City, Sta                   | ate, Zip Code     |                                 |         |  |  |                           |              |            |          |     |
| ☑ DOL ☐ Emergency   | MOI                         | RRIS TWP.,        | NJ 07950                        |         |  |  |                           |              |            | -        |     |
| DOH (including justification  | Name of                     | Contact           |                                 |         |  | Telephone  | Number                    |              | Misterorie |          |     |
| DCA Cancellatio   |                             | NALD MAC          | GOWAN                           |         |  |  |                           |              |            |          |     |
|   |                             | FAC               | ILITY INFORM                    | ATION   |  | L  | ja .                      |              |            |          |     |
| Name of facility where abatement  | is taking place (3)         |                   |                                 |         |  | Type of Facility (4  | 1)                        |              |            |          |     |
| wante of lacinty where abatement  | is taking place (o)         |                   |                                 |         |  |  | (K - 12)                  |              |            |          |     |
| DONALD MAC GOWAN  |                             |                   |                                 |         |  |  | pter 8 (Oti               |              |            | 12)      |     |
| Street Address  |                             |                   |                                 |         | 1  |  | Private/Cor<br>Homes, etc |              | cial       |          |     |
| 15 FREDERICK PLACE  |                             |                   |                                 |         |  |  | # of Floors               |              | Blo        | ig. Ag   | ie  |
| City (5)  | County (6)                  |                   |                                 |         | nty Code (7)                                 |  |                           |              |            |          |     |
|   |                             | ž.                |                                 | (Stat   | e use only)                                  | Current Use (Pr  | ior if being              | demo         | olishe     | ed)      |     |
| MORRIS TWP.  Name of Monitoring Firm Hired by   | MORRIS                      |                   | ASCM No.                        |         | Name of Abatement                            | Contractor (9)   |                           | -            |            | _        |     |
| Name of Monitoring Firm Hired by  | Bidg. Owner (6)             |                   | ASCIVI NO.                      |         |  |  |                           |              |            |          |     |
| Street Address  |                             |                   |                                 |         | D & S RESTOR Street Address                  | ATION, INC.  |                           |              |            |          |     |
| Street Address  |                             |                   |                                 |         | 20 California A                              | ve   |                           |              |            |          |     |
| City, State, Zip Code   |                             |                   |                                 | -1      | City, State, Zip Code                        |  |                           |              | -2         |          |     |
|   |                             |                   |                                 |         | Paterson, NJ 07                              | 7503   |                           |              | 1/4/       | -        | 2.1 |
| Project Manager for Monitoring Fire   | m                           | Phone Numb        | per                             |         | Telephone Number                             |  | License N                 |              | er         | tells.   |     |
|   |                             |                   |                                 |         | 973-345-8020                                 |  | 01                        | 169          |            |          |     |
| Start Date (10)   | Sched. Com                  | pletion Date (1   | 1)                              |         | Name of OSHA Mon                             |  |                           |              |            |          |     |
| 12/29/14  | 12/31/14                    |                   |                                 | -       | D & S Restorat                               | ion, inc.  |                           |              | -          |          |     |
| Occupancy Status During Abateme   |                             | e)                |                                 |         | 20 California A                              | venue  |                           |              |            |          |     |
| Facility closed/vacated durin Abatement performed outsid Describe:  | e of normal facility        |                   |                                 | _       | City, State, Zip Code                        |  |                           |              |            |          |     |
| Other-Describe: NORMAL  |                             |                   |                                 | $-\Box$ | Paterson, NJ 07                              |  | , ,                       |              | note:      |          |     |
| Scope of Work (check all that app   |                             |                   |                                 |         | Second Second                                | Full Containment w<br>Mini-enclosure<br>Glovebag procedu<br>Non-Exempted (*) | re                        |              |            | edure    |     |
| Location of   | Is location norm            |                   | ly                              |         |  |  |                           | R            | R          | E        | Е   |
| asbestos-containing<br>material (acm) to be   | by maintenance<br>staff(12) | e/custodial       |                                 |         | sbestos-containing                           | Amount<br>(Specify S   | F or                      | m            | р          | n<br>c   | n   |
| abated in facility (13)   | Yes                         | lo N/A            | - material                      | (ACIVI) |  | LF)  |                           | 0<br>V       | a<br>i     | a<br>p   | L   |
|   |                             |                   | T DOW ED D                      | YOUT    | AMIONI                                       | 40 CO ET   |                           | e            | 4          | F.       |     |
| BASEMENT BOILER   |                             |                   | BOILER II                       | NOUL    | ATION  | 48 SQ FT   | -                         |              | 무          | H        | H   |
|   |                             |                   | <del></del>                     |         |  |  |                           | 片            | 片          | 片        |     |
|   |                             |                   |                                 | -       | M-16 11-11-11-11-11-11-11-11-11-11-11-11-11- |  |                           | H            | 븕          | H        |     |
| A PROPERTY AND DESCRIPTION OF THE PERSON OF |                             |                   | 1                               |         |  |  |                           | H            |            | I        | 百   |
| Registered Waste Hauler D & S RESTORATION, INC  | NJDEP Ha<br>13506           | tenten henn       | Cubic Yards of<br>1 yd          | Waste   | Name of Registered TULLYTOWN                 | d Landfill<br>, RESOURCE RI  | ECOVER                    | Y            |            |          |     |
| City, State   |                             | Disposal          |                                 | (I      | City, State                                  |  |                           |              |            |          |     |
| PATERSON, NJ 07503  | T=::                        | 01/30/            | Signature                       |         | TULLYTOWN                                    | I, PA  | Date                      |              |            |          |     |
| Completed by (Print or Type) BOGDAN JOLDZIC   | Title PRESIDENT             |                   | _                               | vom når | d activities                                 | 1  | 12/17/                    | 2014         |            |          |     |
| ACR-A1  | * Do not use this           | TOTAL TOT ASDES   | tus licensure ex                | remble  | activities.                                  |  |                           |              |            |          |     |

Dec 17 2014 03:41pm NOCK. APPROPER State of NJ Notification of Asbestos Abatement N. Depts of Health & Senior Services D&S Proj. #: 2014-512 (Pursuant to NJAC 8:60 and 12:120) signalu(c) 12/19/4 Time 2 2 2014 Name of Building Owner/Operator (2) Date of Notification (1) 1 12 1/1 17 1/11 14 DOUGLAS DONOVAN Agencies Notified Type Northcation Street Address MPA MPA Initial 123 MAIN STREET Amended DEP City, State, Zip Code Amendment #: DOL DOL **Emergency** WEST ORANGE, NJ 07052 (including justification) DOH DOH Name of Contact Telephone Number DOA DOUGLAS DONOVAN Canoellation FACILITY INFORMATION Name of facility where abatement is taking place (3) Type of Facility (4) School (K-12) DOUGLAS DONOVAN Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 123 MAIN STREET Square Feet # of Floors Bldg. Age County (6) **GIV (5)** County Code (7) (State use only) Current Use (Prior if being demolished) WEST ORANGE ESSEX Name of Monitoring Firm Hired by Bidg, Owner (8) Name of Abatement Contractor (9) ASCM No. D&SRESTORATION, INC Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number elephone Numbe License Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 12/18/14 12/31/14 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe; NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure X >3 sf or >3 If Mint-enclosure Renovation Glovebag procedure \_ ≥160 sf or >260 lf Demolition Non-Exempted (\*) and Non-friable procedure is location normally used solely Location of by maintenance/oustodial E е asbestos-containing Amount Description of asbestos-containing staff(12) n m material (acm) to be P C (Specify SF or muterial (ACM) Q ¢ abated in facility (13) B 8 LF) Yes No N/A D BASEMENT PIPE INSULATION 165 L FT Registered Waste Hauler NJDEP Hauler IDE Cubic Yards of Waste Name of Registered Landfill D&S RESTORATION, INC. 13506 2 YDS TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date Clty, State PATERSON, NJ 07503 12/18/14 TULLYTOWN, PA Completed by (Print or Type) Signature Title PRESIDENT BOGDAN JOLDZIC 12/17/2014

Do not use this form for ashestos linensure evernitud activities

Cubic Yards of Waste

Signature

1 yd

Disposal Date

12/19/14

Name of Registered Landfill

TULLYTOWN, PA

City, State

TULLYTOWN, RESOURCE RECOVERY

Date

12/17/14

Registered Weste Hauler

City. State

ASB-41

D&S RESTORATION, INC.

PATERSON, NJ 07503

Completed by (Print or Type)

BOGDAN JOLDZIC

NJDÉP Hauler ID#

13506

PRESIDENT

Title

| CHECK | #8648 |
|-------|-------|
|       |       |

|  |  | (Pt                         | ursuant t                      | o NJAC 8   | :60 and 12                      | :120)   | In E   | CEIN                                     | / [s          | 3 [        | 7            |              |
|--|--|-----------------------------|--------------------------------|--|---------------------------------|---|--|--|---------------|------------|--------------|--------------|
| Date of Notification (1)   |  |                             |                                |  | Owner/Oper                      |   |  |  |               |            |              | Manusch et a |
| Agencies Notified Type Notification  EPA Example Initial   |  |                             | Street Ac                      | ddress<br>PLAZ   | A DRI                           | UE"   | ·  4 4   | DEC 2 3 201                              | 14            | TL         | 丌            | -            |
| ☐ DEP ☐ Amended ☐ Amendment  |  | _ [                         | City. Sta                      | te. Zip Co   | de                              | -   | 7096-1891  | BESTOS CONTR                             | OL &          |            | T            |              |
| □ DOH □ Emergency (i justification) □ DCA □ Cancellation   | icidanig   |                             | Name of<br>Dr                  | Contact<br>AVE   | ₩.                              |   |  | LICENSING<br>Telephone Nur               | nbor-         |            | ٦.           |              |
| Name of Facility Where Abatement is Taking   | Place (3)  |                             | FACI                           | LITY INFO  | RMATION                         |   | T  |  |               | (          |              |              |
| HARTZ / WAREHUESE  | riace (3)  |                             |                                |  |                                 |   | Type of Facility (4  |  |               |            |              |              |
| Street Address   |  |                             |                                |  |                                 |   | ☐ School (K-12<br>☐ Subchapter 8                           | 2)<br>3 (Other than K-12                 | )             |            |              |              |
| 80 SEAVIEW DRIVE   | ***************************************  |                             |                                |  |                                 |   | Other (i.e. pred)     etc.)                                | ivate & commercia                        | l builc       |            |              | s,           |
| City (5)<br>SECA4C4 S  | MANUFACTURE ATTRIBUTE  |                             |                                |  |                                 |   | Square Feet  | # of Floors                              |               | Bldg. A    |              |              |
| County (6)<br>Hicksor  |  | Mangapage                   | County C<br>(STATE L           | Code (7)<br>ISE ONLY)  |                                 |   | Current Use (Prio  | r if being demolish                      | ed)<br>-/C/2  | 10         | DEr-         | 20           |
| Name of Monitoring Firm Hired by Building O  | wner (8)   | 1                           | ASC                            | M Ño.  |                                 |   | of Abatement Cont<br>AC Contracting Inc                    |  | E-CONTROL     | ACRES OF S | - Tarana     |              |
| Street Address   |  |                             |                                |  |                                 |   | Address<br>/reeland Ave.                                   |  |               |            | The minoting | carriage Co. |
| City, State, Zip Code  |  |                             | THE STREET                     | to the same of the |                                 |   | itate, Zip Code<br>nd Park, NJ 07432                       | 24 <sup>74</sup>                         |               | -          |              |              |
| Project Manager for Monitoring Firm  | -  |                             | Telepi                         | hone No.   |                                 | eleph   | none No.<br>-262-5841                                      | License No                               | D.            |            |              |              |
| Start Date (10) _ 2/29/14  | Schedul  | ed Con                      | nipletion [                    | Date (11)  | N                               | lame  | of OSHA Monitor  |  |               |            |              |              |
| Occupancy Status During Abatement (Chec  | k Only O   | -                           | 413                            |  | s                               | -   | Address  | Services IIIC.                           | CONTROL OF    | *********  |              |              |
| <ul> <li>□ Facility Closed/Vacated During Entire P</li> <li>□ Abatement Performed Outside of Norma</li> <li>□ Other - Describe:</li> </ul> |  |                             | ent                            | hit lancomarke   | C                               | ity, S  | luyer Street<br>tate, Zip Code<br>ensack, NJ 07606         |  | A ALTERNATION |            |              |              |
| Scope of Work (Check All That Apply)   |  |                             | *********                      |  | 1                               | A District  |  |  | -             | -          |              |              |
| ☐ ≥3 sf or ≥3 if<br>☐ ≥160 sf or ≥260 if   |  | enovat<br>emoliti           |                                |  |                                 | È   | Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted | edure                                    |               |            | ı            |              |
|  | 1  | Locati                      | ion                            |  |                                 |   |  |  | T             |            | ement        | t            |
| Location of  |  | Normal<br>ed Sole           |                                |  | Descr                           |   |  |  | -             | 1          | ype          |              |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   | 1 Ma   | intena<br>stodial s<br>(12) | nce/<br>Staff?                 | Asbes<br>(i.e.   | thermal sy<br>surfacin          | ntaining Material (ACM) al systems insulation, acing, VAT, or miscellaneous)  Amount (Specify SF or LF) |  |  |               |            | Encapsulate  | Enclosure    |
|  | Yes  | No                          | N/A                            | ment and it in this latter, which gainst   | na similalina a mayana a ayinda |   |  |  |               |            | ŭ            |              |
| 1 ST FL LOBBY<br>2 MP FL OPEN AREA   |  |                             | X                              |  | VA                              | T   |  | 466SF                                    | ×             |            |              |              |
| 7" FL OPEN AREA  | 1  |                             | X                              |  | VA                              | J   |  | 5-40005                                  | X             | The second |              |              |
|  | - The state of the |                             |                                |  |                                 |   |  |  |               | december   |              |              |
| Name of Registered Waste Hauler Newark Carting, Inc  |  |                             | IJDEP Williauler ID I<br>04509 | No.  | of Waste                        | 9   | 1  | Registered Landfill<br>PA Bethlehem Land | ifill Co      | rp.        |              |              |
| City, State, Zip Code<br>Newark, NJ 07105  |  |                             |                                |  | Disposal /2-                    | Date  |  | , Zip Code<br>ehem, PA 18015             |               | -          |              |              |
| Completed by R. McDonald   | Title<br>Presid  | lent                        |                                | CHARLESTON   | 1                               | naturé  | PMJonsk  | 2d Da                                    | ite<br>124    | 19/1       | 14           |              |

(Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) AIKOVA COMPANIES DEC 2 3 2014 Street Address Type Notification PO BOX 1056 Initial City, State, Zip Code
ALPINE NJ 07620 DEP ☐ Amended LICENSING X DOL Amendment # Emergency (including Telephone Number Name of Contact DOH justification) SHERGOH ALKILANI DCA Cancellation П FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) COMMERCIAL BUILDING □ School (K-12) Street Address ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e. private & commercial buildings, homes, MAIN STREET 170 # of Floors City (5) Bldg. Age Square Feet HACKENSACK 7800 3 60 Current Use (Prior if being demolished) County (6) County Code (7) BERGEN (STATE USE ONLY) OFFICE DEMO Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) A. MAC Contracting Inc. Street Address Street Address 185 Vreeland Ave. City, State, Zip Code City, State, Zip Code Midland Park, NJ 07432 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201-262-5841 00156 Start Date (10) 12/29/14 Scheduled, Completion Date (11) Name of OSHA Monitor 1/12/15 Omega Environmental Services Inc. Occupancy Status During Abatement (Check Only One) Street Address 280 Huyer Street □ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Hackensack, NJ 07606 ☐ Other - Describe: Scope of Work (Check All That Apply) ☐ Full Containment with Negative Pressure □ ≥3 sf or ≥3 lf Renovation N ≥160 sf or ≥260 if Demolition ☐ Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ Enclosure (i.e. thermal systems insulation, (Specify TO BE ABATED Remova Rapair Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)(13)other miscellaneous) Yes No N/A ROOFING/FLASHING 6800 SF OUTSIDE DUCT 2200 SE OUTSIDE X Cubic Yards Name of Registered Landfill NJDEP Waste Name of Registered Waste Hauler Hauler ID No. of Waste 120 IESI PA Bethlehem Landfill Corp. 04509 Newark Carting, Inc. Disposal, Date, City, State, Zip Code City, State, Zip Code 12/29/1400 Newark, NJ 07105 Bethlehem, PA 18015 Completed by Title Signatur R. McDonald President

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

# 8648

#### MO#22302819450

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

| Date of Notification (1)        |                   |                  |                |            | Name   | of Building      | Owner/O    | perator (2  | 2)                           |                                       | ×*,                                     |           |   |           |
|---------------------------------|-------------------|------------------|----------------|------------|--|------------------|------------|-------------|------------------------------|---------------------------------------|---|-----------|---|-----------|
|                                 | 19                | 14               |                |            |  | Smith            |            |             |                              |                                       |   |           |   |           |
| Agencies Notified               | Type Notific      | cation           | er to with our |            | Name of the last o | Address          |            |             | 600 DEC                      | 23 FH 7                               | 50                                      |           |   |           |
| ☐ EPA                           | ✓ Initial         |                  |                | 1          | 35 Gre   | een Hill R       | load.      |             |                              |                                       |   |           |   |           |
| ⊠ DOLWD                         | ☐ Amende          |                  |                |            |  | State, Zip C     |            |             | 74.5                         |                                       | 7.71                                    |           |   |           |
| X DHSS                          | Amendr            |                  |                |            | 15.0   | on, NJ 07        |            |             | 1.0                          | - 1 - 1 - 1 - 5                       | -                                       |           |   |           |
| DCA<br>(NJAC 5:23-8)            | Emerge justifica  |                  | luding         |            |  | of Contact       |            |             |                              | Telephone Nu                          | mber                                    |           |   |           |
| (NUAU 0.43-0)                   | Cancell           |                  |                |            |  |                  |            |             | 1                            |                                       | 11118981                                |           |   |           |
|                                 | Gancen            | 31/01:           |                |            |  | Smith            |            |             |                              |                                       |   |           |   |           |
|                                 |                   |                  |                |            | FAI  | CILITY IN        | IFORMA     | TION        |                              |                                       |   |           |   |           |
| Name of Facility When           | e Abatement is    | Taking           | Place          | (3)        |  |                  |            |             | Type of Facility             |                                       |   |           |   |           |
| Private house                   |                   |                  |                |            |  |                  |            |             | School (K-12                 |                                       |   |           |   |           |
| Street Address                  |                   | -                |                |            |  |                  |            |             |                              | 8 (Other than K-1<br>private and comn |   | uiteline  | 10                                      |           |
| 35 Green Hill Road              |                   |                  |                |            |  |                  |            |             | homes, etc.                  | )<br>Nivate and comm                  | HELMAI D                                | unaniş    | 15.                                     |           |
| City (5)                        |                   |                  |                |            |  |                  |            |             | Square Feet                  | # of Floors                           | LB                                      | idg. A    | ne.                                     |           |
| CHANGE CONVCD                   |                   |                  |                |            |  |                  |            |             | oquate 1 set                 |                                       |   |           | 3-                                      |           |
| Madison, NJ 07940               |                   |                  |                |            | Louis  | b. 0-d- (7)      | /CTATE U   | CE ON V     | Current Head                 | ciar if house days                    | aliahad)                                |           |   |           |
| County (6)                      |                   |                  |                |            | Coun   | ty Code (7)      | (STATE US  | SE UNLY)    | Current Use (Pi              | ny ir ueing demi                      | unsileu)                                |           |   |           |
| Morris                          |                   |                  |                |            |  |                  |            |             |                              |                                       |   |           |   |           |
| Name of Monitoring F            | irm Hired by Bu   | ulding C         | wner           | 8)         | ASCM   | No.              | Name o     | f Abateme   | ent Contractor (9            | )                                     |   |           |   |           |
| -                               |                   |                  |                |            |  |                  | Gr Tech    | n LLC       |                              |                                       |   |           |   |           |
| Street Address                  |                   |                  |                |            |  |                  | Street A   | ddress      |                              |                                       |   |           | 300000000000000000000000000000000000000 |           |
|                                 |                   |                  |                |            |  |                  | 576 Val    | lley Rd #   | £283                         |                                       |   |           |   |           |
| City. State, Zip Code           |                   |                  |                |            | - W. W. W. W.  |                  |            | ate, Zip C  |                              |                                       |   |           |   |           |
|                                 |                   |                  |                |            |  |                  |            | NJ 074      |                              |                                       |   |           |   |           |
| Project Manager for M           | ionitorina Eirm   |                  |                | Tale       | phone  | No               | Telepho    |             | 70                           | License No.                           |   |           |   |           |
| Trojoce wanager is it           |                   |                  |                | 10,0       | , or rome  | 140.             | 4          |             |                              |                                       |   |           |   |           |
| Discourse and the second second |                   | 1 6 1 1          |                | J          |  | 1 1221           | 973-638    |             | . 1                          | 01127                                 |   |           |   |           |
| Start Date (10)                 | 14                |                  |                |            |  | ote (11)         | Name o     | f OSHA N    | ADNITOT                      |                                       |   |           |   |           |
| 12 / 29                         | 1 14              |                  | 4 /            |            | <u> </u>   |                  | Envirov    | ision Co    | onsultants, Inc              |                                       |   | on-se     |   |           |
| Occupancy Status Du             |                   |                  |                |            |  |                  | Street A   | Address     |                              |                                       |   |           |   |           |
| □ Facility Closed/Vac           |                   |                  |                |            |  |                  | 20-21 V    | Vagaraw     | Road, Bldg .#                | 35 E                                  |   |           |   |           |
| Abatement Perform               | ned Outside of    | Normal           | Facilit        | y Houi     | s - Des  | scribe           |            | ate, Zip C  |                              |                                       |   |           |   |           |
| Time of Abatemen                | t^n/              | PI               | W/             | PN_        |  | _AM              | Fair La    | wn, NJ 0    | 7410                         | 4.                                    |   |           |   |           |
| Scope of Work (Check            | ( all that apply) |                  |                |            |  |                  | TT         |             | p and decontami              | nation with nega                      | tive pres                               | sure      |   |           |
|                                 |                   |                  |                |            |  |                  |            |             | itainment with Ne            |                                       |   |           |   |           |
| >3 sf or >3 lf                  |                   |                  |                | enovati    |  |                  |            | Mini-End    | closure                      | Tont with None                        | tius Dess                               |           |   |           |
| 2 160 st or 2260 If             |                   |                  |                | emolitic   | on   |                  | ×          | Mon-Eye     | g Procedure Empted (*) and N | jreni with Nega<br>on-Eriable Proce   | uve Fies<br>Miire                       | suie      |   |           |
|                                 |                   |                  | T 1.           | s Local    | ion.   | 1                |            | THOSE EXC   | 21110100 ( ) 0110 11         | 1                                     |   |           |   |           |
|                                 | ion of            |                  |                | Norma      |  |                  | 2-         | scription   | _ f                          |                                       | _ A                                     |           | nent T                                  | ype       |
| Asbestos-Containi               | Carried Co.       | OM)              | Usa            | ed Sole    | ely by   | Ashe             |            |             | aterial (ACM)                | Amount                                | 70                                      | Repair    | I                                       | E         |
| TO BE A                         | ABATED            |                  |                | intena     | 5067955  |                  |            |             | insulation,                  | (Specify                              | Remova                                  | pa        | Sap                                     | 108       |
|                                 | acility           |                  | Cus            | (12)       | Staff?   |                  |            | cing, VAT   |                              | SIF or LF)                            | \vec{v}{a}                              | =         | Encapsulate                             | Enclosure |
| (1                              | 3)                |                  | -              | T          | 1  | -                | other r    | miscellane  | eous)                        |                                       |   |           | (a)                                     | 1         |
|                                 |                   |                  | Yes            | No         | N/A  | 1                |            |             |                              | 1                                     |   |           | -                                       | 1         |
| Basement                        |                   |                  |                |            | $\boxtimes$  | Pipe ins         | ulation    |             |                              | 250 LF                                | X                                       |           | I                                       | i none    |
|                                 |                   | TOTAL CONTRACTOR |                |            |  |                  |            |             |                              |                                       | Tir                                     | ı I m     | T                                       | 15        |
|                                 |                   |                  |                | limit<br>I | -  | -                |            |             |                              |                                       |   |           | 1                                       | 1=        |
|                                 |                   |                  |                |            |  |                  |            |             |                              |                                       |   |           |   |           |
|                                 |                   |                  | İΠ             |            | ĬΠ   |                  |            |             |                              |                                       |   |           |   | 1         |
| Name of Registered \            | Naste Hauler      |                  | 10-1           | B)         |  | ie Hauter Ifi Ne | Cuhin Ye   | ards of Was | te Name of Reg               | istered Landfill                      |   | AND THE R | THE PROPERTY.                           | 4         |
|                                 | Haulet            |                  |                |            |  |                  | 1          |             |                              |                                       |   |           |   |           |
| Gr Tech LLC                     |                   |                  |                |            | 00337  | 85               | TBI        |             | T.R.R.F. Inc                 |                                       | -aleste chair d'a                       |           | ATTOTAL L                               | an re-    |
| City State                      |                   |                  |                |            |  |                  | Disposa    | al Date     | City State                   |                                       |   |           |   |           |
| Wayne, NJ 07470                 |                   |                  |                |            |  |                  | TB         | D           | Tullytown, I                 | PA                                    |   |           |   |           |
| Completed By (Print of          | or Type)          | Titio            | 9              |            |  |                  |            | gnature /   | 7                            |                                       | Date                                    |           | -                                       |           |
|                                 | 1757              | 1,527.82         |                |            |  |                  | 100        | -/01        | 11 -                         | 1                                     | 100000000000000000000000000000000000000 |           |   |           |
| N.Jevtig                        |                   | Ow               | ner            |            |  |                  |            | 172         | the Wer                      | tao"                                  | 12/19/2                                 | 2014      |   |           |
| ASB-41                          |                   | 1                | In a           | 17 715-0   | Obje Sun   | m terr inte      | stem leave | H.          | pied activities.             |                                       |   |           |   |           |
| MAY 11                          |                   |                  | 1,207 171      | H HAU      | 1111 101   | m Jun wang       | orna neem  | ine datin   | prioritientiires.            |                                       |   |           |   |           |

|  |  | I Name                             | of Division Oran  | -   |  | HOAT O   | -0-         |                |               |          |
|--|--|------------------------------------|---|---|--|--|-------------|----------------|---------------|----------|
| Date of Notification (1)<br>・  ・  ・  ・  ・  ・  ・  ・  ・  ・  ・  ・   |  | AF                                 | of Building Owner<br>FILI ATEの                            | Marator<br>MAP L                                      | (2)<br>ACEMBUT                             | 2007 D   | LU 2        | (0             | F問            | 7        |
| Agencies Notified Type Notification  ☐ EPA ☑ Initial   | 1 3332-1, 312-1                        | 301                                |   | NG-87   | ON AVE.                                    | Suite 2.   | 01          |                |               | -,<br>:  |
| □ DEP □ Amended ☑ DOL Annendment □ Emergency (   | #                                      | 210                                |   | i, ii   | 5 0703                                     | 9  |             |                | 78            |          |
| 図 DOH Justification) D DCA □ Cancellation  |  | RIC                                | of Contact  | <del></del>   | 7,100                                      | Talephone Ne   | imber       |                |               | -        |
| Name of Facility Where Abatement is Taking   | Place (3)                              | FAC                                | ILITY INFORMA   | NON   | Type of Facility                           | <b>A</b>   | _           | ****           |               | _        |
| WEST COVERT APPROPRIENTS  STREET ASSISSES  STI BLOOMER BLO AUF   | AP                                     | T C=1                              | ς   |   | ☐ School (K-                               | (2)<br>B (Other than K-1   | Z)          |                |               |          |
| WEST CALOWELL  |  |                                    | nerdure v <sub>in</sub> (                                 | - Lu-in-  | etc.) Square Feet                          | # of Floors  |             | dings<br>Bidg. |               | 25,      |
| County (6)   | <del></del>                            | County                             | Goda (7)  |   | Good<br>Current Use (Pri                   | or if being demolish   |             | 6              |               |          |
| ESSEX Name of Monitoring Firm Hired by Building O  | umor (B)                               | L'                                 | M No.   |   | AMS  |  | ied)        |                |               | 9,000    |
| Street Address   | APPNOVEL                               |                                    | W 140.  | A. M  | of Abatement Cor<br>AC Contracting Inc     | itractor (9)   |             |                |               |          |
| NC pept.   | if Health & Sp                         |                                    | es  |   | Address<br>/realand Ave.                   | AND THE PROPERTY OF THE PROPER |             | -              |               |          |
| ity, State, Zip Code   | (signature)                            | 11-7                               | 9AM   | City, S<br>Midla                                      | tate, Zip Code<br>nd Park, NJ 07433        | )  | TO.         |                |               |          |
| roject Manager for Monitoring Finance: 12  |  | 18:                                | hone No.  | Teleph  | one No.<br>262-5841                        | License N  | o.          | -              |               |          |
| Start Date (10) 42/18/19   | Scheduled Co                           | mpletion i                         | Date (11)   | Name  | of OSHA Menitor                            | 00156  |             |                |               |          |
| ccupancy Status During Abatement (Chec<br>Facility Closed/Vacated During Entire P  | k Only One)                            | *****                              | **************************************                    | Street  | ge Environmenta<br>Address<br>Juyer Street | Services Inc.  |             |                | <del></del>   |          |
| Abatement Performed Outside of Norms Other - Describe:   | al Facility Houn                       | · · · · ·                          |   | City, \$  | ate, Zip Code<br>Insack, NJ 07606          |  |             |                | -             |          |
| cope of Work (Check Alf That Apply)  L ≥3 sf or ≥3 lf  | ér Denti-                              |                                    | -   |   |  |  | *********** |                |               | -        |
| I ≥150 af or ≥260 If   | ∠RI Renova<br>□ Demoli                 |                                    |   | 1   | Mini-Enclosure<br>Gloveban Proce           | nt with Negative Pr<br>edure<br>(*) and Non-Friable  |             | 100            |               |          |
|  | ls Loca<br>Nerm                        |                                    |   |   | NOT-EXE TIPES                              | ( ) and Non-Priedle  | Proc        | Abat           | ement         | t        |
|  |  |                                    | יח  |   |  | 1;   | ype         | _              |               |          |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility  | Used Sol<br>Mainten<br>Custodial       | ance/<br>Staff?                    | Asbestos Cor<br>(i.e. therms                              | t systems   | Insulation                                 | Amount<br>(Specify   | ne:         | F              | Enca          | 130      |
| Asbestos-Containing Material (ACM) TO BE ABATED  | Mainten                                | ance/<br>Staff?                    | Asbestos Cor<br>(i.e. therms<br>aurit                     | itaining N  | Interial (ACM) Insulation, Incr            |  | Removal     | Rapair         | stellnad acua | вшничния |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   | Mainten<br>Custodial<br>(12            | ance/<br>Staff?                    | Asbestos Cor<br>(i.e. therms<br>aurit                     | ntaining it<br>it systems<br>ading, VAT<br>miscelland | Interial (ACM) Insulation, Incr            | (Specify   | Removal X   | Repair         | eta luadacua  | Cappaga  |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   | Mainten<br>Custodial<br>(12            | stoff?                             | Asbestos Cor<br>(i.e. therms<br>surfa<br>other            | ntaining it<br>it systems<br>ading, VAT<br>miscelland | Interial (ACM) Insulation, Incr            | (Specify<br>SIF ar LF)   | _           | Repair         | Eccapaulate   | CHOCKE   |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)   | Mainten<br>Custodial<br>(12            | stoff?                             | Asbestos Cor<br>(i.e. therms<br>surfa<br>other            | ntaining it<br>it systems<br>ading, VAT<br>miscelland | Interial (ACM) Insulation, Incr            | (Specify<br>SIF ar LF)   | _           | Repair         | Encapaulah    | Chonena  |
| Asbestos-Containing Malerial (ACM)  TO BE ABATED In Facility (13)  RAWL SPACE UNDER APT #C15   | Mainteni<br>Custodial<br>(12<br>Yes No | N/A  N/A  N/A                      | Asbastos Cor<br>(i.e. therms<br>surfa<br>other            | ntaining National Systems (Cling, VAT miscelland      | naterial (ACM) Insulation, F, or Pous)     | (Specify<br>SIF ar LF)   | _           | repair         | Emapalian     | 1        |
| Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  RAWL SPACE UNBAL APT #C15  Inne of Rogletered Waste Hauler  Wark Carling, Inc | Mainteni<br>Custodial<br>(12<br>Yes No | N/A                                | Asbestos Cor<br>(i.e. therms<br>surface)<br>other         | rteining No systems acting, VAT miscelland            | Name of F                                  | (Specify SF or LF)  / 85 LF  Legistered Landfill A Bethlehern Land   | X           |                | Emapaulaha    | Chicarne |
| Asbestos-Containing Material (ACM) <u>IO BE ABATED</u> In Facility   | Mainteni<br>Custodial<br>(12<br>Yes No | N/A N/A N/A N/A N/JDEP W:studer ID | Asbastos Col (i.e. therms surfa other  Other  Cubic of Wa | ntaining National Systems (Cling, VAT miscelland      | Name of F                                  | (Specify SF or LF)  / 85 LF  Legistered Landfill A Bethlehern Land   | X           |                | Ecoapeulah)   | CHORDE   |

(K9721802320

| Date of Notification (1) 12/15/14                           | -   |                                       |                | ame of E<br>eff Wei | Building Ow<br>isberg                   | ner/Oper  | rator (                   | 2)                            |   | k*,           | - *<br>- *                | - :         |           |             |           |
|---|---|---------------------------------------|----------------|---------------------|---|---|---------------------------|-------------------------------|---|---------------|---------------------------|-------------|-----------|-------------|-----------|
| Agencies Notified   | Type Notification                                     |                                       | 1000           | treet Add<br>00 Moi | dress<br>rningside                      | e Terrac  | e                         |                               | 2011 D                                    | EC 23         | 3 PM                      | 7: 6:       | )         |             |           |
| EPA DEP DOL   | Amended Amendment                                     |                                       |                |                     | e, Zip Code<br>k, NJ 076                |   |                           |                               | ASSI                                      |               | 5 5                       | 700         | l,        |             |           |
| DOH DCA   | Emergency<br>justification)<br>Cancellation           |                                       | 0.00           | ame of 0<br>eff We  |   |   |                           |                               |   | Telen         | hone Ni.                  | ımber       |           |             |           |
|   |   |                                       |                | FACIL               | TY INFOR                                | MATION  |                           |                               |   |               |                           |             |           |             |           |
| Name of Facility Where                                      | Abatement is Takir                                    | ng Place (3)                          |                |                     |   | -,007,  |                           | Type of                       | Facility (4)                              |               |                           |             |           |             |           |
| House   |   |                                       |                |                     |   |   |                           |                               | chool (K-12                               |               |                           |             |           |             |           |
| Street Address<br>400 Morningside T                         | errace  |                                       |                |                     |   |   |                           |                               | ubchapter 8<br>ther (i.e. pri<br>c.)      |               |                           |             | ings,     | nome        | s,        |
| City (5)<br>Teaneck   |   |                                       |                |                     |   |   |                           | Square<br>N/A                 |   | # of F<br>N/A | loors                     |             | dg. A     | ge          |           |
| County (6)<br>Bergen  |   |                                       |                | ounty C             | ode (7)<br>SE ONLY)                     |   |                           | Current                       | t Use (Prior                              | if being      | demolis                   | shed)       |           | 10          |           |
| Name of Monitoring Firm                                     | n Hired by Building                                   | Owner (8)                             | $\top$         | ASCM                | No.                                     |   |                           |                               | ment Cont                                 |               | 9)                        |             |           |             |           |
| Street Address  |   |                                       |                |                     |   | S   | treet                     | Address                       |   |               |                           |             |           |             |           |
| City State Zin Code   | State, Zip Code                                       |                                       |                |                     |   |   |                           | osengr<br>tate, Zip           | en Aven                                   | ue            |                           |             |           |             |           |
| Oity, State, Zip Gode                                       |   |                                       |                |                     |   | 1   | Γoto                      | wa, NJ                        | 07512                                     |               |                           |             |           |             |           |
| Project Manager for Mo                                      | nitoring Firm   |                                       | T              | elephon             | e No.                                   | 100   | 2                         | one No.<br>345-86             |   |               | License<br>#00675         |             |           |             |           |
| Start Date (10)<br>12/16/14                                 |   | Scheduled<br>12/17/14                 | Com            | pletion D           | ate (11)                                |   |                           |                               | A Monitor<br>ment, Inc                    | ).            |                           |             |           |             |           |
| Occupancy Status Durin                                      | ng Abatement (Che                                     | ck Only One)                          |                |                     |   |   |                           | Address                       |   |               |                           |             |           |             |           |
|   | cated During Entire<br>med Outside of Nor<br>Occupied |                                       |                | ent                 |   | C   | City, S                   | tate, Zip                     | Code<br>0 07512                           | ue<br>———     |                           |             |           |             |           |
| Scope of Work (Check  |   | ***********                           |                |                     |   |   | 1010                      | wa, ivo                       | 07312                                     |               | -                         |             |           |             |           |
| <ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul> |   |                                       | ovat<br>noliti | TOTAL SALE          |   |   | ×                         | Mini<br>Glov                  | Containme -Enclosure /ebag Proc -Exempted | edure         |                           |             |           |             |           |
|   |   |                                       |                |                     |   |   |                           | 1 10011                       | -Exempled                                 | () and        | NOH-FT                    | able Fit    | 2A3127-02 | ement       |           |
|   |   | F F F F F F F F F F F F F F F F F F F | catio          |                     |   |   |                           |                               |   |               |                           |             | 1000      | ре          |           |
| Location Asbestos-Containin TO BE AI In Fact (13            | g Material (ACM)<br>BATED<br>cility                   | Used<br>Maint<br>Custoo               | Solel<br>enan  | y by<br>ice/        |   | Desci<br>os Contain<br>hermal sy<br>surfacir<br>other mis | ning N<br>ystem<br>ng, VA | Material<br>s insula<br>T, or |   | (S            | nount<br>pecify<br>or LF) | Removal     | Repair    | Encapsulate | Enclosure |
|   |   |                                       | No             | N/A                 |   |   |                           |                               |   | -             |                           |             |           | Ф           |           |
| baser   | nent  |                                       | X              |                     |   | pipe ir   | nsula                     | ition                         |   | 12            | 0 LF                      | X           |           |             |           |
|   |   |                                       |                |                     |   |   |                           | 11                            |   |               |                           |             |           |             |           |
| Name of Registered W  | aste Hauler   |                                       | N.             | JDEP W              | aste I                                  | Cubic Y   | ards                      |                               | Name of I                                 | Registe       | red Land                  | Jfill       | 1         |             |           |
| D&S Abatement, in   |   |                                       | Н              | auler ID<br>20996   | 100000000000000000000000000000000000000 | of Waste  |                           |                               | Waste I                                   |               |                           |             |           |             |           |
| City, State Totowa, NJ                                      |   |                                       |                |                     |   | Disposa<br>TBD  | l Date                    |                               | City, State<br>Tullytov                   |               |                           |             |           |             |           |
| Completed by Deanna Brkusanin                               | otowa, NJ<br>completed by                             |                                       |                |                     |   |   | natur                     | han                           | w R                                       | N             |                           | Date 12/15/ | 14        |             |           |
|   |   | 10,00                                 |                | 301                 |   |   |                           | Mille                         | wife                                      | nece          | eler-                     |             | 000       |             |           |

CK 153128

| Date of Notification (1)<br>12/12/2014   |  |                            |   | of Building C               |                                   | ducation                      | on '   |               |                  |                 | 0.20        |           |     |
|--|--|----------------------------|---|-----------------------------|-----------------------------------|-------------------------------|--|---------------|------------------|-----------------|-------------|-----------|-----|
| Agencies Notified  | Type Notification                          |                            | 100000000000000000000000000000000000000   | Address<br>Broad Stre       | et                                | -                             | ALIA DEC 23  | 3 FM          | 1: 00            |                 |             |           |     |
| EPA  DEP  DOL  | Initial Amended Amendment #                |                            | City, S                                   | tate, Zip Coo<br>mfield, NJ | de                                |                               | ASE The  |               | -201             |                 |             |           |     |
| DOH     DCA  | Emergency (ir justification)  Cancellation | cluding                    |   | of Contact<br>Petrik, Fac   | cilities D                        | ept                           |  | Tele          | phone N          | umber           |             |           |     |
|  |  | 201 6/02                   | FAC                                       | CILITY INFO                 | RMATIO                            | N                             |  | 1             |                  |                 |             |           |     |
| Name of Facility Where<br>Oakview School   | Abatement is Taking                        | Place (3)                  |   |                             |                                   |                               | Type of Facility  School (K-   |               |                  |                 |             |           |     |
| Street Address<br>150 Garrabrant Ave   | enue                                       |                            |   |                             |                                   |                               | Subchapte<br>Other (i.e.   | r 8 (Othe     |                  |                 | lings,      | home      | es, |
| City (5)<br>Bloomfield   |  |                            |   |                             |                                   |                               | etc.)<br>Square Feet<br>n/a  | # of n/a      | Floors           |                 | ldg. A      | ge        |     |
| County (6)<br>Essex  |  |                            |   | y Code (7)<br>E USE ONLY)   |                                   |                               | Current Use (Pr<br>elementary s  | ior if bein   | g demoli         |                 |             |           |     |
| Name of Monitoring Firm  | a Hirod by Puilding O                      | upor (9)                   | 1 480                                     | CM No.                      |                                   | data a sila                   | f Abatement Co   |               | 0)               |                 |             |           |     |
| Briggs Associates  | n rilled by Building O                     | wrier (o)                  | 000                                       |                             |                                   | D&S A                         | Abatement, I   |               | 9)               |                 |             |           |     |
| Street Address 3 Crosswicks Street   | rosswicks Street<br>State, Zip Code        |                            |   |                             | 1.00                              | Street A                      | ddress<br>sengren Ave  | enue          |                  |                 |             |           |     |
| City, State, Zip Code<br>Bordentown, NJ 08   | State, Zip Code<br>rdentown, NJ 08505      |                            |   |                             |                                   |                               | ate, Zip Code<br>va, NJ 07512  |               |                  |                 |             |           |     |
| Project Manager for Mo<br>Michael Hoodak   | nitoring Firm                              |                            | 3 03 (68) (68)                            | none No.<br>298-5520        |                                   | Telepho<br>973-3              | one No.<br>45-8685   |               | License<br>00675 | No.             |             |           |     |
| Start Date (10)<br>12/29/2014  |  | Scheduled (                | Completion Date (11) N                    |                             |                                   |                               | f OSHA Monitor<br>Abatement, I   |               |                  |                 |             |           |     |
| Occupancy Status Durir   | ng Abatement (Check                        | Only One)                  |   |                             |                                   | Street A                      |  | ******        | _                |                 | -           |           |     |
|  | cated During Entire Pe                     |                            |   |                             | 1                                 |                               | sengren Ave  | enue          |                  |                 |             |           |     |
| Abatement Perform Other – Describe:  | ned Outside of Norma                       | al Facility Ho             | ours                                      |                             | 1                                 |                               | ate, Zip Code<br>va, NJ 07512  |               |                  |                 |             |           |     |
| Scope of Work (Check A   | All That Apply)                            |                            |   |                             |                                   |                               |  |               |                  | -               | -           |           |     |
| ≥3 sf or ≥3 if     ≥160 sf or ≥260 if  |  |                            | ovation<br>nolition                       |                             |                                   | ×                             | Full Containn<br>Mini-Enclosu<br>Glovebag Pro  | re<br>ocedure |                  |                 |             |           |     |
|  |  |                            |   | T                           |                                   |                               | Non-Exempte  | ed (*) and    | Non-Fra          | 1               |             |           |     |
| 1 11 |  |                            | cation<br>mally                           |                             |                                   |                               |  |               |                  |                 | Abate<br>Ty | pe        |     |
| Locatio Asbestos-Containing <u>TO BE AB</u> In Fac (13)  | g Material (ACM)<br>B <u>ATED</u><br>ility | Used S<br>Mainte<br>Custod | Solely by<br>enance/<br>ial Staff?<br>12) |                             | os Contai<br>thermal s<br>surfaci | ining Ma<br>ystems<br>ng, VAT | tion of ag Material (ACM) ems insulation, VAT, or ellaneous)  Amount (Specify Removal Repair Repair late |               |                  |                 |             | Enclosure |     |
|  |  | Yes 1                      | No N/A                                    |                             |                                   |                               |  |               |                  | =               |             | ate       | roi |
| Boiler R   | Room                                       | X                          |   |                             | Boiler                            | Insula                        | tion   | 40            | SF               | X               |             |           |     |
| Boiler R   | Room                                       | X                          |   |                             | Pipe I                            | nsulat                        | ion  | 6             | LF               | Х               |             |           |     |
|  |  |                            |   |                             |                                   |                               |  |               |                  |                 |             |           |     |
| Name of Registered Wa  | ste Hauler                                 |                            | NJDEP                                     | Waste                       | Cubic Y                           | ards                          | Name o   | f Register    | red Land         | fill            |             |           | -   |
| D&S Abatement, In  | C.   |                            | Hauler I<br>20996                         | ID No.                      | of Wast                           | е                             |  | Manag         |                  |                 |             |           |     |
| City, State<br>Totowa, NJ 07512  |  |                            |   |                             | Disposa<br>TBD                    | al Date                       | City, Sta  | ate<br>wn, PA |                  |                 |             |           |     |
| Completed by<br>Susan Brkusanin  | mpleted by Title                           |                            |   |                             | Sig                               | gnature                       | //   |               | 100              | Date<br>12/12/2 | 2014        |           |     |

| PNN4 | /001                                    |  |
|------|---|--|
| 1,00 | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |
| 1;   | Print Porm                              |  |

#### Blate of New Jemoy NOTIFICATION OF ABBESTOS ABATEMENT

(Puravant to NJAC 8:80 and 12:120) Ch# 84.14 Date of Notification (1) Name of Building Owner/Operator (2) December 18th, 2014 Jered Tallefor APPROVED Aganalos Notified Type Notification Street Address Senior Services Vem 69 Congress Street EPA fallist DEP City, State, Zip Code Amended X DOL Amendment # Emergency (including Newsrk, New Jersey 07105 Date: X Name of Contact DOW Justification) Blephone Cancellation DCA Mr. Mack McAlear FACILITY INFORMATION Name of Facility Where Abstoment is Taking Place (3) Type of Facility (4) Private House Behool (K-12) Street Address Bubohapter 8 (Other than K-12) 69 Congress Street Other (i.o. private & commercial buildings, homes, N. dto,) City (5) Blog, Age Square Fool # of Floore Newark 2484 3 124 County (6) County Oods (7) Current Une (Prior If being demolished) ESSOX (STATE USE ONLY) Private House Name of Monitoring Firm Hirad by Building Owner (B) ABOM No. Name of Abatement Contractor (9) Izabelia Environmental Slavco Construction Inc. Street Address Street Address 27 Willard Street 164 Getty Ave. 5 Olty, State, Zib Code City, State, Zip Code Garfield, New Jersey 07026 Olifton, New Jersey 07011-1802 Project Manager for Monitoring Firm Tolephone No. Telephone No. Llosnoo No. Boban Mickovski 862-273-2862 973-478-4848 00724 Statt Date (10) Scheduled Completion Date (11) Namo of OSHA Monitor December 19,2014 December 23, 2014 Slavoo Construction Inc. Occupancy Status During Abatement (Check Only One) Stroot Address 164 Getty Ave. Facility Closed/Veceted During Entire Period of Abetement Absternent Porformed Outside of Normal Facility Hours Other - Describe: Friday- Monday 8:00am-4:30pm Olty, State, Zip Code X Clifton, New Jersey 07011-1802 Scope of Work (Check Ali That Apply) 23 af or 23 If Renovation Pull Containment with Negative Pressure ≥160 sf of ≥260 if Damellion Mini-Englosure Y Glovebeg Procedure Non-Exampted (\*) and Non-Frieble Procedure is Location Abaloment Normally Type Location of Duspription of Used Solely by Asbostos-Containing Material (ACM) Aubustos Containing Material (ACM) Amount Maintananos/ TO BE ABATED Shapsulate and (i.e. thormal systems insulation. (Spealfy Custodial Staff? Remova In Facility aurisolng, VAT, or other miscellaneous) Repair SF or LF (12)(13) YOU NIA No Basement × Pipe insulation 90LF X Basement x Val 580SF 28 Name of Registered Waste Hauler NJDEP Waste Oubic Yards Name of Registered Landfill Hauler ID No. of Wasts Slavco Construction Inc. G.R.O.W.S Landfill 18508 TBD City, State Diaposal Duto City, State Clifton, New Jersey 07011-1802 TBD Morrisville, Pa Completed by Title Signaturo Date Vivian D. Jurcevic Office Manager

191911

12/18/14

CK 2544

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

392-NJ-14

| Date of Notification (  | 1) 12/08/2014                                      | -       |   |                    |                       |   |  | erator (2)<br>orporated                                   |                       |                           |       | *****          |         |             |           |
|---|--|---------|---|--------------------|-----------------------|---|--|---|-----------------------|---------------------------|-------|----------------|---------|-------------|-----------|
| Agencies Notified   | Notification Ty (x) Initial Notifi                 |         |   | Street             | : Addres<br>incoln    | SS  |  |   | M DEC                 | 23                        | PM    | 7: £           | r       |             |           |
| (x) EPA<br>( ) DEP<br>(x) DOL   | ( ) Amended<br>Amendme                             | nt#     |   |                    | State, Zi<br>lesex, N |   |  | Ą   |                       |                           |       | 7- es          | 9       |             |           |
| (x) DOH<br>( ) DCA  | ( ) Emergency<br>justification<br>( ) Cancellation | 1)      | ing   |                    | of Cont<br>Sabati     |   |  |   | 22                    | 0.1                       | Tel.  | Num            | ber     |             |           |
|   |  |         |   | FACIL              | ITY INF               | ORMAT   | TION   |   |                       |                           |       |                |         |             |           |
| Name of Facility Who<br>Bloomingdale Proj<br>Street Address<br>126 Hamburg Turr                   | ect  | Taking  | Place (   | (3)                |                       |   |  | Type of F  ( ) School ( ) Subch (x) Other home            | ol (K-12)<br>napter 8 | (other t                  | han l | K-12)<br>ercia | l build | ings,       | 1         |
| City (5)<br>Bloomingdale  |  |         |   |                    |                       |   |  | Square F  | eet                   | # of F                    | loors | 3              | Bldg.   | Age         |           |
| County (6)<br>Passaic   |  |         |   |                    | ty Code<br>ONLY)      | (7) (ST   | ATE  | Current U   | lse (Pric             | r if beir                 | ng de | molis          | hed)    |             |           |
| Name of Monitoring  | Firm Hired by Bl                                   | dg. Own | er (8)  | ASCN               | / No.                 |   |  | of Contracto  |                       | es, LLC                   |       |                |         |             |           |
| Street Address  |  |         |   |                    |                       | 1 2   |  | Address<br>ver Drive                                      |                       |                           |       |                |         | 1           |           |
| City, State, Zip Code   |  |         |   |                    |                       |   |  | ate, Zip Cod<br>d, NJ 0702                                |                       |                           |       |                |         |             |           |
| Project Manager for   |  |         |   |                    |                       | Dine Number Telephone Number License Number (973)685-9791 01191 "A" |  |   |                       |                           |       |                | ег      |             |           |
| Scheduled Start Dat<br>12/29/2  |  | Sche    |   | ompletio<br>/29/20 | n Date (1<br>15       |   | Name of Testor   | of OSHA Mo<br>Tech  | onitor                |                           |       |                |         |             |           |
| Occupancy Status D  |  |         |   |                    |                       | 1 1   |  | Address<br>Jackson A                                      | venue                 |                           |       |                |         |             |           |
| <ul><li>(x) Facility Closed/V.</li><li>( ) Abatement Perfo</li><li>( ) Other – Describe</li></ul> | rmed Outside of                                    |         |   |                    | ent                   |   |  | ate, Zip Co<br>sland City,                                |                       | 101                       |       |                |         |             |           |
| Source of Work (Che   | eck all that apply                                 | )       |   |                    |                       |   | - 24 TO - 14 T |   |                       |                           | Ī     |                | 200     |             |           |
| $(x) \ge 3 \text{ sf or } \ge 3 \text{ lf}$<br>$(x) \ge 160 \text{ sf or } \ge 260$               | lf   |         | tenovati<br>emoliti                                   |                    |                       |   | ( ) Mi<br>( ) Gl   | Ill Containm<br>ini-Enclosur<br>ove bag Pro<br>on-Exempte | e<br>ocedure          | . <del></del>             |       |                |         | e           |           |
|   |  | Is      | Locati  | on                 |                       |   | ( ) /  |   |                       |                           |       |                | teme    | 1000000     | ре        |
| Locatio Asbestos-Contai (ACM <u>TO BE AB</u> in Faci  | ning Material<br>1)<br><u>ATED</u><br>lity         | Ma      | rmally U<br>Solely b<br>aintenar<br>stodial S<br>(12) | nce/               | Conta<br>ther         | rmal sys<br>urfacing,   | aterial<br>stems in  | (ACM) (i.e.<br>nsulation,<br>or other                     | (S                    | nount<br>pecify<br>or LF) |       | Removal        | Repair  | Encapsulate | Enclosure |
| (13)  |  | Yes     | No  | N/A                |                       | IIIISCE   | ellarieo   |   |                       |                           |       |                |         | Ф           |           |
| 1 <sup>st</sup> & 2 <sup>nd</sup> Floor   |  |         |   | X                  | Plaste                | er Mater  | rials  |   | 18                    | 00 SF                     | +     | X              |         |             |           |
|   |  |         |   |                    |                       |   |  |   |                       |                           |       |                |         |             |           |
|   |  | N. DE   | 2)//  | l le de            | -10.4                 | T Culsi-  | Vord-  | of Mosts  | Name o                | of Dog                    | land  | IGII           |         |             |           |
| Name of Reg. Waste<br>Cid Construction S  |  | NJDE    |   | e Haule<br>905     | riu#                  |   | TBE  |   | G.R.O                 | .W.S.,                    |       |                | anag    | eme         | nt        |
| City, State<br>Garfield, NJ   | 7 - 200-00   |         |   |                    |                       |   | sal Dat  |   | City, St<br>Morris    |                           | _     |                |         |             |           |
| Completed by Roque Schipilliti  | Jr. Title Pr                                       | oject M | anager  |                    | Sign                  | nature  | Box  | Al for  | UM                    |                           | Dat   | 1000           | 08/20   | 014         |           |



| OMONA.  |  |                        | Pa   | ssaic E  | Iding Owr<br>Board of | Educa  | ation  |   | 為持   | DEC.                                      | 23 1   | M 7             | Ci    | 7             | -          | -   |
|---|--|------------------------|--|--|-----------------------|--|--|---|--|---|--|-----------------|-------|---------------|------------|-----|
| 2/18/14<br>gencies Notified Typ   | e Notification   |                        |  | et Addre   |                       |  |  |   |  |   |  |                 | -4    | لاي           |            |     |
|   | Initial  |                        | 1000000  |  | aic Ave               |  | _  | 7.77  | -276   | . 1 7 pm                                  |  |                 | 7.5   | ł             |            |     |
| EPA DEP DOL   | Amended  |                        | City   | , State, a   | Zip Code<br>NJ 0705   | 55   |  |   | - 1  |   | 100  | 1913            |       | *             |            |     |
| DOL   | Amendment #<br>Emergency (incl                                 | uding                  | 1.0  | me of Co   |                       |  |  |   | T  | Telepho                                   | one Nur  | nber            |       |               |            |     |
|   | justification)   | 3                      |  | me or co<br>s. Garo                                |                       |  |  | 知用 DI   | EC 23  |   | w7.3   |                 |       |               |            |     |
| DOH DCA   | Cancellation   |                        |  |  | Y INFORI              | AATION   | 1  |   |  |   |  |                 |       |               |            | _   |
|   | 1 Taking P   | 200 (3)                |  | FACILII  | 1 Her Ord             | 11.01  |  | Type of F   | acility (4)  |   | FAL  |                 |       |               |            |     |
| ame of Facility Where Abat  | tement is Taking P   | ace (0)                |  |  |                       |  | - 1  | × Sch   | ool (K-12)   | 13.1813                                   | ,  |                 |       |               |            |     |
| Holy Trinity School   |  |                        |  |  |                       |  |  | - 1   | chapter 8 o<br>er (i.e. priv   | (Other th                                 | nan K-1  | 2)<br>ial build | lings | , ho          | mes,       |     |
| treet Address   |  |                        |  |  |                       |  |  | etc.  | )  |   |  |                 |       |               |            |     |
| 209 Hope Ave.   |  |                        |  |  |                       |  |  | Square F  |  | # of Flo                                  | oors   | 100000          | 0+    | Age           |            |     |
| ity (5)   |  |                        |  |  |                       |  |  | 30,000  | +  | 3   |  | 1.              | 0.    | _             | _          |     |
| Passaic   |  |                        | Co   | ounty Coo  | de (7)                |  |  |   | Jse (Prior   | if being                                  | demolis  | nea)            |       |               |            |     |
| county (6)  |  |                        | (S   | TATE USE   | EONLY) .              |  | - 1  | School  |  | 1 . (0)                                   |  |                 |       | _             |            | _   |
| Passaic<br>Jame of Monitoring Firm Hir  | red by Building Ow   | ner (8)                | 1  | ASCM N   | lo.                   |  |  |   | nent Contra  | actor (9)                                 |  |                 |       |               |            |     |
| lame of Monitoring Firm Hill<br>Ahera Consultants Inc   | ica by ballaring on  | V. V.                  |  | 00057  |                       |  |  | o Servic  | ces inc.   |   |  |                 | _     | -             |            |     |
|   | -  |                        |  | -  |                       | 1  |  | Address   |  |   |  |                 |       |               |            |     |
| Street Address<br>P.O.Box 385   |  |                        |  |  |                       |  |  | Maple A   |  |   |  |                 |       |               |            | _   |
| City, State, Zip Code   |  |                        |  |  |                       | 1  | City, S  | tate, Zip   | Code<br>11.07057   | 7   |  |                 |       |               |            |     |
| Oceanville, NJ 08231  | -0385  |                        |  |  |                       |  |  | 2270  | J 07057  |   | icense   | No.             |       |               |            | _   |
| Project Manager for Monitor   | ring Firm  |                        |  | elephone   |                       |  |  | one No.<br>406-734  | 11   | 400                                       | 1107   | 0.0333          |       |               |            |     |
| Joseph Capone   |  |                        | - 10 miles   | 09-652   |                       |  |  | of OSHA   |  |   |  |                 |       |               |            |     |
| Start Date (10)   | 18   | cheduled               | Comp   | letion Da  | ate (11)              |  |  | aw Nalo   |  |   |  |                 |       | *             |            |     |
| 01/05/15  |  | )1/23/15               | -  |  |                       |  |  | Address   |  |   |  |                 |       |               |            |     |
| Occupancy Status During A   | Abatement (Check   | Only One               | )  |  |                       |  |  | Maple A   | Ave.   |   |  |                 |       |               |            |     |
|   | of During Entire Pe  | riod of At             | ateme  | ent  |                       | 1  | 100  |   |  |   |  |                 | -     |               |            | 500 |
| Facility Closed/Vacate  | L During Line  |                        |  | ar ic  |                       | 1  | City S   | State, Zip  | Code   |   |  |                 |       |               |            |     |
| Facility Closed/Vacate Abatement Performed  | Outside of Norma   | Facility H             | lours  |  |                       | _  | City, S  | State, Zip<br>lington,  | Code<br>NJ 0705  | 57  |  |                 |       |               |            | _   |
| Abatement Performed Other – Describe:   | Outside of Norma   | Facility H             | lours  |  | -                     |  | City, S<br>Wal   | State, Zip<br>lington,  | Code<br>NJ 0705  | 57  |  |                 |       | _             |            |     |
| Abatement Performed   | Outside of Norma   | - aointy .             |  |  | 3                     |  | City, S<br>Wal   | lington,  | NJ 0705  |   | Negative   | e Press         | ure   |               |            |     |
| Abatement Performed<br>Other – Describe:  | Outside of Norma   | Re                     | novati   | ion  |                       |  | City, S<br>Wal   | Full (  | NJ 0705  | nt with N                                 | Negative   | ∋ Press         | ure   |               |            |     |
| Abatement Performed Other – Describe:  Scope of Work (Check All ≥3 sf or ≥3 lf  | Outside of Norma   | Re                     |  | ion  | 2                     |  | City, S<br>Wal   | Full (  | Ontainme<br>Enclosure  | ent with N                                |  |                 |       | dure          |            |     |
| Abatement Performed Other – Describe:  Scope of Work (Check All ≥3 sf or ≥3 lf  | Outside of Norma   | Re De                  | enovati  | ion<br>on  |                       | -  | City, S<br>Wal   | Full (  | NJ 0705  | ent with N                                |  |                 | oce   | oate          | ment       |     |
| Abatement Performed Other – Describe:  Scope of Work (Check All → 23 sf or ≥3 lf  | Outside of Norma   | X Re De                | enovati<br>emolitic  | ion<br>on  | 8                     |  | Wal  | Full (<br>Mini-<br>Glov<br>Non-   | Ontainme<br>Enclosure  | ent with N                                |  |                 | oce   | dure<br>pater | ment       |     |
| Abatement Performed Other – Describe:  Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf   | That Apply)  | X Re De                | enovationolitic  | ion<br>on  | Achest                | Des  | Wal  | Full (Mini-Glov) Non- n of Material (   | Containme<br>Enclosure<br>ebag Proc<br>Exempted  | edure (*) and                             | Non-Fri  | iable Pr        | Al    | Typ           | ment<br>be |     |
| Abatement Performed Other – Describe:  Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Ashestos-Containing M  | That Apply)  of Material (ACM)                                 | Re De                  | enovation ocation ormaling Solelintenan  | on<br>on<br>y<br>y by                              | Asbest<br>(i.e.       | Des<br>os Conta  | Wall scription aining system   | Full (Mini-Glov) Non- n of Material (ms insulation)                                       | Containme<br>Enclosure<br>ebag Proc<br>Exempted  | edure (*) and  Arr (Sr                    | Non-Fri  | iable Pr        | Al    | Typ           | ment<br>be |     |
| Abatement Performed Other – Describe:  Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing M TO BE ABA  | That Apply)  of Material (ACM)                                 | Re De                  | ocationocali<br>Soleintenanocali S   | on<br>on<br>y<br>y by                              | Asbesti<br>(i.e.      | Des<br>os Conti  | wal  | Full (Mini-Glov, Non-   | Containme<br>Enclosure<br>ebag Proc<br>Exempted  | edure (*) and  Arr (Sr                    | Non-Fri  | iable Pr        | Al    | oate          | ment<br>be |     |
| Abatement Performed Other – Describe:  Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Ashestos-Containing Management   | That Apply)  of Material (ACM)                                 | Re De                  | ocaticormally Solel ntenanodial S  | on<br>by<br>y by<br>ice/<br>taff?                  | Asbest<br>(i.e.       | Des<br>os Conti  | wal  | Full (Mini-Glov) Non- n of Material (ms insulation)                                       | Containme<br>Enclosure<br>ebag Proc<br>Exempted  | edure (*) and  Arr (Sr                    | Non-Fri  |                 | Al    | Typ           | ment       | 1   |
| Abatement Performed Other - Describe:  Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing N TO BE ABA In Facility  | That Apply)  of Material (ACM)                                 | Re De                  | ocationocali<br>Soleintenanocali S   | on<br>on<br>y<br>y by                              | Asbest<br>(i.e.       | Desos Contribermal surfac  | wal<br>scriptio<br>aining<br>system<br>cing, V<br>niscella   | Full (Mini-<br>Glov-<br>Non-<br>n of<br>Material (ns insulat<br>AT, or                    | Containme<br>Enclosure<br>ebag Proc<br>Exempted  | edure<br>(*) and<br>Am<br>(Sp<br>SF       | Non-Fri<br>mount<br>pecify<br>or LF)                                       | iable Pr        | Al    | Typ           | ment<br>be |     |
| Abatement Performed Other – Describe:  Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing M TO BE ABA In Facility (13)   | That Apply)  of Material (ACM)                                 | Is I N Usec Main Custo | ocaticormally Solel ntenanodial S  | on<br>by<br>y by<br>ice/<br>taff?                  | Asbest<br>(i.e.       | Desos Containemal surface other m  | wal<br>scriptio<br>aining<br>system<br>cing, V<br>niscella   | Full Of Mini-Glove Non- n of Material (ns insulat AT, or aneous)                          | Containme<br>Enclosure<br>ebag Proc<br>Exempted  | edure (*) and Am (Sr SF                   | nount<br>pecify<br>or LF)  | Removal         | Al    | Typ           | ment<br>be |     |
| Abatement Performed Other – Describe:  Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing N TO BE ABA In Facility (13)  Gymnasium  | That Apply)  of Material (ACM)                                 | Is I N Usec Main Custo | ocaticormally Solel Intenanodial Solel No  | on<br>by<br>y by<br>ice/<br>taff?                  | Asbest<br>(i.e.       | Desos Containemal surface other m  | wal<br>scriptio<br>aining<br>system<br>cing, V<br>niscella   | Full (Mini-<br>Glov-<br>Non-<br>n of<br>Material (ns insulat<br>AT, or                    | Containme<br>Enclosure<br>ebag Proc<br>Exempted  | ent with Nedure (*) and Am (Sp SF         | nount<br>pecify<br>or LF)  | Removal         | Al    | Typ           | ment<br>be |     |
| Abatement Performed Other - Describe:  Scope of Work (Check All 1  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Non Each BAA  In Facility (13)  Gymnasium  2nd. floor conference  | That Apply)  of Material (ACM)  TED  y  suite & nurses         | Is I N Usec Main Custo | ocaticormally Solel International Solel (12)   | on<br>by<br>y by<br>ice/<br>taff?                  | (i.e.                 | Desos Contribermal surfacother m   | wall scription aining system cing, Vaniscella  | Full (Mini-Glov) Non- n of Material (ns insulativation) AT, or aneous) illes mastic       | Containme<br>Enclosure<br>ebag Proc.<br>Exempted   | ent with Nedure (*) and Am (Sp SF         | nount<br>pecify<br>or LF)  | Removal         | Al    | Typ           | ment<br>be |     |
| Abatement Performed Other – Describe:  Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing N TO BE ABA In Facility (13)  Gymnasium  | That Apply)  of Material (ACM)  TED  y  suite & nurses         | Is I N Usec Main Custo | cocaticococa   | on<br>by<br>y by<br>ice/<br>taff?                  | (i.e.                 | Desos Contribermal surfacother m   | wall scription aining system cing, V. niscella illing ti iles / ound   | Full of Mini-Glove, Non- n of Material (ns insulat AT, or aneous) illes mastic / sheeti   | Containme<br>Enclosure<br>ebag Proc.<br>Exempted   | Am (Sr SF 25)                             | nount<br>pecify<br>or LF)  | Removal         | Al    | Typ           | ment<br>be |     |
| Abatement Performed Other - Describe:  Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing M TO BE ABA In Facility (13)  Gymnasium  2nd. floor conference 2nd. floor conference   | That Apply)  of Material (ACM)  rED  y  suite & nurses e suite | Is I N Usec Main Custo | ocatical oca | on on y y by loce/ N/A                             | joint                 | Desos Contributions of the male surface other male  | wall scription aining system cing, Voniscellar liling to cound all plas  | Full (Mini-Glov) Non- n of Material (ns insulat AT, or aneous) illes mastic / sheetu      | Containme<br>Enclosure<br>ebag Proc.<br>Exempted   | Am (Sr SF 25)                             | Non-Fri<br>nount<br>pecify<br>or LF)<br>00sf.<br>20sf.<br>00sf.            | Removal         | Al    | Typ           | ment<br>be |     |
| Abatement Performed Other - Describe:   | That Apply)  of Material (ACM)  rED  y  suite & nurses e suite | Is I N Usec Main Custo | ocaticiono de la constanta de  | on<br>by<br>y by<br>ice/<br>taff?                  | joint                 | Desos Contribermal surface other model of the composition of was a contributed of was a contr | scription aining system cing, V. niscella illing tilles / ound all plas yards  | Full (Mini-Glov) Non- n of Material (ns insulat AT, or aneous) illes mastic / sheetu      | Containme Enclosure ebag Proce Exempted  ACM) ion,   | edure (*) and Am (Sp SF 12 21 60 Register | Non-Fri<br>nount<br>pecify<br>or LF)<br>00sf.<br>20sf.<br>00sf.            | Removal         | Al    | Typ           | ment<br>be |     |
| Abatement Performed Other - Describe:  Scope of Work (Check All 1 ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 lf   | That Apply)  of Material (ACM)  rED  y  suite & nurses e suite | Is I N Usec Main Custo | ocatical oca | on on by y by cce/ taff?                           | joint                 | Despos Contribermal surface other modern to composite the composite composite the comp | wall scription aining system cing, V. niscella liling tilles / ound all plas yards ste   | Full of Mini-Glove, Non- n of Material (ns insulat AT, or aneous) illes mastic / sheeti   | Containme Enclosure ebag Proce Exempted  ACM) ion,  rock  Name of G.R.O.                           | Arr (Sr SF 25 12 21 60 Register W.S       | Non-Fri<br>nount<br>pecify<br>or LF)<br>00sf.<br>20sf.<br>00sf.            | Removal         | Al    | Typ           | ment<br>be |     |
| Abatement Performed Other - Describe:  Scope of Work (Check All 1 ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 lf  Location of Asbestos-Containing Management Performed Property (13)  Gymnasium  2nd. floor conference 2nd. floor conference 2nd. floor conference Name of Registered Wast Newark Carting Inc.                             | That Apply)  of Material (ACM)  rED  y  suite & nurses e suite | Is I N Usec Main Custo | ocatical oca | on on by y by ice/ taff?                           | joint                 | Desos Contribermal surface other management of the composition of Was 50 Disposition Dispo | scription aining system cing, Validing to illing to illi | Full of Mini-Glove, Non- n of Material (ns insulat AT, or aneous) illes mastic / sheeti   | NJ 0705 Containme Enclosure ebag Proce Exempted  ACM) ion,  rock  Name of G.R.O. City, Stat        | Arr (Sr SF 25) 12 21 60 Register W.S      | Non-Frince<br>nount pecify<br>or LF)<br>00sf.<br>20sf.<br>00sf.<br>red Lan | Removal         | Al    | Typ           | ment<br>be |     |
| Abatement Performed Other - Describe:  Scope of Work (Check All 1 ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 lf ≥ 160 sf or ≥ 260 lf  Location of Asbestos-Containing M TO BE ABA In Facility (13)  Gymnasium  2nd. floor conference 2nd. floor conference 2nd. floor conference Neme of Registered Wast Newark Carting Inc.  City, State | That Apply)  of Material (ACM)  rED  y  suite & nurses e suite | Is I N Usec Main Custo | ocatical oca | on on by y by ice/ taff?                           | joint                 | Despos Contribution other model of the composition  | wall scription aining system cing, V. niscellatilles / ound all plast yards aste   | Full (Mini-Glov, Non-n of Material (ns insulat AT, or aneous)  illes mastic / sheetr ster | Containme Enclosure ebag Proce Exempted  ACM) ion,  rock  Name of G.R.O.                           | Arr (Sr SF 25) 12 21 60 Register W.S      | Non-Frince<br>nount pecify<br>or LF)<br>00sf.<br>20sf.<br>00sf.<br>red Lan | Removal         | Al    | Typ           | ment<br>be |     |
| Abatement Performed Other - Describe:  Scope of Work (Check All 1 ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 lf ≥ 160 sf or ≥ 260 lf  Location of Asbestos-Containing Management Properties (13)  Gymnasium  2nd. floor conference 2nd. floor conference 2nd. floor conference Name of Registered Wast Newark Carting Inc.                | That Apply)  of Material (ACM)  rED  y  suite & nurses e suite | Is I N Usec Main Custo | ocatic cornally solel tenandial S (12)   | on by y by loce!  N/A  N/A  NJDEP W lauler ID 5409 | joint                 | Despos Contribution other model of the composition  | scription aining system cing, Validing to illing to illi | Full (Mini-Glov, Non-n of Material (ns insulat AT, or aneous)  illes mastic / sheetr ster | NJ 0705 Containme Enclosure ebag Proc Exempted  ACM) ion,  rock  Name of G.R.O. City, Stat Morrisy | Arr (Sr SF 25) 12 21 60 Register W.S      | Non-Frince<br>nount pecify<br>or LF)<br>00sf.<br>20sf.<br>00sf.<br>red Lan | Remover         | Al    | Tyr<br>Repair | ment<br>be |     |

|  | Is        | Location   | on           |   |                                 |         | Abate<br>Ty |             |           |
|--|-----------|--|--------------|---|---------------------------------|---------|-------------|-------------|-----------|
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Use<br>Ma | lormally<br>d Solely<br>intenant<br>todial S<br>(12) | y by<br>ice/ | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount<br>(Specify<br>SF or LF) | Removal | Repair      | Encapsulate | Enclosure |
| X  | Yes       | No   | N/A          |   |                                 |         | _           | _           | -         |
| O. J. Sans corridor  | 1         | *  |              | wall plaster  | 600sf.                          | *       |             |             | _         |
| 2nd. floor corridor  | -         | *  |              | ceiling tile  | 86sf.                           | *       |             |             |           |
| Stairwell  |           |  |              | Coming the  |                                 | 11      |             |             |           |
|  |           |  |              | (   |                                 |         | -           | -           | -         |
|  |           |  |              |   |                                 |         |             |             | _         |

|    | 1    |   |
|----|------|---|
| 4  | 1/20 | 1 |
| -/ | 4    | 1 |

| Date of Notification                    | (1)                        |                                       | 1                            | Name o   | f Buildi | ng Owner / Oper                          | ator (2)   |                        |                      |             |                         |             |           |  |  |
|---|----------------------------|---------------------------------------|------------------------------|--|----------|--|--|------------------------|----------------------|-------------|-------------------------|-------------|-----------|--|--|
|   | 11/21/14                   |                                       |                              |  |          | urlington                                | Best DCD   | 00 014                 |                      |             |                         |             | - y c -   |  |  |
| Agencies Notified<br>EPA                | Type Notifica              | ation                                 | -                            | Street A<br><b>49 Ran</b>  |          | Road                                     | 2844 DEC   | 23 PH                  | 1: 4:2               |             |                         | 8 8         |           |  |  |
| ☐ DEP ☐ DOL                             |                            | nded R#3-12/18                        |                              |  |          | ip Code<br>  <b>08060</b>                | 450  | 8 * 1 -                | 77.00                |             |                         |             |           |  |  |
| ☑ DOH ☑ DCA                             | ☐ Emer                     | gency<br>ellation                     | 1                            | Name o   | f Conta  |  |  |                        | Te                   | lepho       | ne N                    | umb         | er        |  |  |
|   |                            |                                       |                              |  |          |  |  |                        |                      |             |                         |             |           |  |  |
| Name of Equility W/h                    |                            | at is Tables Dis                      |                              | ACILII   | YINF     | ORMATION                                 | 4. (4)   |                        |                      |             |                         |             |           |  |  |
| Name of Facility Wh<br>Burlington Coun  |                            |                                       | ice (3)                      |  |          | Type of Facili                           |  |                        |                      |             |                         |             |           |  |  |
| Street Address                          | ty obuitino                | 430                                   |                              |  |          |  | ter 8 (Other tha   | an K-12)               |                      |             |                         |             |           |  |  |
| 49 Rancocas Roa                         | ad                         |                                       |                              |  |          |  | e. private & cor   |                        | uildings.            | home        | es, e                   | tc.)        |           |  |  |
|   |                            |                                       |                              |  |          | Square Feet                              | # of Flo   |                        |                      | g. Age      |                         |             |           |  |  |
| City (5)                                |                            | County (6)                            | Count                        | y Code   | (7)      | 80,000                                   |  | 4                      |                      | 60          | Yea                     | ırs         |           |  |  |
| Mt. Holly                               |                            | Burlington                            |                              |  |          | Current Use (                            | Prior if being d   | emolished              | )                    |             |                         |             |           |  |  |
| Name of Monitoring                      |                            |                                       | er (8)                       | AS   | CM No    | . Name of Aba                            | tement Contrac   |                        |                      |             |                         |             | -         |  |  |
| Environmental C<br>Street Address       | onnections                 | 3                                     |                              |  |          |  | ironmental, l  | nc.                    |                      |             |                         |             |           |  |  |
| 120 North Warren                        | n Street                   |                                       | William Co.                  |  |          | Street Addres 1123 Beave                 |  |                        |                      |             |                         |             |           |  |  |
| City, State & Zip Co<br>Trenton NJ 0860 |                            |                                       |                              |  |          |  | City, State & Zip Code<br>Bristol, PA 19007  |                        |                      |             | II is a large Name to a |             |           |  |  |
| Project Manager for                     | Monitoring F               | 2157459F/257                          | Telephor                     |  | ber      | Telephone No                             | umber  | 1.000                  | nse Nur              | nber        |                         |             |           |  |  |
| Rollie Jones                            | (40)                       |                                       | 609-392                      |  |          | (215)788-60                              |  | 005                    | 09                   |             |                         |             |           |  |  |
| Scheduled Start Date 12/9/14            |                            | Scheduled Com                         | pletion L<br>12/24/14        | The state of the s | )        | Name of OSI<br>Bristol Env               | IA Monitor<br><b>ironmental l</b> i  | 1C.                    |                      |             |                         |             |           |  |  |
| Occupancy Status D                      |                            | ment (Check on<br>During Entire Pe    |                              | bateme   | ent      | Street Addres                            |  |                        |                      |             |                         |             |           |  |  |
|   |                            | utside of Norma                       |                              |  |          | City, State &                            |  |                        |                      |             |                         |             |           |  |  |
|   | 12/18 & 12<br>upied During | /19 – 7 AM – 3<br>Abatement           | 3:30 PM                      |  |          | Bristol, PA                              | 19007  |                        |                      |             |                         |             |           |  |  |
| Scope of Work (Che                      |                            |                                       |                              |  |          |  |  |                        | -                    |             |                         |             |           |  |  |
|   | •                          |                                       |                              |  |          |  | -  | ntainment              | with Neg             | ative       | Pres                    | sure        | £:        |  |  |
| ≥3 sf or ≥3 l<br>≥160 sf ≥26            |                            |                                       | <u></u>                      | enovati  |          |  | Mini-En  |                        |                      |             |                         |             |           |  |  |
| ≥160 sf ≥26                             | U II                       |                                       |                              | emolitic   | on       |  |  | ag Proced<br>empted an |                      | riable      | Pro                     | redu        | ire       |  |  |
| Loc                                     | cation of                  | · · · · · · · · · · · · · · · · · · · | Is Loca                      | ation  | Т        | Description                              |  | Amo                    | Marie Control        | -           | tem                     |             |           |  |  |
| Asbesto                                 | s-Containing               |                                       | Normally                     | Used   |          | Asbestos-Con                             | taining  | (Spe                   | cify                 |             |                         |             | 1         |  |  |
|   | rial (ACM)                 |                                       | Solely                       |  |          | Material (A                              |  | SF or                  | LF)                  | D           | _                       | Enc         | m         |  |  |
|   | E ABATED<br>Facility       |                                       | Maintena<br>Custodial        |  |          | (i.e., thermal si<br>insulation, surface |  |                        |                      | Remova      | Repair                  | Encapsulate | Enclsoure |  |  |
|   | (13)                       |                                       | (12)                         |  |          | or other miscell                         |  |                        |                      | val         | ¥.                      | ulat        | oure      |  |  |
|   |                            |                                       | res No                       | o N/A  |          |  |  |                        |                      |             |                         | Ф           |           |  |  |
| Board Room and                          |                            |                                       |                              |  | В        | rown/finish co                           |  | 1400                   |                      | $\boxtimes$ |                         |             |           |  |  |
| Board Room and                          |                            |                                       |                              |  |          | Vat/mast                                 | TO STATE OF THE PARTY OF THE PA | 1400                   | Access to the second | $\boxtimes$ |                         |             |           |  |  |
| Board Room and                          |                            |                                       |                              |  |          | taminated 1x1                            | ARREST TO THE PARTY OF THE PART | 300                    |                      |             | 닏                       | Ц           | 1         |  |  |
| Board Room and                          | DANGER GOLDEN SERVICE      |                                       | Wall paneling with mastic 18 |  |          |  |  |                        |                      |             | H                       | 님           | H         |  |  |
| Board Room and                          | Offices                    |                                       |                              |  | -        | FG pipe/acm                              | fitting  | 300                    | LF                   |             | H                       | H           | H         |  |  |
| Name of Registered                      | Waste Haule                | er                                    | 100                          | NJDEP  |          | Cubic Yards                              | Name of Reg  | L<br>istered Lai       | ndfill               |             | Ш.                      |             |           |  |  |
| Service Transpor                        | t Group, In                | c.                                    |                              | Hauler I<br>20990  | D No.    | of Waste<br>50                           | Minerva La   | ndfill                 |                      |             |                         |             |           |  |  |
| City, State<br>New Castle, DE           |                            |                                       |                              |  |          | Disposal Date                            | City, State<br>Waynesbur   |                        | - 1                  |             |                         |             |           |  |  |
| Completed By (Print                     |                            |                                       |                              | Fitle  | 4        | Signature                                |  |                        | 2                    | Date        | 14.4                    |             |           |  |  |
| Patrick T. DeCard                       | )                          |                                       |                              | Estima   | LOT      | Tatrick                                  | J.D.C  | bee 1 1)               | 2                    | 11/21       | 114                     |             |           |  |  |

| Date of Notification                    | (1)<br>11/21/14            | 4                                  |              |                |      |                 | ing Owner / Ope                      | rator (2) | S 3030                 | J  | 1           |         |             |            |  |
|---|----------------------------|------------------------------------|--------------|----------------|------|-----------------|--------------------------------------|-----------|------------------------|--|-------------|---------|-------------|------------|--|
| Agencies Notified  EPA                  | Type Notifica              | ation                              |              | S              | tree | t Address       |                                      | 2814      | DEC 23 F               | H 7: 42  | -           |         |             |            |  |
| DEP DOL                                 |                            | nded R#3-12/18                     | 141          | C              | ity, | State & Z       | ip Code                              | 451       |                        |  | 1           |         |             |            |  |
| ☑ DOH ☐ DCA                             | ☐ Emer                     | gency<br>ellation                  | 114          | N              | ame  | of Cont         |                                      |           |                        | 1 1  | elepho      | ne N    | umbe        | <b>э</b> г |  |
|   |                            |                                    |              |                |      |                 | ORMATION                             |           |                        |  |             |         |             |            |  |
| Name of Facility W                      | here Abateme               | ent is Taking Pla                  | ace (3       |                | 4CII | -111 1101       | Type of Facil                        |           |                        |  |             |         |             |            |  |
| Burlington Cour                         | ty Courtho                 | use                                | -            |                |      |                 | School (                             |           |                        |  |             |         |             |            |  |
| Street Address                          |                            |                                    |              |                |      |                 |                                      |           | ner than K-1           |  |             |         | ٠. ١        |            |  |
| 49 Rancocas Ro                          | ad                         |                                    |              |                |      |                 | Square Feet                          |           | & commerc<br>of Floors | The second secon | ldg. Age    |         | (C.)        | _          |  |
| City (5)                                |                            | County (6)                         | Col          | inty           | Cor  | de (7)          | 80,000                               | 5 (800)   | 4                      |  |             | Yea     | re          |            |  |
| Mt. Holly                               |                            | Burlington                         | 00           | unity          | 000  | JC (1)          | Current Use                          |           |                        | shed)  |             | 100     | 113         |            |  |
| inc. Hony                               |                            | Darmigton                          |              |                |      |                 | Courts                               | (         |                        |  |             |         |             |            |  |
| Name of Monitoring                      |                            |                                    | er (8)       |                | A    | ASCM No         | Name of Aba<br>Bristol Env           |           |                        | )  |             |         |             |            |  |
| Street Address 120 North Warre          | n Street                   |                                    |              |                |      |                 | Street Addre                         |           |                        | ,  |             |         |             |            |  |
| City, State & Zip Co<br>Trenton NJ 0860 |                            |                                    |              |                |      |                 | City, State &<br>Bristol, PA         |           |                        |  |             |         |             |            |  |
| Project Manager fo                      | r Monitoring F             |                                    |              |                |      | umber           | Telephone N                          |           | 1                      | License N  | umber       |         |             |            |  |
| Rollie Jones                            | . (10) L                   |                                    | 609-         |                |      |                 | (215)788-60                          |           |                        | 00509  |             |         |             |            |  |
| Scheduled Start Da<br>12/9/14           | 1                          |                                    | 12/24        | 1/14           |      | (11)            | Name of OS<br>Bristol Env            | rironmer  |                        |  |             |         |             |            |  |
| Occupancy Status Facility Close         |                            | ment (Check on<br>During Entire Pe |              |                | oate | ment            | Street Addre                         | 5 D       |                        |  |             |         |             |            |  |
|   | Performed O                | utside of Norma                    | l Hou        | ırs -          | - 7a | m to 3pm        |                                      |           |                        |  |             |         |             |            |  |
| Describe:                               | Company of the second      | AM 12/12; 5PI<br>PM;12/14-8AI      |              |                | 2/1: | 2;12/13-        | Bristol, PA                          | 19007     |                        |  |             |         |             |            |  |
|   | cupied During              |                                    |              |                |      |                 |                                      |           |                        |  |             |         |             |            |  |
| Scope of Work (Ch                       | eck all that ap            | oply)                              |              |                |      |                 |                                      | ⊠ Fı      | ull Containm           | ent with N   | enative     | Pres    | SULE        |            |  |
| ≥3 sf or ≥3                             | lf                         |                                    | $\boxtimes$  | Re             | nov  | ation           |                                      |           | ini-Enclosur           |  | oguiiro     | , , , , |             |            |  |
| ≥160 sf ≥26                             | 60 If                      |                                    |              | De             | emo  | ition           |                                      | KX        | love Bag Pro           |  |             |         |             |            |  |
|   |                            |                                    |              |                |      |                 |                                      | -         | on-Exempte             |  |             |         |             |            |  |
|   | cation of<br>os-Containing |                                    | Is L<br>Norm | ocat           |      | d               | Descriptio<br>Asbestos-Cor           |           | 69                     | Amount<br>Specify  | Aba         | teme    | ent 1       | ype        |  |
|   | erial (ACM)                |                                    |              | lely           |      | ۵               | Material (A                          |           |                        | F or LF)   |             |         | Щ           | _ E        |  |
|   | BE ABATED                  |                                    | Mainte       |                |      | 585-20 E        | (i.e., thermal s                     |           |                        |  | Ren         | Re      | ncap        | incl       |  |
| ir                                      | Facility<br>(13)           | (                                  | Custo        | diai (<br>(12) | Stat | f?              | insulation, surfa<br>or other miscel |           |                        |  | Removal     | Repair  | Encapsulate | Enclsoure  |  |
|   | (10)                       |                                    | /es          | No             | N    | I/A             | or ourse triboo.                     | ianosas,  |                        |  | -           |         | ate         | Ф          |  |
| Basement mech                           | anical chas                | e                                  |              |                | 1    |                 | Fitting insu                         | lation    |                        | 2 if   |             |         |             |            |  |
| First floor mecha                       | anical chase               | Э                                  | $\boxtimes$  |                |      |                 | Fitting insu                         | lation    |                        | 17 If  | $\boxtimes$ |         |             |            |  |
| Second floor me                         | chanical ch                |                                    | $\boxtimes$  |                |      |                 | Fitting insu                         |           |                        | 10 If  |             |         |             | Щ          |  |
| Third floor mech                        |                            |                                    | $\boxtimes$  |                |      |                 | Fitting insu                         |           |                        | 1 If   |             |         | Ц           |            |  |
| Stairwell adjacer                       | nt bathroom                | is                                 |              | H              | 4    | $\dashv \vdash$ | Fitting insu                         | lation    |                        | 20 If  |             | H       | H           |            |  |
| Name of Registere                       | d Waste Haul               | er                                 |              | IN             | JDE  | P Waste         | Cubic Yards                          | Name o    | of Registered          | Landfill   |             |         |             |            |  |
| Service Transpo                         |                            |                                    |              | Н              |      | er ID No.       | of Waste                             |           | ra Landfill            |  |             |         |             |            |  |
| City, State<br>New Castle, DE           |                            |                                    |              |                |      |                 | Disposal Date                        | City, St. | ate<br>sburg, Oh       | io   |             |         |             |            |  |
| Completed By (Prin                      | t or Type)                 |                                    |              | IT             | itle |                 | Signature                            | -         |                        |  | Date        |         |             |            |  |
| Patrick T. DeCar                        |                            |                                    |              | 1              |      | nator           | Patrick                              | 17,6      | Je Caso,               | 11/21/14   |             |         |             |            |  |

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PD 14107

| Date of Notification   | (1)<br>11/21/14  |                   |                     |                               |                        |                   |  | er / Oper   | ator (2)                              |  | )                     |       |           |        |             |           |
|--|--|-------------------|---------------------|-------------------------------|------------------------|-------------------|--|---|---------------------------------------|--|-----------------------|-------|-----------|--------|-------------|-----------|
| Agencies Notified  EPA   | Type Notifica  | ation             | 2000                | St                            | reet                   | Addres            | Surlingtes<br>s<br>s Road  | JII   | 261                                   | DEC 23 P                                       | 月 7: %                | 2     |           |        |             |           |
| DEP DOL  | ☐ Initial ☐ Amer   | nded R#3-12/18    | /14                 | Ci                            | ity, St                | tate & 2          | Zip Code J 08060   |   | A5"                                   | - J  | 71.0                  | 1     | 04755     |        |             |           |
| DOH DCA  | ☐ Emer   | gency<br>ellation |                     | Na                            | ame                    | of Con            | ALIVE ALIVED UPON A CONTRACT OF THE PARTY OF |   |                                       |  | 11.3                  | Telep | hor       | ne Ni  | umbe        | ər        |
|  |  |                   |                     | FA                            | CILI                   | TY IN             | FORMA  | TION  |                                       |  |                       | 1     |           |        |             |           |
| Name of Facility W<br>Burlington Coun<br>Street Address<br>49 Rancocas Ro                          | ity Courtho  |                   | ace (               |                               |                        |                   | Тур  | of Facil<br>School (<br>Subchap                                 | K-12)<br>oter 8 (O                    | ther than K-1                                  | 13500                 | nas h | omi       | es e   | tc.)        |           |
| Name of the  | uu   |                   |                     |                               |                        |                   |  | are Feet  |                                       | of Floors                                      | , a. Danai            | Bldg. |           |        | ,           | 0.55040   |
| City (5)   |  | County (6)        | Co                  | unty                          | Code                   | (7)               | -   '  | 80,000  |                                       | 4  |                       |       |           | Yea    | rs          |           |
| Mt. Holly  |  | Burlington        |                     |                               |                        |                   | Curr   |   | (Prior if I                           | being demoli                                   | shed)                 |       |           |        |             |           |
| Name of Monitoring<br>Environmental c<br>Street Address<br>120 North Warre<br>City, State & Zip Co | onnections<br>n Street   |                   | er (8)              |                               | AS                     | SCM No            | Bris<br>Stre<br>112  |   | ironme<br>ss<br>er Stree              |  | )                     |       |           |        |             |           |
| Trenton NJ 0860  |  |                   |                     |                               |                        |                   |  | tol, PA   |                                       |  |                       |       |           |        |             |           |
| Project Manager fo<br>Rollie Jones   |  |                   | 609-                | 392-                          | 4200                   | )                 | (21  | phone N<br>5)788-60   | )40                                   |  | License<br>00509      | Numb  | er        |        |             |           |
| Scheduled Start Da<br>12/9/14<br>Occupancy Status  | 1  |                   | 12/2                | 4/14                          | ate (1                 | 1)                | Bris   | ne of OSI<br>stol Env<br>et Addres                              | ironme                                | tor<br>ental Inc.                              |                       |       |           |        |             |           |
| Describe:  | 12/18 & 12/<br>12/22-12/24<br>cupied During<br>eck all that ap |                   | 3:30                | PM<br>PM<br>Rei               | nova                   | tion              |  | State &   | 19007                                 | Full Containm<br>Mini-Enclosur<br>Glove Bag Pr | e<br>ocedures         | 5     |           |        |             |           |
| 10   | cation of  |                   | lo I                | ocati                         | ion                    | -                 |  | escription  |                                       | Non-Exempte                                    | Amount                |       |           | teme   |             |           |
| Asbest<br>Mate<br>TO E   | os-Containing<br>erial (ACM)<br>BE ABATED<br>Facility<br>(13)  |                   | Norm<br>So<br>Maint | nally liberant dial S<br>(12) | Jsed<br>by<br>ce or    |                   | Asbe<br>Ma<br>(i.e., t<br>insulation   | stos-Con<br>aterial (A<br>thermal s<br>on, surfac<br>er miscell | itaining<br>CM)<br>ystems<br>cing, VA | T  | (Specify<br>SF or LF) | -     | Removal   | Repair | Encapsulate | Enclsoure |
| Offices off board  | room   |                   | $\boxtimes$         |                               | T                      |                   | 1  | /at/mas   | tic                                   |  | 650 sf                |       | X         |        |             |           |
| Closets in hallwa  | ay off board   |                   |                     |                               | E                      |                   |  | /at/mas   | tic                                   |  | 50 sf                 |       | X         |        |             |           |
| Name of Registere  | d Waste Haul   | ar .              |                     |                               | IDEE                   | ]<br>]<br>] Waste | e Cubic  | Yards   | Name                                  | of Registere                                   | d Landfill            | [     | X         |        |             |           |
| Service Transpo  |  |                   |                     | Ha                            |                        | ID No.            |  |   |                                       | va Landfill                                    |                       |       |           | 1      |             |           |
| City, State<br>New Castle, DE  |  |                   |                     |                               |                        |                   | Dispos   | al Date   | City, S<br>Wayn                       | tate<br>esburg, Of                             | nio                   |       |           |        |             |           |
| Completed By (Prin<br>Patrick T. DeCar   | 2007   |                   |                     |                               | <sup>tle</sup><br>stim | ator              | Signat   | ure<br>riele  | 1                                     | De Cac   | e /ik                 |       | te<br>/21 | /14    |             |           |

| Date of Notification (1  |                            |                                |                   |                   |      |       |   | ng Owner / Oper                                     | rator (2)                          |            |             |              |        |             |           |  |  |
|--|----------------------------|--------------------------------|-------------------|-------------------|------|-------|---|---|------------------------------------|------------|-------------|--------------|--------|-------------|-----------|--|--|
| Agencies Notified T  | 11/21/14<br>ype Notifica   |                                |                   |                   |      |       | of Bu                                   | ırlington   | ANDEC                              | 23 PM      | 7: 67       |              |        |             |           |  |  |
| ⊠ EPA  |                            |                                |                   | 49                | Ra   | anc   | ocas                                    | Road  |                                    | 20 111     | -           |              | 20000  |             |           |  |  |
| ☐ DEP ☐ DOL  |                            | nded R#2-12                    | /12/14            |                   |      |       |   | p Code<br><b>08060</b>                              | ASTI                               |            |             |              |        |             |           |  |  |
| ☑ DOH<br>☑ DCA   |                            | gency<br>ellation              |                   | Na                | ame  | of    | Conta                                   |   |                                    |            | 1           | Telepho      | ne N   | umb         | er        |  |  |
|  |                            |                                |                   |                   |      |       |   | ORMATION  |                                    |            | 1           |              | - 194  |             |           |  |  |
| Name of Facility Whe   | re Abateme                 | ent is Taking                  | Place (           |                   | CIL  | -111  | IINE                                    | Type of Facil                                       | ity (4)                            |            |             |              |        | -           |           |  |  |
| Burlington County  |                            |                                | , ,,,,,,          | -,                |      |       |   | School (  |                                    |            |             |              |        |             |           |  |  |
| Street Address   | 37                         |                                |                   |                   |      |       |   | Subchap   | oter 8 (Other                      | than K-12  | 2)          |              |        |             |           |  |  |
| 49 Rancocas Road   | 1                          |                                |                   |                   |      |       |   |   | e. private &                       | commercia  | al building | gs, hom      | es, e  | tc.)        |           |  |  |
|  |                            | 1 -                            | - 1-              |                   |      |       |   | Square Feet   | es and a second                    | Floors     | E           | Bldg. Ag     |        |             |           |  |  |
| City (5)   |                            | County (6)                     | 1                 | ounty             | Cod  | ie (7 | 7)                                      | 80,000  |                                    | 4          |             | 60           | Yea    | ırs         |           |  |  |
| Mt. Holly  |                            | Burlington                     | ו                 |                   |      |       |   | Current Use<br>Courts                               | (Prior if bein                     | g demolis  | hed)        |              |        |             |           |  |  |
| Name of Monitoring F<br>Environmental Co   |                            |                                | wner (8)          | )                 | A    | SCI   | M No.                                   | Name of Aba<br>Bristol Env                          |                                    |            |             |              |        |             | (About    |  |  |
| Street Address<br>120 North Warren   |                            |                                |                   |                   |      |       |   | Street Addres                                       | SS                                 | .,         |             |              |        |             |           |  |  |
| City, State & Zip Code   |                            |                                |                   |                   | -    |       |   | City, State &                                       | productive supplier productive and |            |             |              | _      |             |           |  |  |
| Trenton NJ 08608   |                            |                                | Bristol, PA 19007 |                   |      |       |   |   |                                    |            |             |              |        |             |           |  |  |
| Project Manager for N<br>Rollie Jones  | Monitoring F               | irm                            |                   | phone             |      |       | er                                      | Telephone N<br>(215)788-60                          | umber                              |            | icense N    | cense Number |        |             |           |  |  |
| Scheduled Start Date   | (10)                       | Scheduled C                    | ompleti           | on Da             | te ( | 11)   |   | Name of OSH   | HA Monitor                         |            | -           |              |        |             |           |  |  |
| 12/9/14  |                            |                                | nuary             |                   | 2015 |       |   | Bristol Env   |                                    | l Inc.     |             |              |        |             |           |  |  |
| Occupancy Status Du Facility Close Abatement Pe Describe: 0  | d/Vacated [<br>erformed Or | During Entire<br>utside of Nor | Period<br>mal Ho  | of Abaurs –       | 7am  | n to  | 3pm                                     | Street Address 1123 Beave City, State & Bristol, PA | er Street<br>Zip Code              |            |             |              | -      |             |           |  |  |
| 1  | 1:30 PM                    |                                | ·, · ·            |                   |      |       |   | J. Hotol, I. K                                      |                                    |            |             |              |        |             |           |  |  |
| Scope of Work (Chec  |                            |                                |                   | -                 |      |       |   |   |                                    |            |             |              |        |             |           |  |  |
| Coope of Work (Office  | it all that ap             | P177                           |                   |                   |      |       |   |   | ⊠ Full (                           | Containme  | ent with N  | legative     | Pres   | sure        | ļ.        |  |  |
| ≥3 sf or ≥3 lf   |                            |                                | $\boxtimes$       |                   | nova |       |   |   |                                    | Enclosure  |             |              |        |             |           |  |  |
| ≥160 sf ≥260   | lf                         |                                | Ш                 | Der               | moli | tion  |   |   |                                    | e Bag Pro  |             |              | _      | - 4         |           |  |  |
| Loos   | ition of                   |                                | le l              | Locati            | 00   |       |   | Description   |                                    | Exempted   |             |              |        |             |           |  |  |
|  | -Containing                |                                |                   | nally L           |      | d     |   | Asbestos-Con  |                                    |            | Specify     | Aba          | alemi  | em i        | Abe       |  |  |
| Materi   | al (ACM)                   |                                |                   | olely b           |      |       |   | Material (A   | CM)                                |            | or LF)      | _            |        | Щ           | m         |  |  |
|  | ABATED                     |                                |                   | tenano<br>odial S |      | 20    |   | (i.e., thermal s                                    |                                    |            |             | Removal      | Repair | Encapsulate | Enclsoure |  |  |
|  | acility<br>13)             |                                | Cusio             | (12)              | otan | 1     | 1                                       | nsulation, surfact<br>or other miscell              |                                    |            |             | lova         | oair   | sula        | Sour      |  |  |
| ,  | .0,                        |                                | Yes               | No                | N/   | /A    |   | 0. 01.10. 11.1000                                   | u                                  |            |             | -            |        | te          | 0         |  |  |
| Board Room and (   | Offices                    |                                | П                 |                   | 1    | 7     | Br                                      | own/finish co                                       | at plaster                         | 14         | 100 SF      |              | П      | П           | $\Box$    |  |  |
| Board Room and (   |                            |                                | T T               | X                 | TE   | 7     |   | Vat/mast  |                                    |            | 100 SF      |              |        |             | 厅         |  |  |
| Board Room and (   |                            |                                |                   | X                 | TE   | 51    | Con                                     | taminated 1x1                                       | ceiling til                        | ie 3       | 00 SF       |              |        |             |           |  |  |
| Board Room and (   | Offices                    |                                |                   | $\boxtimes$       | TE   |       | Wa                                      | all paneling w                                      | ith mastic                         | 18         | 300 SF      |              |        |             |           |  |  |
| Board Room and (   | Offices                    |                                |                   | $\boxtimes$       |      |       |   | FG pipe/acm   | fitting                            | 3          | 00 LF       | $\boxtimes$  |        |             |           |  |  |
|  |                            |                                |                   | $\Box\Box$        |      |       |   |   |                                    |            |             |              |        |             |           |  |  |
| Name of Registered V   | Vaste Haule                | er                             |                   | 100000            |      |       | 100000000000000000000000000000000000000 | Cubic Yards<br>of Waste                             | Name of R                          | legistered | Landfill    |              |        |             |           |  |  |
| Service Transport  | Group, In                  | c.                             |                   | 20                | 990  | 0     |   | 50  | Minerva                            | Landfill   |             |              |        |             |           |  |  |
| Service Transport Group, Inc.  20990  50  Minerva Landfill  City, State  New Castle, DE  Disposal Date  Waynesburg, Ohio |                            |                                |                   |                   |      |       |   |   |                                    |            |             |              |        |             |           |  |  |
| Completed By (Print of   | r Type)                    |                                |                   | Tit               | le   |       |   | Signature   |                                    |            |             | Date         |        |             |           |  |  |
| Patrick T. DeCaro  | )F-/                       |                                |                   | 110000            | stim | nato  | or                                      | Tatrick   | J. O                               | Caro       | /il         | 11/2         | /14    |             | 90        |  |  |

| Date of Notification   | 70.050  |                 |             | ١                                       | lam         | e of          | Buildi                   | ng Owner /  | Oper  | rator (2)         | MG CC T           | 7.     | ,GSA        |        |             |           |  |  |
|--|---|-----------------|-------------|---|-------------|---------------|--------------------------|---|-------|-------------------|-------------------|--------|-------------|--------|-------------|-----------|--|--|
| A = = = i = = N(=4iG - 1   | 11/21/14  |                 |             | 0                                       | Cou         | nty           | of B                     | urlington   |       | A H UE            | .6 23 FM          | 1: 4   | 9           |        |             |           |  |  |
| Agencies Notified    EPA   | Type Notific  | ation           |             |   |             |               | ddress                   |   |       | n                 |                   |        |             |        |             |           |  |  |
| □ DEP  |   | 1               |             | _                                       |             |               |                          | Road<br>ip Code   | -     | ASPT              |                   | ~      | 1           |        |             |           |  |  |
| ⊠ DOL  | -   | nded R#2-12/1   | 2/14        |   | Charles and |               |                          | 08060   |       | Ś.                | 1 (Shift          | 100    |             |        |             |           |  |  |
| ☑ DOH  | (2000)  | rgency          |             |   |             |               | Conta                    |   |       |                   |                   | Tel    | epho        | ne N   | umh         | er        |  |  |
| ☐ DCA  |   | ellation        |             | 5                                       | Stev        | en            | G. St                    | ypinski   |       |                   |                   | 1.0.   | 000         |        | 41110       | O.        |  |  |
|  |   |                 |             |   |             |               |                          |   | A.I   |                   |                   |        | •           |        |             |           |  |  |
| Name of Facility Wh  | ere Abateme   | ent is Taking P | lace        |   | ACI         | LII           | ז ווער                   | Type of F   | 4.02  | ity (A)           |                   |        |             |        |             |           |  |  |
| Burlington Count   |   |                 | iace i      | (3)                                     |             |               |                          |   |       | K-12)             |                   |        |             |        |             |           |  |  |
| Street Address   |   |                 | -           | *************************************** |             |               |                          |   |       | oter 8 (Other tha | an K-12)          |        |             |        |             |           |  |  |
| 49 Rancocas Roa  | ıd  |                 |             |   |             |               |                          | Territoria de la constanta de | 107   | e. private & cor  | 2.5               | dings, | hom         | es, e  | tc.)        |           |  |  |
|  |   |                 |             |   |             |               |                          | Square F  |       |                   |                   |        | g. Ag       |        |             |           |  |  |
| City (5)   |   | County (6)      | C           | ounty                                   | Co          | de (          | 7)                       | 80  | ,000  | )                 | 4                 |        | -           | Yea    | irs         |           |  |  |
| Mt. Holly  |   | Burlington      |             |   |             |               |                          |   |       | (Prior if being d | emolished)        |        |             |        |             |           |  |  |
|  |   |                 |             |   |             |               |                          | Courts  |       |                   | 1 22              |        |             |        |             |           |  |  |
| Name of Monitoring   |   |                 | ner (8      | )                                       | 1           | ASC           | M No                     | Name of   | Aba   | tement Contrac    | ctor (9)          |        |             |        | -           |           |  |  |
| Environmental C  | onnections  | ;               |             |   |             |               |                          | Bristol   | Env   | ironmental, l     | nc.               |        |             | 200    |             |           |  |  |
| Street Address   |   |                 |             |   |             |               |                          | Street Ad   |       |                   |                   |        |             |        |             |           |  |  |
| 120 North Warren   |   |                 |             |   |             | 11000         |                          |   |       | er Street         |                   |        |             |        |             |           |  |  |
| City, State & Zip Coo<br>Trenton NJ 08608  |   |                 |             |   |             |               |                          | City, State Bristol,  |       |                   |                   |        |             |        |             |           |  |  |
| Project Manager for  |   | irm             | Tele        | phon                                    | e N         | ıımh          | er                       | Telephor  |       |                   | Licens            | e Nun  | her         |        |             |           |  |  |
| Rollie Jones   | monitoring i  |                 |             | -392                                    |             |               |                          | (215)78   |       |                   | 00509             |        | ibei        |        |             |           |  |  |
| Scheduled Start Dat  | e (10)  | Scheduled Cor   |             |   | _           | office of the |                          | -   |       |                   | 10000             |        |             |        |             |           |  |  |
| 12/9/14  |   | Jan             | uary        | 10,                                     | 201         | 5             |                          | Bristol   | Env   | ironmental Ir     | ic.               |        |             |        |             |           |  |  |
|  |   |                 |             |   |             |               |                          |   |       |                   | 4                 |        |             |        |             |           |  |  |
| - 100 mm   | Us During Abatement (Check only one) Closed/Vacated During Entire Period of Abatement ent Performed Outside of Normal Hours – 7am to 3pm  Bristol Environmental Inc. Street Address 1123 Beaver Street City, State & Zip Code |                 |             |   |             |               |                          |   |       |                   |                   |        |             |        |             |           |  |  |
|  |   |                 |             |   |             |               |                          |   |       |                   |                   |        |             |        |             |           |  |  |
|  |   |                 |             |   | 2/1         | 2;12          | 2/13-                    | Bristol,  | PA    | 19007             |                   |        |             |        |             |           |  |  |
| Occupancy Status During Abatement (Check only one)  Facility Closed/Vacated During Entire Period of Abatement  Street Address 1123 Beaver Street |   |                 |             |   |             |               |                          |   |       |                   |                   |        |             |        |             |           |  |  |
| Scope of Work (Che   |   |                 |             |   | _           |               | -                        |   |       |                   |                   |        |             |        | 10000-0     |           |  |  |
| ocopo or rrom (one   | ·P·37   |                 |             |   |             |               |                          |   |       | ntainment wit     | h Neg             | ative  | Pres        | sure   | <b>)</b>    |           |  |  |
| ≥3 sf or ≥3 lf   |   |                 | $\boxtimes$ | Re                                      | enov        | atio          | n                        |   |       | Mini-En           |                   |        |             |        |             |           |  |  |
| ≥160 sf ≥260   | ) If  |                 |             | De                                      | emo         | lition        | 1                        |   |       |                   | ag Procedure      |        |             |        |             |           |  |  |
|  |   |                 |             | S147-15-15-1                            |             |               |                          |   |       |                   | empted and h      |        |             |        |             |           |  |  |
|  | ation of  |                 |             | Loca                                    |             |               |                          | Descri  |       |                   | Amoun             |        | Aba         | tem    | ent T       | ype       |  |  |
|  | s-Containing<br>rial (ACM)  |                 |             | nally<br>olely                          |             | a             |                          | Asbestos-<br>Materia  |       |                   | (Specify SF or LF |        |             |        | ш           |           |  |  |
|  | ABATED  |                 | Main        |   |             | or            |                          | (i.e., therm  |       |                   | Or Or Er          | 1      | Re          | Z      | inca        | Enc       |  |  |
|  | Facility  |                 | Custo       |   | Stat        | f?            |                          | insulation, si  |       |                   |                   |        | Removal     | Repair | psu         | Enclsoure |  |  |
| 2. 3.  | (13)  | -               | V           | (12)                                    | TA          | 1/4           |                          | or other mis  | scell | aneous)           |                   |        | /al         | =      | Encapsulate | ure       |  |  |
|  |   |                 | Yes         | No                                      | l l         | I/A           |                          |   |       |                   |                   |        |             |        |             |           |  |  |
| Basement mecha   |   |                 | $\boxtimes$ |   |             |               |                          | Fitting insulation 2 If   |       |                   |                   |        | $\boxtimes$ |        |             | Ш         |  |  |
| First floor mecha  |   |                 |             |   | Į.          | 4             | Fitting insulation 17 lf |   |       |                   |                   |        |             | Ц      | ᆜ           | Щ         |  |  |
| Second floor med   |   |                 |             | 14                                      | II.         | 4             |                          | Fitting in  | 10 lf |                   |                   | H      | 4           |        |             |           |  |  |
| Third floor mecha  |   |                 |             | 1                                       | 1           | 4             |                          | Fitting in  |       |                   | 1 lf              |        | X           | 닞.     | 부           | H         |  |  |
| Stairwell adjacent   | bathroom  | is              |             | 닏                                       | 1           | 4             |                          | Fitting in  | nsul  | ation             | 20 If             |        |             | H      | 닉           |           |  |  |
| Name of Registered   | Mosto Hauk  | )  <br>         | Ц_          |   |             | - N           | Vanta                    | Cubic Vard  |       | Name of Pos       | stored Landf      | SU     |             | Ц.     | Щ           | Ш         |  |  |
| Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landf Hauler ID No. of Waste  |   |                 |             |   |             |               |                          | III   |       |                   |                   |        |             |        |             |           |  |  |
| Service Transport  | Group, In   | c.              |             |   | 099         |               |                          |   |       | Minerva Lai       | ndfill            |        |             |        |             |           |  |  |
| City, State  |   |                 |             |   | ASS         |               |                          | Disposal Da   | ate   | City, State       |                   |        |             |        | 1-1-15      |           |  |  |
| New Castle, DE   |   |                 |             |   |             |               |                          |   |       | Waynesbur         | g, Ohio           |        |             |        |             |           |  |  |
| Completed By (Print  |   |                 | -           | -                                       | itle        |               |                          | Signature   |       | 201               | 100               |        | ate         |        |             |           |  |  |
| Patrick T. DeCaro  |   |                 |             | E                                       | stir        | nato          | or                       | tatre   | ik    | 2 T. C            | Caw /-            | p( 1   | 1/21        | /14    |             |           |  |  |

| 0    | _ |
|------|---|
| - Ka | 3 |
| 177  |   |

| Date of Notification (1)   |                      |                 |                          | lding Owner / 0<br>Burlington | 0.5        | Hadiwa masanaana maanaa |  |             |            |             |           |
|--|----------------------|-----------------|--------------------------|-------------------------------|------------|-------------------------|--|-------------|------------|-------------|-----------|
| Agencies Notified Type Notification  |                      |                 | et Addre                 |                               |            | 1994 DEC 23             | PH 7- 2  | 3           |            |             |           |
| ⊠ EPA  |                      |                 |                          | as Road                       |            | Single See N. C.        |  |             |            |             |           |
| ☐ DEP ☐ Initial  | acama intera         | City,           | State &                  | Zip Code                      | 74         | 491                     |  | -1_         |            |             |           |
| ☐ DOL ☐ Amended R#2-12   | 12/14                |                 |                          | 4J 08060                      |            | 27 1                    |  |             |            |             |           |
| <ul><li>☑ DOH</li><li>☑ Emergency</li><li>☑ Cancellation</li></ul>   |                      | Self-Breeze     | e of Co                  |                               |            |                         | T  | elepho      | ne N       | umh         | er        |
| ☐ Cancellation   |                      | Ste             | ven G.                   | Stypinski                     |            |                         | 1  |             |            |             |           |
|  |                      | FACI            | LITY I                   | FORMATION                     |            |                         |  |             |            |             |           |
| Name of Facility Where Abatement is Taking   | Place (3)            |                 |                          | Type of F                     |            |                         |  |             |            |             |           |
| Burlington County Courthouse   |                      |                 |                          |                               | ool (K-12) |                         | nan K-12) mmercial building oors 4 demolished) actor (9) Inc.  License N 00509 Inc.  Ontainment with N nclosure Bag Procedures xempted and Nor Amount (Specify SF or LF)  650 sf 50 sf |             |            |             |           |
| Street Address   |                      |                 |                          |                               |            | (Other than K-          |  |             |            |             |           |
| 49 Kancocas Road   |                      |                 |                          |                               |            |                         |  |             |            | ic.)        |           |
| City (5)   | Coun                 | ty Co           | de (7)                   | Square F                      |            | # of Floors             | В  | ldg. Age    |            | 200         |           |
|  |                      | ity CC          | ide (7)                  |                               | 000        | if boing domo           | lichod)  | 60          | Yea        | ırs         |           |
| lett. Holly Burlington   |                      |                 |                          | Courts                        | ise (Piloi | ii being demo           | iisriea)   |             |            |             |           |
| Name of Monitoring Firm Hired by Building O  | wper (8)             | T               | ASCM N                   | -                             | Abatomo    | nt Contractor (         | 0)   |             |            |             |           |
|  | WHER (O)             |                 | ASCIVIT                  |                               |            | mental, Inc.            | 9)   |             |            |             |           |
| ty (5) t. Holly  ame of Monitoring Firm Hired by Building Own invironmental connections reet Address 20 North Warren Street ty, State & Zip Code renton NJ 08608 roject Manager for Monitoring Firm collie Jones  Cheduled Start Date (10) 12/9/14  Ccupancy Status During Abatement (Check o Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Describe: OFF SITE UNTIL 12/15; 11:30 PM  Facility Occupied During Abatement cope of Work (Check all that apply)  ≥3 sf or ≥3 If Location of Asbestos-Containing Material (ACM) TO BE ABATED |                      |                 |                          | Street Ad                     |            | montal, mo.             |  |             |            |             |           |
| 120 North Warren Street  |                      |                 |                          | 1123 Be                       | aver St    | reet                    |  |             |            |             |           |
| City, State & Zip Code   |                      |                 |                          | City, Stat                    | e & Zip C  | ode                     |  |             | 00.1.52.40 |             |           |
| Trenton NJ 08608   |                      |                 |                          | Bristol,                      |            |                         | -  |             |            |             |           |
| Project Manager for Monitoring Firm  | Telepho              |                 |                          | Telephon                      |            | er                      | License N  | umber       |            |             |           |
|  | 609-39               | -               | W.C. and all the same of | (215)788                      |            |                         | 00509  |             |            |             |           |
|  | nuary 10             |                 |                          | Name of                       |            | onitor<br>mental Inc.   |  |             |            |             |           |
|  |                      | , 20            | 15                       | Street Ad                     |            | Heiltai IIIC.           |  |             |            |             |           |
|  |                      | Abate           | ement                    | 1123 Be                       |            | eet                     |  |             |            |             |           |
| =  |                      |                 |                          |                               |            |                         |  |             |            |             |           |
|  |                      |                 |                          | 10000                         |            |                         |  |             |            |             |           |
|  |                      |                 |                          |                               |            |                         |  |             |            |             |           |
| Facility Occupied During Abatement   | 7                    |                 |                          |                               |            |                         |  |             |            |             | 1         |
| Scope of Work (Check all that apply)   |                      |                 |                          |                               |            | - " 0                   |  |             | _          |             |           |
|  |                      | Danas           | vation                   |                               | 님          |                         |  | egative     | Pres       | sure        | 1         |
|  | K_N                  | Demo            | 485                      |                               | H          |                         |  |             |            |             |           |
| 2 100 SI 2200 II   |                      | Demo            | muon                     |                               | H          |                         |  | -Friable    | Pro        | cedu        | ire       |
| Location of  | Is Loc               | ation           |                          | Descri                        | otion of   | Troit Exempt            |  |             |            | ent T       |           |
|  | Normali              |                 |                          | Asbestos-                     |            | ig                      |  |             |            |             | 71-       |
|  | Solel                |                 |                          | Materia                       |            |                         | SF or LF)  | -m          |            | Ē           | m         |
|  | Maintena<br>Custodia |                 | 9550000                  | (i.e., therm insulation, su   |            |                         |  | Removal     | Repair     | Encapsulate | Encisoure |
| in Facility<br>(13)  | (12                  |                 | 11 ?                     | or other mis                  |            |                         |  | ova         | air        | sula        | our       |
| (1.2)  |                      |                 | A/N                      |                               |            |                         |  | _           |            | te          | · O       |
| Offices off board room   |                      | $\neg \vdash$   | $\neg$                   | Vat/m                         | aetic      |                         | 650 ef   |             |            |             |           |
| Closets in hallway off board room  |                      | $\dashv \vdash$ | H                        | Vat/m                         |            |                         |  |             | H          | H           | H         |
| Closets III Hallway on board room  | AH                   | $\dashv$        |                          | 94011                         | 140110     |                         | 00 31  |             | Ħ          | H           | H         |
|  | 一片片                  | =+              | H                        |                               |            |                         |  |             | Ħ          | Ħ           | T         |
|  | Ti IT                | 71              | n i                      |                               |            |                         |  | $\boxtimes$ | П          | T           | П         |
|  | HIT                  | T               |                          |                               |            |                         |  |             |            |             |           |
| Name of Registered Waste Hauler  |                      | NJD             | EP Was                   | te Cubic Yards                | Nar        | ne of Registere         | ed Landfill  |             |            |             |           |
| 323 353 353 353 353 353 353 353 353 353  |                      |                 | er ID No                 | . of Waste                    | 2/2/2      |                         | <u>u</u>   |             |            |             |           |
| Service Transport Group, Inc.  |                      | 2099            | 30                       |                               |            | erva Landfil            | I  |             |            |             |           |
| City, State  |                      |                 |                          | Disposal Da                   |            | , State                 |  |             |            |             |           |
| New Castle, DE   |                      | I               |                          |                               | wa         | ynesburg, O             | пю   | T5 :        | 9.         |             |           |
| Completed By (Print or Type)   |                      | Title           |                          | Signature                     | .01        | 710.0                   | 1-0  | Date        | 14.4       |             |           |
| Patrick T. DeCaro  |                      | ESTI            | mator                    | Pale                          | ck 1       | De Caro                 | 11   | 11/21       | /14        |             |           |
| PD 14107   |                      |                 | _                        |                               |            |                         | 1  |             |            |             |           |

#### State of New Jersey

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

|                                   |   | Service with James II see O' Mark Mark | 1   |                                | 11         | 型馬山山  |
|-----------------------------------|---|--|---|--------------------------------|------------|---|
| Date of Notification              | on (1)                                  | Name of Building                       | g Owner/Operator (2)  | -50                            |            |   |
| 112111                            | 171/1/191                               |  | tuhineum co   | ) 4                            | 7 17 17    | <del></del>                                   |
| Agencies Notified                 | Type Notification                       | Street Address                         |   |                                | 232        |   |
| [∕]EPA                            |   | 1900                                   | EAST LINDEN   | AK                             | 1000000    |   |
| D'IDEP                            | Initial                                 | City, State, 21                        |   | ASBEST                         | 227        | ROL&  |
| i≻lDOL                            | Amended                                 | 1                                      | INDEM ., NJ   | -CH                            | /=170.1003 |   |
|                                   | Notification                            | Name of Contact                        |   | phone Number                   |            |   |
| ₩ 1DOH                            | [ ]Cancellation                         | Mile                                   | · VULSFORT  |                                |            |   |
| D IDCA                            |   | 11 11110                               | 0 1 1   | <del></del>                    |            |   |
|                                   |   |  | NFORMATION   Type of Facil:   | Lty (4)                        |            |   |
| Name of Pacility W                | here Abatement is Ta                    |  | f 18aboo  | (V-12)                         |            | 12)   |
| Street Address                    | neim Mr                                 | nn BLOG                                | [ ]Subch<br>[ Mother<br>cial  | apter 8 (Other<br>(i.e., priva | mes. etc   | .)  |
| 1600 CX                           | KT ( en Der                             | a Al                                   |   | # of Floors                    | Brag. A    | G   |
| CIEY (5) 2                        | IST CINDS                               | - 141                                  | PATE USE ONLY) Current Use (  | Prior if bein                  | g demoli   | shed)   |
| 7/20                              | - 0   1                                 | nion (s)                               | TATE USE ONLY) Current Use (  | 1 .                            | 1/10       | ?   |
| U V I I I I I                     | Firm Hired by Build                     |  | Name of Abatement Contracto   |                                | 00         |   |
| Owner (8)                         | 1/1                                     | ,                                      | New STATE   | 5 Coni                         | rais       | ns  |
| Street Address                    | 10/80                                   |  | Street Address  | - 07                           |            | svite 10                                      |
|                                   |   |  | City, State, Zip Code   | T Exten                        | 5/00)      | 30/6/   |
| City, State, Zip C                | Code                                    |  | S AUCOUNTE  | WT                             | 08         | 672   |
| War and the                       | or Monitoring Firm                      | relephone Number                       | Telephone Number  | . Licens                       | e Number   | 2100  |
| Project Manager Lo                | or Monteoring 222m                      |  | 1-732 SZS 6/1   | 70                             | 00         | 17/   |
| Scheduled Start Da                | ite (10)   Sched.Com                    | oletion Date (11)                      | Name of OSHA Monitor  |                                |            |   |
| 1/12/12/01                        | 14 1/12/1                               | 21/11/12/19                            | TIGEN Envi  | ronnier                        | TAIR       | <u>,                                     </u> |
| Month / Day /                     | Year   Month /<br>During Abatement (Che | Day / Year<br>eck only one)            | Street Address  | A                              |            |   |
| Facility Clos                     | ed/Vacated During En                    | ntire Period                           | 734 60  | 100                            |            | •   |
| of Abatement<br>[ ]Abatement Per  | formed Outside of No                    | ormal Facility                         | City, State, Zip Code   | TOG                            | 7011       |   |
| Hours - Descr<br>[ ]Other - Descr | ribe:                                   |  | Brick 110   | J 08                           | 127        |   |
| Scope of Work (Che                | ck all that apply)                      |  | [ ]Full Containment   | with Negative                  | Pressur    | e   |
| [ ]Demolit                        | ion                                     | Renovation .                           | [ ]Mini-Enclosure   |                                | *          |   |
| [ ]>3 sf o<br>[\sqrt{5}160 sf     | or >3 lf<br>cor ≥260 lf                 | , -                                    | Non-Friable Proces  | lure                           |            | A. Theren a                                   |
|                                   |   | IS .                                   |   |                                | Abatemen   | E   E   |
| Locat                             | ion of                                  | Location<br>Normally                   | Description of Asbestos-Containing  | Amount                         | R<br>E R   | N N<br>C C                                    |
| Asbestos-<br>Materia              | -Containing                             | Used<br>Solely                         | Material (ACM) (i.e., thermal systems   | (Specify<br>SF or              | M E<br>O P | P O   |
| TO BE                             | ABATED<br>Hity                          | tenance/                               | nsulation, surfacing, VAT,<br>or other miscellaneous)   | _ LF)                          | A - A      | <u>s .s</u>                                   |
| 74 (1                             | (3)                                     | Custodial<br>Staff(12)                 | or other miscerianeous,   |                                | L R        | L R<br>E                                      |
| -1.32 5-1                         |   | Yes No N/A                             | VAT + MASSIC  | 24008                          | =x         |   |
| 4th Floor                         | Cupeteria                               |  | VITI FINITIC  | 100                            |            |   |
|                                   | 1                                       |  |   | +                              |            |   |
|                                   |   |  |   | +                              |            |   |
|                                   |   | INJDEP Waste                           | Cubic Yards Name of Regi  | stered Landfi                  | 11         |   |
| Name of Registered                | Waste Hauser                            | Hauler/ID No.                          | of Waste  | - 5 9                          | ¥.,        | حد د د  |
| Maternallo                        | MILEST                                  | The di                                 | Disposal Date City, State   |                                |            | <del></del>                                   |
| City, State                       | in a luck                               | ed lucasto                             | Table 1 State | - 48                           |            | ř.  |
| and die                           | osed of                                 | by Patracu                             |   |                                | Date       |   |
| Completed By (Pri                 | ht or Type) Title                       |  | STRIBETULE  | 41                             | 1          | 7-17114                                       |
| Wich Br                           | ntista / V                              | ice Presi                              | det /   | <del>\</del>                   | 1/6        | _ (,1/  |
| ASB-41                            |   |  |   |                                |            | G4667   |

CK 11383

State of New Jersey - Notification of Asbestos Abatement

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

| Date of Notification (1)   |  |                            |  |   | Building Owner/C                       |                      | -                         | )FO .    |           | ~  |         |
|--|--|----------------------------|--|---|--|----------------------|---------------------------|----------|-----------|--|---------|
| December 19, 2014  |  |                            |  |   | en Weiner                              | lu t                 | 11 L                      | IEL ,    | 232       | 114  |         |
| Agencies Notified  | Notification Init                      | <u>r ⊺ype</u><br>tial Noti | fication                               | Street Ad<br>135 S. I                   | <sub>dress</sub><br>Highwood St        | reet                 |                           | -        |           |  |         |
| X EPA  | □Amend                                 | led Certi                  | fication                               |   | . Zip Code                             | T.                   | ASSE                      | STOS     | CONT      | BOLE   | ર       |
| DCA  |  |                            | including                              | 100000000000000000000000000000000000000 | ock, NJ                                | į.                   |                           | LICE     | NSING     |  | 1       |
| x DOL  |  |                            | including                              |   |  |                      |                           |          |           |  |         |
| X DEP  |  | cation)                    |  | Name of                                 |  |                      | Teleph                    | one Nu   | ımber     |  |         |
| x DOH  | □ Cance                                | elled                      |  |   | n Weiner                               |                      |                           |          |           |  |         |
| Name of Facility Where Abatement                                   | ie Takina Placo /2                     |                            | FACILITY INF                           | Type of Fa                              |  |                      |                           |          |           |  |         |
| Vacant Home  | is raking riace (5                     | L                          |  | ☐ School                                | (K-12)                                 |                      |                           |          |           |  |         |
| Street Address   |  |                            |  | 10.000                                  | pter 8 (other than                     |                      |                           |          |           |  |         |
| 135 S. Highwood Street   |  |                            |  |   | ner (i.e. private & d<br>: Unknown     |                      |                           |          |           | year:  | s       |
|  | nty (6)<br>rgen                        |                            | / Code (7)                             | Current U                               | se (prior if being                     | demolished)          |                           |          |           | -  |         |
| Name of Monitoring Firm Hired by E                                 | Ildg. Owner (8)                        | ASCM                       | No.                                    | Name of C                               | ontractor (9)                          |                      | -                         | 18.00030 |           |  |         |
| <b>EnviroVision Consulta</b>                                       |  | 0007                       | 79                                     | GREEN                                   | WOOD ABAT                              | EMENT CO             | ONSUL                     | TANT     | S, INC    | ; <u>.                                    </u>   |         |
| Street Address   |  |                            |  | Street Add                              | <u>iress</u>                           |                      |                           |          |           |  |         |
| 20-21 Wagaraw Road, Blo  | dg # 34A                               |                            |  |   | IN STREET                              |                      |                           |          |           |  |         |
| City, State, Zip Code  |  |                            | 36                                     | City State                              |  |                      |                           |          |           |  |         |
| Fairlawn, NJ 07410   |  |                            |  |   | NJ 07405                               |                      |                           |          |           |  |         |
| Project Manager for Monitoring Firm                                |  |                            |  | Telephone                               | Number                                 |                      | License                   | Number   | er        |  |         |
| Fred Larson  | 973-636                                |                            |  | 973-492                                 |  |                      | 00840                     | ) .      |           |  |         |
| Scheduled Start Date (10)  |  |                            | on Date (11)                           | Name of 0                               | SHA Monitor                            |                      |                           |          |           |  |         |
| December 26, 2014  | Decemb                                 | per 27, 2                  | 2014                                   | EMSLi                                   | 1C.                                    |                      | / income to the           |          |           | T100 04500   |         |
| Occupancy Status During Abaten                                     | nent (Check only                       | one)                       |  | Street Add                              | iress                                  |                      |                           |          |           |  |         |
| Facility Closed/Vacated Du<br>Abatement Performed Outs             |  |                            |  | 1056 S                                  | telton Road                            |                      |                           |          |           |  |         |
| Describe   |  |                            |  | City, State                             | Zip Code                               |                      |                           |          |           | N. C. STONE ST |         |
| Other – Describe: Vacan  | t Home                                 |                            |  | Piscata                                 | way, NJ 088                            | 354                  |                           |          |           |  |         |
| Source of Work (Check all that appl                                | <u>y)</u>                              |                            |  | L                                       |  |                      |                           |          |           |  | -       |
|  |  |                            |  |   |  | Full Contain         |                           | tn Nega  | ative Pre | essure   |         |
| $\geq$ 3 sf or $\geq$ 3 lf   |  |                            | Renovation                             |   |  | Mini-Enclos          |                           |          |           |  |         |
| □≥ 160 sf or ≥ 260   |  |                            | Demolition                             |   |  | Glovebag P           |                           |          |           |  |         |
|  |  |                            |  |   |  | x Non-Exem           | 1                         |          |           |  | edure   |
| Location of Asbestos-Containing<br>Material (ACM) in Facility (13) | Is Location Norm<br>Solely by Maint./0 |                            | Description of As<br>(ACM) (i.e. thern |   | aining Material<br>nsulation, surfacir | Amoun<br>ng, (Specif | Simulation and the second |          | nent Typ  |  |         |
|  | Staff? (12)<br>YES NO                  | NA                         | VAT, or other mis                      | scell.)                                 |  | or LF)               |                           | Remove   | Repair    | Encap  | Enclose |
| 1 <sup>st</sup> Floor  |  | X                          | VAT & Mast                             | ic                                      |  | 200 S                | F                         | X        | T         |  |         |
| Name of Reg. Waste Hauler  | NJDEP Wa                               | ete Haula                  | I ID#                                  | Cubic V-                                | rds of Mosts:                          |                      | Nama                      | of Pegin | stered La | ndfill   | 1       |
| See Hauler Below # 1 & 2   | See Belo                               |                            | 11D#                                   | Cubic Ya                                | rds of Waste:                          |                      |                           |          | andfill   | HOIII  |         |
| See Hauler Below # 1 & 2   | See Belo                               | ·vv                        |  |   | 2 Yards                                |                      | G.R.C                     |          |           |  |         |
| Hauler #1) Greenwood Aba   | tement Consul                          | tante Ir                   | oc - Butler NI                         | 07405                                   |  | Disposal Da          |                           |          | City, Sta | te   |         |
| NJ DEP # 12561   |  | itanita, II                | io. – Dunei, No                        | 07-00                                   |  | Decembe              | TOTAL SOCIOLOGICAL STREET |          | Route 2,  |  | 3       |
|  |  | 104500                     | NI DED # 10551                         |   |  | 2014                 | ,                         |          | Bridgepo  | ort, WV  |         |
| Hauler #2) Newark Carting, I<br>Hauler #3) Tri State-Bronx N       |  |                            |  |   |  | 2014                 |                           |          | 304-842   | -2784  |         |
| TRAUTER # 3) TEL STATE-DEOUX N                                     | LDEF#RT 104                            | 14 - NJ                    | DET #13331                             |   |  |                      |                           | 1000     | 9000 Mir  |  |         |
| Completed by (Print or Type)                                       | Title                                  |                            |  | Signature                               |  |                      | Date                      |          | Waynes    | July, U  |         |
| Marin Graure   | SENIOR I                               | DRO IE                     | СТ                                     | 1                                       | 6                                      |                      | -                         | mhar     | 19, 20    | 114  |         |
| walli Graule   | MANAGE                                 |                            |  | maria                                   | Graure                                 |                      | Dece                      | vel      | 10, 21    | . 1 7  |         |

GAC # 2014-473

### State of New Jersey - Notification of Asbestos Abatement

| 1-21   |                          |   | Pursi     | lant to N.J.A.C.      | . 8:00-7 and 12:120-7)  | '   ;                                   |                       | apphoved   |
|--|--------------------------|---|-----------|-----------------------|---|---|-----------------------|--|
| Date of Notification (1) December 19, 2014   | 3 207                    | 4 ( )                                     | 1         | V-                    | Name of Building Owne Maureen Weiner                                  | r/Operat                                | or (2) NJDept         | Por Health & Services                                    |
| Contract Contract  |                          | Notification                              |           | fication              | Street Address<br>135 S. Highwood                                     | Street                                  | (1)                   | 10 14 - 2:21PM   |
| X EPA<br>DCA   | 遊網網                      | □ Amende                                  | d Certi   | fication              | City, State, Zip Code<br>Glen Rock, NJ                                |   | Date:                 | 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                   |
| X DOL<br>X DEP<br>X DOH  |                          | justific                                  | ation)    | Moloding              | Name of Contact<br>Maureen Weiner                                     |   | Teleph                | one Number   |
|  |                          |   |           | FACILITY IN           |   | i                                       | <del>:-</del>         |  |
| Name of Facility Where Abate Vacant Home   | ment la Tak              | ing Place (3)                             |           |                       | Type of Facility (4)  School (K-12)                                   |   | i                     |  |
| Street Address<br>135 S. Highwood Stre   | et                       |   |           |                       | Subchapter 8 (other the Sq. Feet: Unknown                             | & comme                                 | 1.0                   |  |
| City (5)<br>Glen Rock, NJ  | County (6)<br>Bergen     |   |           | Code (7)<br>Use Only) | Current Use (prior if beli  |   | T                     | ag. Age.   |
| Name of Monitoring Firm Hires  |                          |   | ASCM      |                       | Name of Contractor (9)  | +:                                      | †                     |  |
| EnviroVision Const   | iltants i                | nc.                                       | 0007      | 9                     | GREENWOOD ABA   | TEME                                    | NT CONSUL             | TANTS INC  |
| Street Address   |                          |   |           |                       | Street Address  | 1                                       | - TOROGE              | TARTO, INV.  |
| 20-21 Wagaraw Road   | Bldg #                   | 34A                                       |           |                       |   |   |                       |  |
| On Other Black   |                          |   |           |                       | 268 MAIN STREET   |   |                       |  |
| City State Zin Code<br>Fairlawn, NJ 07410  |                          |   |           |                       | City State, ZipCode   |   | ;                     |  |
| Project Manager for Monitoring   | Firm                     | Telephone N                               | umber     |                       | Butler, NJ 07405  |   | Library               | Number   |
| Fred Larson  | 1 1 1111                 | 973-636-                                  |           |                       | 973-492-0477  | *8                                      | 00840                 |  |
| Scheduled Start Date (10)  |                          | Scheduled C                               |           |                       | Name of OSHA Monitor  | Ť                                       |                       |  |
| December 26, 2014  |                          | Decembe                                   | er 27, 2  | 2014                  | EMSL inc.   | *8                                      |                       |  |
| Occupancy Status During Al<br>Facility Closed/Vacate<br>Abatement Performed  | d During E               | ntire Period                              | of Abate  | ment                  | Street Address 1056 Stelton Road                                      |   |                       |  |
| Describe   |                          |   | ,         | 9.5.                  | City, State, Zip Code   | i                                       | ,                     |  |
| Other - Describe: Va   | cant Ho                  | me  |           |                       | Piscataway, NJ 0  | 8854                                    |                       | ¥  |
| Source of Work (Check all that   | (vlane)                  |   |           |                       |   |   |                       |  |
| STATE OF STA | - MARTIN                 |   |           |                       |   | Full C                                  | ;<br>Containment wi   | th Negative Pressure                                     |
| ≥3 sf or ≥ 3 lf  |                          |   |           | Renovation            |   | 100000000000000000000000000000000000000 | -Enclosure            |  |
| □≥ 160 sf or ≥ 2   | 60                       |   |           | Demolition            |   | Glove                                   | bag Procedure         |  |
| 15.45.41.4.4.4.  |                          |   |           |                       |   |   |                       | and Non-Friable Procedure                                |
| Location of Asbestos-Containi<br>Meterial (ACM) in Facility (13)   | Solei                    | cation Normal<br>y by Maint./Cu<br>? (12) |           |                       | bestos Containing Material<br>nal systems Insulation, surfe<br>cell.) | cing,                                   | (Specify SF           | Abatement Type Remove Repair Encap Enclose               |
| 1 <sup>st</sup> Floor  | YES                      | NO  | NA<br>(S) | VAT & Masti           | c   | +                                       | 200 SF                |  |
| None of Dec Marie III  |                          |   |           |                       |   |   | <u> </u>              |  |
| Name of Reg. Waste Hauler<br>See Hauler Below # 1 & 2  | 2                        | See Below                                 |           | 10 #                  | Cubic Yards of Waste:<br>2 Yar  | ds                                      |                       | of Registered Landfill  DWfill Landfill  .W.S            |
| TT. 1 //s) 0   |                          |   |           |                       |   | للياب                                   |                       | ra Ent. Ohio   |
| Hauler #1) Greenwood<br>NJ DEP # 12<br>Hauler #2) Newark Cardi   | 561 NY D<br>1g, Inc. – I | EP#<br>Newark, NJ                         | 04509, 1  | NJ DEP # 19551        | 07405   |   | aal Data<br>ember 19, | City. State Route 2, Box 66 Bridgeport, WVA 304-842-2784 |
| Hauler # 3) Tri State-Broa   | x NY DE                  | P#NY 1047                                 | 4 – NJ I  | DEP #19591            |   |   |                       | 9000 Minerva Road<br>Waynesburg, OH                      |
| Completed by (Print or Type)   | TT                       | Itie                                      |           |                       | Signature   | 1                                       | Date                  | waynessuig, on   |
| Marin Graure   | 8                        | ENIOR PI                                  |           | T                     | Marin Graune  |   |                       | mber 19, 2014  |
| GAC # 2014-473   |                          |   |           |                       |   | 11                                      | <del> </del>          |  |

December 28, 2014 December 27, 2014 EMSL Inc. Occupancy Status During Abatement (Check only one) Street Address Fadity Closed Vecated During Entire Period of Abatement Abelement Performed Outside of Mormai Facility Hours -1056 Stelton Road Describe City State. Zip Code Other - Describe: Vacant Home Piscataway, NJ 08854

Full Containment with Negative Pressure ≥ 3 of or ≥ 3 if Renovation Mini-Enclosure D≥ 160 sf or ≥ 260 Demoition Glovebag Procedure x Non-Exempled (\*) and Non-Frieble Procedure Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, Location of Asbestos-Containing is Location Normally Used Amount Abstement Type Meterial (ACM) in Facility (13) Solety by Maint / Custodial (Spealty SF Remove Rupak Enone Enclose Smf? (12) VAT, or other miacell.) or LF) YES NO NA (30)

1 Floor VAT & Mastle 200 SF Name of Reg. Waste Hauter NJDEP Wasta Hauler ID # Cubic Yards of Waste: Name of Registered Landfill See Hauler Below # 1 & 2 See Below Meadowfill Landfill 2 Yards G.R.O.W.8 Minerva Ent. Ohio Hauter #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City State Route 2, Box 88

Signature

Maria Greens

NJ DEP # 12661 NY DEP # Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551 Hauber # 3) Tri State-Breez NY DEP # NY 10474 - NJ DEP #19591

SENIOR PROJECT

MANAGER

TILLA

December 19. 2014

Dele

Bridgeport, WVA 304-842-2784

BD00 Minena Road **Waynesburg**, ОН

December 19, 2014

Marin Graure GAC # 2014-473

Completed by (Print or Type)

Source of Work (Check all that apply)

|  |   |                                | $\mathbb{V}$    |             | ate of Ner              | v Jerse; | y                   |                    | 700 10                                  | 2V 14               | · UUAIII        |          | 100           | 1/00        |           |
|--|---|--------------------------------|-----------------|-------------|-------------------------|----------|---------------------|--------------------|---|---------------------|-----------------|----------|---------------|-------------|-----------|
| B . (N. 45 H. (1)                        | DE DE                                       | C 23                           |                 |             | OF ASE                  |          |                     |                    | (                                       | JK.                 | # (C            | 9        | 57            | D           |           |
| Date of Notification (1)<br>12-19-2014   |   |                                |                 |             | f Building<br>arthers L |          | Perator             | (2)                |   |                     |                 |          | ,             |             |           |
| Agencies Notified                        | Type Notification                           | 105 CO1                        | CTP4            | Stroet A    |                         |          |                     |                    | APPR                                    |                     |                 | -        |               |             |           |
| D EPA                                    | 2 Initial                                   | LICENSIN                       | 16              |             | riners L                | LÇ       | NJ                  | Dept. of           | Health                                  | Seni                | or Service      | 8        | 2             |             |           |
| DEP DEP                                  | Amended                                     |                                | +               | City, St    | ns, Zip Co              | ide      |                     | GAN A              | (ajgu                                   | thiro)              |                 |          | -             |             |           |
| DOL.                                     | Amendment<br>Emergency                      |                                | - L             | 22/30/66/17 | son, NJ (               | 7029     | -                   | _/2                | 19/10                                   | 1                   | 11:35A          | M        |               |             |           |
| DOH.                                     | justification)                              | ph # 155                       |                 |             | f Contact               |          | 1000                |                    |   |                     | ephone Ni       | mber     | -             |             |           |
| □ DCA                                    | Cancellation                                | 1                              |                 | Chris       |                         |          |                     |                    |   |                     |                 |          |               |             |           |
| Name of Facility Where                   | Abstement is Taldr                          | ng Place (3)                   |                 | FAC         | LITY INFO               | RMAT     | ON                  | Type of            | Fodility                                | (4)                 |                 |          |               |             |           |
| House for Demo                           |   |                                |                 |             |                         |          |                     | minte              | 1                                       | 5000                |                 |          |               |             |           |
| Street Address                           |   |                                | _               |             |                         |          |                     | T Su               | hool (K-<br>bchapte                     | r B (Oth            | er than K-1     | (2)      |               |             |           |
| 12 South 5th Str.                        |   |                                |                 |             |                         |          |                     | Ot etc             | her (i.e.                               | private             | 4 commerc       | dal buil | dings         | hom         | es,       |
| City (5)                                 |   |                                | _               |             |                         |          |                     | Square             | _                                       | #0                  | Floora          | TI       | Sldig. A      | Vas         |           |
| Harrison                                 |   |                                |                 |             |                         |          |                     | 1500               |   | 2                   | it.             | 1        | 50+           | •           |           |
| County (6)                               |   |                                |                 |             | Code (7)<br>USE ONLY)   |          |                     | Current            | Use (Pr                                 | or if bei           | ng demolis      | hed)     |               |             |           |
| Hudson                                   |   |                                |                 |             |                         |          |                     | Aban               |   |                     |                 |          | OTHER READERS |             |           |
| Name of Monitoring Firm                  | n Hited by Building                         | Owner (8)                      |                 | ASCA        | A No.                   |          |                     | of Abate           |   |                     |                 |          |               |             |           |
| Street Address                           |   |                                | -               | n/a         |                         |          |                     | ica Ma             | падеп                                   | ient Co             | arp             |          |               |             |           |
| n/a                                      |   |                                |                 |             |                         |          | 300 553             | Address<br>roy Lar |   |                     |                 |          |               |             |           |
| City, State, Zip Code                    |   | *                              | -               |             |                         |          |                     | tete, Zip          | TOT-                                    |                     |                 |          |               |             | _         |
| n/a                                      |   |                                |                 |             |                         | - 1      |                     | oln Parl           |   | 7035                |                 |          |               | 19          |           |
| Project Manager for Mor                  | iteding Firm                                |                                | 7               | Telepho     | ne No.                  |          |                     | one No.            | 1                                       | 7 000               | Licensa P       | Va.      |               |             | -         |
| n/a                                      |   | 1                              | - 1             | n/a         |                         |          | 973-                | 706-79             | 50                                      |                     | 01193           | 0.55     |               |             |           |
| Start Date (10)                          |   | Scheduled                      |                 | pletion i   | Date (11)               |          |                     | of OSHA            | 1                                       |                     |                 | _        |               |             |           |
| 12/22/2014                               |   | 12/26/2                        |                 |             |                         |          |                     | ica Ma             | agen                                    | ent Co              | orp             |          |               |             |           |
| Occupancy Status Durin                   |   |                                |                 |             |                         | 1        |                     | Address            |   |                     |                 |          |               |             |           |
| Facility Closed/Vac<br>Abatement Perform | ated During Entire I<br>sed Outside of Norm | Period of Ab<br>nai Facility H | lours           | ant         |                         | 1        |                     | roy Lan            |   |                     |                 |          |               |             |           |
| Other - Describe;                        |   |                                |                 |             |                         | _        |                     | oin Pari           | 100000000000000000000000000000000000000 | プカマら                |                 |          |               |             |           |
| Scope of Work (Check A                   | II That Apply)                              |                                |                 |             |                         | 1        |                     | -                  | 1                                       |                     |                 | -        |               |             |           |
| □ ≥3 ≠ or ≥3 f                           |   | II Re                          | novet           | ion         |                         |          |                     |                    |   |                     | Negetive        |          |               | ĒΡ          |           |
| ≥160 af or ≥260 if                       |   | De De                          | moliti          | OFT         |                         |          |                     | Min-E              | nclosur                                 | ο .                 | · AmManac       | Inner    | 16            |             |           |
|  |   |                                | 22-21-03        |             |                         |          |                     | Non-E              | bag Pro<br>Sample                       | cadure<br>d (*) and | Non-Frial       | ble Pro  | cedur         | e           | 0         |
| 9  |   | ls L                           | ocatio          | пс          |                         |          |                     |                    |   |                     |                 | T        | Abab          | meni        | t         |
| Location                                 |   | No<br>Used                     | mally<br>Solein |             |                         | Des      | toription           | ef .               |   |                     |                 | .        | ,Ty           | bs          |           |
| Asbestos-Containing<br>TO BE ABA         |   | Maln                           | tenan           |             | Appent                  | os Conte | eining M<br>susteme | aterial (A         | ĖM)                                     | 55500               | mount<br>pscify | 77       |               | E.          | m         |
| in Faoil                                 | lty   | Custo                          | diel 61<br>(72) | tatif7      | (4-1                    | surfac   | ing, VA             | T, or              | <b>[</b>                                |                     | or LF)          | Ramona   | Repair        | Encapsulate | Enclosurs |
| (13)                                     |   |                                |                 |             |                         | other m  | ilecellon           | eous)              |   |                     |                 | EM       | 목             | ular.       | arms      |
|  |   | Yes                            | No              | N/A         |                         |          |                     |                    |   |                     |                 |          |               | ø           |           |
| Entire Ho                                | ouse  |                                |                 | ×           | T                       | be di    | sposed              | d of as            |   |                     |                 |          |               | 0.00        |           |
|  |   |                                |                 |             |                         | as       | bestos              | 3                  |   |                     |                 | T        |               |             |           |
|  |   |                                |                 |             |                         |          |                     |                    | 1                                       |                     |                 | 1        |               |             |           |
|  |   | 1                              |                 |             |                         |          |                     |                    |   |                     |                 | +-       |               |             | _         |
| Name of Registered Was                   | Ne Hauler                                   |                                |                 | DEP W       |                         | Cubic \  | Yards               | .8                 | forme of                                | Redsta              | red Landiil     | _        | لـــا         |             |           |
| Rovic Transport                          |   |                                |                 | uler ID     | No.                     | of Was   |                     |                    |   | /S Lan              |                 |          |               |             |           |
| City, State                              |   |                                | 120             | 785         |                         | TBD      | al Date             |                    | J                                       |                     | -/41            |          | *             |             |           |
| Riverdale, NJ                            |   |                                |                 |             |                         | TBD      | ai Dalt             |                    | Aty, Stat<br>Morris                     |                     | 19067           |          |               |             |           |
| Completed by                             | ·   | Title                          |                 |             |                         |          | gpaduja             |                    |   |                     |                 | Bla      |               |             |           |
| E, Cirovic .                             |   | Secret                         | tary            |             |                         |          | 66                  | رتنى               | in                                      |                     | 100             | 2-19-    | 2014          |             |           |

New Jersey Department of Health
Consumer, Environmental and Occupational Health Service
PO Box 359

AFPROVED N Dept. of Health & Sonior Services

# PO Box 369 Trenton, NJ 08625-0369 Telephone 803-826-4950 Fax: 609-826-4975 ASBESTOS CONTROL & NOTIFICATION/OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

| PARTICIPATION OF THE PROPERTY  |  |
|--|--|
| Date of Notification: 12 / 19 / 2014  ☑ Initial ☐ Amended ☐ Cancellation ☑ Emergency (must include just Type of Work: ☑ Demolition ☐ Renovation  | itification)   |
| - PROPERTY OF THE PROPERTY OF  | Hally the second of the second |
|  | 1:   |
| Name of Building Owner/Operator: Josephine Monte:  Street Address: 6868 Harding Highway City: Mays Landing   |  |
| Name of Contact: Josephine Monteferrante Telephone   |  |
|  | 1  |
| THURSE HERE THE RESERVE TO THE PACTURE AND THE | well and the second sec |
|  | ante Residence   |
| Describe Facility Use: Residence   | 1  |
| Street Address: 1017 Harding Highway City: Mays Landing  | State; NJ Zip: 08330   |
| County Name: Atlantic County Code (State Use   |  |
| Scheduled Start Date: 12 / 22 / 2014 Scheduled Completion  |  |
| Opoupancy Status During Activity (check only one):   |  |
| ☐ Facility Closed/Vecated During Entire Activity   | 2  |
| ☐ Activity Performed Outside Normal Facility HoursDescribe:  | 1.   |
| Other—Describe:  |  |
| Scope of Work (check all that apply):  |  |
| ☐ Floor Tile Square Footage; 200 SF Pe   | rcentage Asbestos: %   |
| ☐ Mastic Square Footage: 200 SF Pe   | rcentage Asbestos: %   |
| ☐ Transite Squere Footage: Pé  | rcentage Asbestos:%  |
| Roofing Square Footage: 1,000 SF Pe  | rcentage Asbestos:   |
| ☐ Siding Square Footage; Pe  | rcentage Asbestos:   |
| Other: Square Footage: Pe  | rcentage Asbestos: "%  |
| THE THE PROPERTY OF THE PROPER | The state of the s |
| SHEED OF THE PROPERTY OF THE P |  |
|  | phone Na.: 856-755-0099  |
| Street Address: 623 Cutler Avenue City: Maple Shade  | State: NJ Zip: 08052   |
| New Jersey Asbestos License Number (if applicable); 00842  | CDD 200 4070   |
|  | phone No.: 609-298-4070  |
| Employees V SISNATURE  | A COMP TO THE COMP |
| Completed By   |  |
| (type or print legibly): Christina Lynch Title:  | Operations Manager   |
| Signature: Christian Types Date:   | December 19, 2014  |

NOOK

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

| Date of Notification | * *  |                                    | Name                                    | of Build                | ding Ov       | vner / Operato                    | or (2)    | 10                    |                            | 11.7. 1000   |                       |             | 111           |  |  |  |
|----------------------|--|------------------------------------|---|-------------------------|---------------|-----------------------------------|-----------|-----------------------|----------------------------|--|-----------------------|-------------|---------------|--|--|--|
|                      |  |                                    |   |                         |               | ications                          | 5,00      |                       | e 70 cc                    |  |                       |             | 11            |  |  |  |
|                      | Type Notifica  | ation                              |   | t Addres                |               |                                   |           | 1                     | UEU Z                      | 13 2   | 114                   |             | -             |  |  |  |
|                      | M Initia   | .    -                             |   |                         |               | ery Place                         |           |                       |                            |  |                       |             |               |  |  |  |
|                      |  |                                    |   | State & 2               |               |                                   |           | L                     | BESTOS                     |  | 2 - 1 - 10<br>12 1 19 |             |               |  |  |  |
|                      |  |                                    |   | burgh,<br>of Con        |               | 212                               |           | , Ao                  | 1 1 100 100                | 4 10- 1 1 -  |                       |             |               |  |  |  |
| DCA                  |  |                                    |   | ony Po                  |               |                                   |           | L                     |                            | elephor  | 16-140                | ımb         | <del>Br</del> |  |  |  |
|                      |  |                                    | 100000000000000000000000000000000000000 |                         | 2002001-00-11 | RMATION                           |           |                       |                            |  |                       |             |               |  |  |  |
| Name of Facility Wi  | here Abateme   | ent is Taking Place                | (3)                                     | 0.2                     |               | Type of Facil                     | ity (4)   |                       |                            |  |                       | -           |               |  |  |  |
| Trenton Central      | Office   | was 19 100 cm and 19 10 cm 20 10 m | . ,                                     |                         |               | School (                          |           |                       |                            |  |                       |             |               |  |  |  |
| Street Address       |  |                                    |   |                         |               | Subchap                           | oter 8 (  | Other than K-12)      |                            |  |                       |             |               |  |  |  |
| 243 East State St    | treet  |                                    |   |                         |               |                                   |           | ate & commercial      | building                   | s, home  | es, et                | c.)         |               |  |  |  |
|                      |  |                                    |   |                         |               | Square Feet                       |           | # of Floors           | Ble                        | dg. Age  | ,                     |             |               |  |  |  |
| City (5)             |  | County (6)                         | ounty (                                 | Code (7)                | )             | 20000                             | )         | 3                     |                            |  |                       |             |               |  |  |  |
| Trenton              |  | Mercer                             |   |                         |               | Current Use                       | (Prior i  | if being demolishe    | :d)                        |  |                       |             |               |  |  |  |
|                      |  |                                    |   |                         |               | Communications Center             |           |                       |                            |  |                       |             |               |  |  |  |
| Name of Monitoring   | Firm Hired b   | y Building Owner (8                | 3)                                      | ASCN                    | ΛNo.          |                                   |           | t Contractor (9)      |                            | ATTION OF THE PARTY OF THE PART |                       |             |               |  |  |  |
|                      | itai ivianage  | ement inc                          |   |                         |               |                                   |           | ONMENTAL IN           | C                          |  |                       |             |               |  |  |  |
|                      | Avenue   |                                    |   |                         |               | Street Addres                     |           | TDEET                 |                            |  |                       |             |               |  |  |  |
|                      |  |                                    |   |                         |               | City, State &                     |           |                       |                            |  | -                     |             |               |  |  |  |
|                      |  |                                    |   |                         |               | BRISTOL, F                        |           |                       |                            |  |                       |             |               |  |  |  |
|                      | Monitoring F   | irm Tele                           | ephone                                  | Numbe                   | er            | Telephone N                       |           |                       | ense Nu                    | mber   |                       |             |               |  |  |  |
|                      | lame of Facility Where Abatement is Taking in the control of the |                                    |   |                         |               | 215-788-60                        |           |                       |                            | 00509  |                       |             |               |  |  |  |
|                      |  | Scheduled Complet                  | tion Da<br>19/14                        | te (11)                 |               | Name of OSH                       |           |                       |                            |  |                       |             |               |  |  |  |
|                      |  |                                    |   |                         |               | Street Addres                     |           | ONMENTAL IN           | <u> </u>                   |  |                       |             |               |  |  |  |
| Facility Clos        | sed/Vacated [  | During Entire Period               | d of Aba                                | atement                 |               | 1123 BEAV                         | 70370     | TREET                 |                            |  |                       |             |               |  |  |  |
|                      |  |                                    |   |                         | City, State & |                                   |           | -                     |                            |  | Colo                  |             |               |  |  |  |
|                      |  |                                    |   |                         |               | BRISTOL, F                        |           |                       |                            |  |                       |             |               |  |  |  |
|                      |  |                                    |   |                         |               |                                   |           |                       |                            |  |                       |             |               |  |  |  |
| Scope of Work (Che   | eck all that ap  | ply)                               |   |                         |               |                                   | _         |                       |                            |  | 000                   |             |               |  |  |  |
| ☐ >3 cf or >3 i      | f  | 57                                 | D                                       |                         |               |                                   | $\bowtie$ | Full Containment      | with Ne                    | gative   | Press                 | sure        |               |  |  |  |
|                      | •  | Ä                                  |   | ovation nolition        |               |                                   | H         | Mini-Enclosure        | al                         |  |                       |             |               |  |  |  |
|                      | 0 11   |                                    | Deli                                    | HOHLIOH                 |               |                                   | H         | Glove Bag Proce       | empted and Non-Friable Pro |  |                       |             |               |  |  |  |
| Lo                   | ocation of   | ls                                 | Locati                                  | ion                     |               | Description                       | n of      |                       | ount                       |  | nent Type             |             |               |  |  |  |
|                      |  |                                    | rmally l                                |                         | . /           | Asbestos-Con                      | taining   |                       | ecify                      | Aba  | .eme                  | in i        | ype           |  |  |  |
|                      |  |                                    | Solely I                                |                         |               | Material (A                       |           | SF                    | SF or LF)                  |  |                       | m           | т             |  |  |  |
|                      |  |                                    | ntenan<br>todial S                      |                         |               | i.e., thermal s                   |           |                       | em                         | Repair   | cap                   | ncls        |               |  |  |  |
|                      | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)  | Cus                                | (12)                                    | Stall!                  |               | ulation, surfactor other miscella |           |                       |                            | Remova   | ar                    | Encapsulate | Enclsoure     |  |  |  |
|                      |  | Yes                                |   | N/A                     |               |                                   |           |                       |                            | -  |                       | te          | ര             |  |  |  |
| Basement-Power       | Area   |                                    |   | П                       |               | VAT/MAS                           | TIC       | 3.36                  | 0 SF                       |  | $\Box$                | $\Box$      | П             |  |  |  |
|                      |  |                                    |   |                         |               |                                   |           |                       | 7                          | T  | Ħ                     | Ħ           | Ħ             |  |  |  |
|                      |  |                                    |   |                         |               |                                   |           |                       |                            | TH   | Ħ                     | Ħ           | Ħ             |  |  |  |
|                      |  |                                    |   |                         |               |                                   |           | 1                     |                            | TH   | Ħ                     | Ħ           | Ħ             |  |  |  |
|                      |  |                                    |   |                         |               |                                   |           |                       |                            |  |                       |             | Ħ             |  |  |  |
|                      |  |                                    |   |                         |               |                                   |           |                       |                            |  |                       |             |               |  |  |  |
| Name of Registered   | Waste Haule  | er                                 |   |                         |               | ubic Yards                        | Name      | e of Registered La    | andfill                    |  |                       |             |               |  |  |  |
| Bristol Environm     | ontal Inc  |                                    | 10000                                   | uler ID 1<br><b>706</b> | No. of        | Waste                             | CDC       | WS Landfill           |                            |  |                       |             |               |  |  |  |
|                      | emai, mc.  | +                                  | 10                                      | 700                     |               | anneal Data                       |           |                       |                            |  |                       |             |               |  |  |  |
| Bristol, PA          |  |                                    |   |                         |               | sposal Date<br>BD                 |           | State<br>risville, PA |                            |  |                       |             |               |  |  |  |
| Completed By (Print  | or Type)   |                                    | Titl                                    | e                       | Ci            |                                   |           | 7-                    |                            | Date   | -                     | 550000      |               |  |  |  |
| Patrick T. DeCard    |  |                                    | 1                                       | timato                  | r             | Patrick                           | T. L      | 9 Caro /              | e                          | 11/19/   | 14                    |             |               |  |  |  |
|                      |  |                                    |   |                         |               |                                   |           | . /                   |                            |  |                       |             |               |  |  |  |

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

| Date of Notification                  | (1)<br>11/19/14  |                  | Nam  | e of Buildir   | ng Owner / O       | perator  | (2)              | - 11%         |          | - W.J.                | 111     |             |           |  |  |
|---------------------------------------|--|------------------|--|--|--------------------|--|------------------|---------------|----------|-----------------------|---------|-------------|-----------|--|--|
| Agencies Notified                     | Type Notific   | cation           |  | et Address   | munication         | ıs   | 1175             |               |          |                       | 111     | 111         |           |  |  |
|                                       | Type Ivoling   | Cation           | \$ 550 March 100 | And the state of t | gomery Pla         | ace.   |                  | DEC           | 23       | 2014                  | 1       | 1           |           |  |  |
| ☐ DEP                                 |  | al               |  | State & Zi   |                    | 100  | 7                | -             |          |                       | +       | +           |           |  |  |
| □ DOL 5940                            |  | ended            | 1000 Med (2007)  | sburgh, P  |                    |  | 1 L              | COEST         |          | TROLL                 | 2       | 1           |           |  |  |
| DOH 5957                              |  | ergency          |  | e of Conta   |                    |  | 1 7              | LIC           | ENSIN    | Telepho               | ne N    | umb         | er        |  |  |
| ☐ DCA                                 | ☐ Can  | cellation        | Anti   | hony Port  | a                  |  |                  |               |          |                       |         |             |           |  |  |
|                                       |  | 14.              |  | ACILITY II   | VFORMATI           |  |                  |               |          |                       |         |             |           |  |  |
| Name of Facility W<br>Trenton Central |  | nent is Taking F | Place (3)  |  |                    | f Facility   |                  |               |          |                       |         |             |           |  |  |
| Street Address                        | Office   |                  |  |  |                    | chool (K   |                  | - 14 40       | 22       |                       |         |             |           |  |  |
| 243 East State S                      | troot  |                  |  |  |                    | Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc. |                  |               |          |                       |         |             |           |  |  |
| 243 Last State S                      | ueet   |                  |  |  | Square             |  | # of Flo         |               |          |                       | _       | etc.)       |           |  |  |
| City (5)                              |  | County (6)       | County   | Code (7)   |                    |  | # 01 110         | ľ             | Bldg. Ag | е                     |         |             |           |  |  |
| Trenton                               |  | Mercer           | County   | Code (1)   | -                  | 20000  | Prior if being d | 3<br>Iomoliah | -4\      |                       |         | 8 J. S      |           |  |  |
| riciton                               |  | Incide           |  |  | 1                  |  |                  |               | eu)      |                       |         |             |           |  |  |
| Name of Monitoring                    | of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) |                  |  |  |                    |  |                  |               |          |                       |         |             |           |  |  |
| USA Environmen                        |  |                  | 1101 (0)   | 7.001111   |                    |  | VIRONMEN         |               | С        |                       |         |             |           |  |  |
| Street Address                        |  |                  |  |  |                    | Address  |                  |               |          |                       | _       |             |           |  |  |
| 8436 Enterprise                       |  |                  |  |  | 1123 E             | BEAVE  | R STREET         |               |          |                       |         |             |           |  |  |
| City, State & Zip Co                  |  |                  |  |  |                    | tate & Z   |                  |               |          |                       |         |             |           |  |  |
| Philadelphia, PA                      |  | 1= : :           |  |  | OL, PA             |  |                  |               |          |                       |         |             |           |  |  |
| Project Manager for<br>Mark Jenkins   | Manager for Monitoring Firm Telephone 215-365-   |                  |  |  |                    | one Nur  |                  | Lic           | cense N  | Number                |         |             |           |  |  |
| Scheduled Start Da                    | mpletion D   |                  |  | 38-6040  | A Monitor          |  |                  | 0050          | 19       | -                     |         |             |           |  |  |
| 12/8/14                               |  |                  | 12/29/14   | and the second second second   |                    |  | IVIRONMEN        | ITAL IN       | С        |                       |         |             |           |  |  |
| Occupancy Status I                    |  |                  |  |  |                    | Address  |                  |               |          |                       |         |             |           |  |  |
|                                       |  | During Entire F  |  |  |                    |  | R STREET         |               |          |                       |         |             |           |  |  |
|                                       |  | outside of Norm  | al Hours -   | - 7am to 3p  |                    |  | ip Code          |               |          |                       |         |             |           |  |  |
|                                       | 5:00 PM -  |                  |  |  | BRIST              | BRISTOL, PA 19007  |                  |               |          |                       |         |             |           |  |  |
| Scope of Work (Che                    |  | Abatement        |  |  |                    |  |                  |               |          |                       |         |             |           |  |  |
| Scope of Work (Cite                   | cck all triat a  | ppiy)            |  |  |                    | Б  | Full Cor         | ntainmen      | t with N | Jegative              | Pres    | SUITE       |           |  |  |
| ≥3 sf or ≥3 l                         | f  |                  | ⊠ Re   | novation   |                    | ř  | Mini-En          |               |          | .oga.irc              | 1 100   | Joure       |           |  |  |
| ≥160 sf ≥26                           | O If   |                  | ☐ De   | molition   |                    | ř  |                  | ag Proce      | edures   |                       |         |             |           |  |  |
|                                       | 8  |                  | _  |  |                    | Ī  |                  |               |          | Non-Friable Procedure |         |             |           |  |  |
|                                       | ocation of   |                  | is Loca  |  |                    | cription o   | of .             | Amou          |          |                       | Abateme |             |           |  |  |
|                                       | os-Containir   | ng               | Normally   |  | Asbesto            |  |                  |               | ecify    |                       |         |             |           |  |  |
|                                       | erial (ACM)<br>BE ABATED   |                  | Solely<br>Maintena   |  | Mate<br>(i.e., the | rial (ACI  |                  | SF            | or LF)   | Į D                   | -       | Enc         | m         |  |  |
|                                       | Facility   |                  | Custodial  |  | insulation,        |  |                  |               |          | Remova                | Repair  | aps         | cls       |  |  |
|                                       | (13)   |                  | (12)   |  | or other n         |  |                  |               |          | oval                  | air.    | Encapsulate | Enclsoure |  |  |
|                                       |  |                  | Yes No   | N/A  |                    |  |                  |               |          |                       |         | e           |           |  |  |
| Basement-Power                        | Area   |                  |  |  | VAT                | MAST   | IC               | 3,36          | 0 SF     | $\boxtimes$           |         |             |           |  |  |
|                                       |  |                  |  |  |                    |  | 2                |               |          |                       |         |             |           |  |  |
|                                       |  |                  |  |  |                    |  |                  |               |          |                       |         |             |           |  |  |
|                                       |  |                  |  |  |                    |  |                  |               |          |                       |         |             |           |  |  |
|                                       |  |                  |  |  |                    | 11-  |                  |               |          |                       |         |             |           |  |  |
|                                       |  |                  |  |  |                    | 4353555  |                  |               |          |                       |         |             |           |  |  |
| Name of Registered                    | Waste Hau  | ler              |  | JDEP Was<br>auler ID No  | te Cubic Yar       | ds 1   | Name of Regi     | istered L     | andfill  |                       |         |             |           |  |  |
| Bristol Environm                      | ental, Inc.  |                  |  | 3706   |                    | 1  | GROWS La         | ndfill        |          |                       |         |             |           |  |  |
| City, State                           |  |                  |  |  | Disposal I         |  | City, State      |               | -        |                       | -2001   | -           |           |  |  |
| Bristol, PA                           |  |                  |  |  | TBD                |  | Morrisville,     | PA            |          |                       |         |             |           |  |  |
| Completed By (Print Patrick T. DeCard |  |                  |  | <sup>tle</sup><br>stimator   | Signature          | -1   | D. O.C.          | ms /          | j.l      | Date 11/19            | /14     |             |           |  |  |
|                                       |  |                  |  |  | Tana               | ck.  |                  | 1             | 7        |                       |         |             |           |  |  |
| D 14048                               |  |                  |  |  |                    |  |                  | U             |          |                       |         |             |           |  |  |

| 100  |                         | N             | 1011              |       |                   |                    |               | STOS ABA1<br>3:60 and 5:1  |                       | F  | 2, 3        | 3           | Ŵ.                  | E     |
|--|-------------------------|---------------|-------------------|-------|-------------------|--------------------|---------------|--|-----------------------|--|-------------|-------------|---------------------|-------|
| Date of Notification (1)   | 15 /                    | 14            |                   |       | Name              | of Buildin         | ng Ov         | wner/Operator  | (2)                   |  | 9           | - to Markey |                     |       |
| Agencies Notified  | Type Noti               |               |                   |       | Stree             | Address<br>Elm Dr. |               | ersity-Office  | of Design and         | Construction   | erc 2       | 3 21        | )14                 |       |
| ☑ DOLWD ☑ DHSS   |                         | dment #23     | <u>.</u>          |       | City, S           | State, Zip         | Code          |  |                       | AODE   | LICENS      | SING        | 13.75.1<br>7.15.75. | -3.   |
| ☐ DCA<br>(NJAC 5:23-8)   | 12/19/14                | ency (incli   | ıdina             |       |                   | nceton, I          |               | 8544   |                       | Telephone I  | Number      |             |                     |       |
|  | justific                |               | ading             |       |                   | bert Orte          |               |  |                       | , cophone :  | varriber    |             |                     |       |
|  | 10.52/25/25/25/25/25/25 |               |                   |       | FA                | CILITY IN          | NFO           | RMATION  |                       |  |             |             |                     |       |
| Name of Facility Where   | Abatement i             | is Taking F   | Place             | (3)   |                   | 2000-100-100       |               | and the second s | Type of Facility      | (4)  |             |             |                     |       |
| Princeton Univers  | ity-Firesto             | ne Libra      | ry                |       |                   |                    |               |  | School (K-12          | 2)   |             |             |                     |       |
| Street Address   |                         |               |                   |       |                   |                    |               |  | ☐ Subchapter          | (Other than I  | K-12)       |             |                     |       |
| Washington Rd  |                         |               |                   |       |                   |                    |               |  |                       |  | nmercial t  | oullair     | gs,                 |       |
| City (5)   |                         |               |                   | 100   |                   | 4.                 |               |  | Square Feet           |  | E           | Bldg.       | Age                 | -     |
| Princeton  |                         |               |                   |       |                   |                    |               |  |                       |  |             |             |                     |       |
| County (6)   |                         |               |                   |       | Cour              | nty Code (7        | 7)(STA        | ATE USE ONLY)  | Current Use (Pr       | ior if being der   | molished)   |             |                     |       |
| MERCER   |                         |               |                   |       |                   |                    |               |  | Library               |  |             |             |                     |       |
| Name of Monitoring Firm  | Hired by B              | uilding Ow    | ner (8            | 3)    | ASCM              | No.                | Na            | me of Abatem   | ent Contractor (9)    |  |             |             |                     |       |
| ATC Associates In  | c.                      |               |                   |       |                   |                    | E             | BRISTOL EN   | VIRONMENTA            | L, INC.  |             |             |                     |       |
| Street Address   |                         |               |                   |       | DAGENER -         |                    | Str           | eet Address  |                       |  |             |             |                     |       |
|  |                         |               |                   |       |                   |                    | 1             | 1123 BEAVE   | R STREET              |  |             |             |                     |       |
| City, State, Zip Code  |                         |               |                   |       |                   |                    | Cit           | y, State, Zip C  | ode                   |  |             |             |                     |       |
|  |                         |               | BRISTOL, PA 19007 |       |                   |                    |               |  |                       |  |             |             |                     |       |
|  | itoring Firm            |               |                   | Tele  | phone             | No.                | Tel           | lephone No.  |                       | License No   | ٥.          |             |                     | 11.50 |
| □ EPA □ DOLWD □ DOLWD □ DHSS □ DCA □ (NJAC 5:23-8) □ DCA □ (NJAC 5:23-8) □ Eme_ ijust □ DCA □ (NJAC 5:23-8) □ Eme_ ijust |                         |               |                   | 60    | 9-386             | -8800              | 2             | 215-788-6040   | )                     | 00509  |             |             |                     |       |
| Start Date (10)  |                         | Schedul       | . 1               |       | ^                 | te (11)            | Na            | me of OSHA N   | Monitor               |  |             | -111/6      |                     |       |
| //   |                         | 01            |                   | HO    | 10                |                    | E             | BRISTOL EN   | VIRONMENTA            | L, INC.  |             |             |                     |       |
| Occupancy Status Durin   | g Abatemen              | t (Check o    | nly or            | ne)   |                   |                    | Str           | eet Address  |                       |  |             | -           |                     | *     |
|  |                         |               |                   |       |                   |                    | 1             | 123 BEAVE  | R STREET              |  |             |             |                     |       |
|  |                         |               |                   |       |                   | cribe              |               | y, State, Zip Co<br>BRISTOL, PA  |                       |  |             |             |                     |       |
| Scope of Work (Check a   | I that apply)           |               |                   | -     |                   |                    |               | J. (1010E, 17  | 13007                 |  |             |             |                     |       |
| ☐ ≥3 sf or ≥3 lf<br>☑ ≥160 sf or ≥260 lf   |                         |               | Ren<br>Dem        |       |                   |                    |               | Mini-Enc     Glovebage     Glovebag          | losure<br>g Procedure |  |             |             |                     |       |
| -  |                         |               | ls L              | ocat  | ion               |                    |               |  | , ( ) dila 110        |  |             | naten       | nent T              | vne   |
|  | 1000                    |               |                   | orma  |                   |                    |               | Description o  |                       |  |             |             | -                   | Ť     |
|  |                         | CM)           | Used<br>Main      |       |                   |                    |               | Containing Ma  |                       | esign and Construction  AGDECT CONTROL  LICENSING  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Telephone Number  Bidg.  Tent Use (Prior if being demolished)   Encapsulate | Enclosure   |                     |       |
| 1  |                         |               | Custo             |       | Staff?            | (1.6               | :., trie<br>S | ermal systems i<br>surfacing, VAT,   | or                    |  | ) ova       | =           | psu                 | uso   |
| (13)   |                         | <u> </u>      |                   | (12)  |                   |                    |               | her miscellane   |                       |  | ′  -        |             | late                | 6     |
|  |                         |               | 'es               | No    | N/A               |                    |               |  |                       |  |             |             |                     |       |
|  |                         | Σ             | ar JA             |       |                   | FLOOR              | TIL           | E/MASTIC   |                       | 240 SF   |             |             |                     |       |
| RMS B-9J & B-12J B   | LEVEL 1                 |               |                   |       |                   | PIPE IN            | ISUL          | ATION  |                       | 30 LF  |             |             |                     |       |
|  |                         |               | ]                 |       |                   |                    |               |  |                       |  |             |             |                     |       |
|  |                         |               |                   |       |                   |                    |               |  | 1 1                   |  |             | П           | П                   | П     |
| Name of Registered Was   | te Hauler               |               |                   | N.    | JDEP V            | Vaste              | Cub           | oic Yards of   | Name of Regis         | tered Landfill   |             | 1=          |                     |       |
| SERVICE TRANSPO  | ORT GROU                | JP INC        |                   | 30,00 | auler ID<br>20990 | SAMPLE BOX         | Was           | ste  |                       |  | NDFILL      |             |                     |       |
| City, State  |                         |               |                   |       | 20990             |                    | Disp          | posal Date   | City, State           | 1.E. DA 400  |             |             | _                   |       |
| 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1   | (20)                    | Tial-         |                   |       |                   |                    |               | l o: - :   | MORRISVII             | LE, PA 190   |             |             |                     |       |
| Completed By (Print or Ty<br>Brian Scafiro   | /pe)                    | Title<br>Esti | mato              | r     |                   |                    |               | Signature Sican S  | Scafero               |  | Date //     | 9/19        | 1                   |       |
| SR-41  |                         |               |                   | _     | -                 |                    | -             |  | 1                     |  | 1           |             |                     | -     |

B 514003B

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

| (a) (a) (b)   |  |            |             |         |           | 1000       |   |          | <b>'</b>   | 19.0              | -           |              |             |                   |  |  |
|---|--|------------|-------------|---------|-----------|------------|---|----------|--|-------------------|-------------|--------------|-------------|-------------------|--|--|
| DHSS  | 1  |            |             |         |           |            |   |          |  |                   |             |              |             |                   |  |  |
|   | 15 /   | 14         | _           |         | Pri       | nceton L   | Iniversity-O  | ffice    | of Design and  | Construction      | 23          | 201          | 1           | rept<br>transport |  |  |
| [일 10] [10] [10] [10] [10] [10] [10] [10]   | The state of the s | fication   |             |         |           | 0.000      |   | 2 200    |  |                   |             | 0.3-44.1 (4) |             | j                 |  |  |
| □ DOLWD   |  | ded        |             |         | 1000      |            | Access to the contract of the |          | ASBESTOS COUTROL 8   |                   |             |              |             |                   |  |  |
|   | - 1 C . C . C . C . C . C . C . C . C . C  | 100000     | 3-          |         |           |            |   |          | LICENSING  |                   |             |              |             |                   |  |  |
|   |  | •          |             |         |           |            |   |          |  |                   |             |              | 40.000      |                   |  |  |
| (NJAC 5:23-8)   |  |            | luding      |         |           |            | 7.5   |          |  | Telephone Nun     | nber        |              |             |                   |  |  |
|   |  |            | 11          |         | FA        | CILITY II  | NFORMATIC   | N        |  |                   |             | -            |             |                   |  |  |
| Name of Facility Who  | ere Abatement  | s Taking   | Place       | (3)     |           |            |   |          | Type of Facility (   | 4)                |             |              |             |                   |  |  |
| Princeton Unive   | ersity-Firesto   | ne Libra   | ıry         |         |           |            |   |          |  |                   |             |              |             |                   |  |  |
| Street Address  |  |            |             |         |           |            |   |          |  |                   |             | ildin        |             |                   |  |  |
| Washington Rd   |  |            |             |         |           |            |   |          |  | ivate and commit  | sicial bi   | mani         | js,         |                   |  |  |
| City (5)  |  | · ***      |             |         |           |            |   |          | Square Feet  | # of Floors       | BI          | dg. A        | ge          |                   |  |  |
| Princeton   |  |            |             |         |           |            |   |          |  |                   |             | -            |             |                   |  |  |
| Art Artist Company  |  |            | -           |         | Cour      | nty Code ( | 7)(STATE USE C  | NLY)     | A DESCRIPTION OF THE OWNER | or if being demol | ished)      |              |             |                   |  |  |
|   | Fi 18 d b - D  | 11.11      |             | 0) T    | 10011     |            | 7   |          |  |                   |             |              |             |                   |  |  |
|   |  | ullaing Ov | wner (      | 8)      | ASCM      | No.        |   |          |  | ., INC.           |             |              |             |                   |  |  |
| Street Address  |  |            |             |         |           |            |   |          |  |                   |             |              |             |                   |  |  |
| Three Terri Cen   |  |            |             |         |           |            | 1123 BE   | AVE      | R STREET   |                   |             |              |             |                   |  |  |
| City, State, Zip Code   |  |            |             |         |           |            |   |          |  |                   |             |              |             |                   |  |  |
| Burlington, NJ (  | 08016  |            |             |         |           |            | BRISTO  | L, PA    | 19007  |                   |             |              |             |                   |  |  |
| Project Manager for Monitoring Firm   |  |            |             |         | phone     | No.        | Telephone I   | No.      |  | License No.       |             |              |             |                   |  |  |
|   |  |            |             | 60      | 9-386     | -8800      | 215-788-  | -6040    |  | 00509             |             |              |             |                   |  |  |
|   | / 14   |            |             | 1000    |           | te (11)    |   |          |  | INC               |             |              |             |                   |  |  |
|   |  |            |             |         |           |            |   |          | AUCHMENTAL   | ., 1140.          |             |              |             |                   |  |  |
|   |  |            |             |         | nont      |            |   | 6(2(1))) | OTDEET   |                   |             |              |             |                   |  |  |
|   |  |            |             |         |           | cribe      |   |          |  |                   |             |              |             |                   |  |  |
|   |  |            |             |         |           | 0.150      |   |          |  |                   |             |              |             |                   |  |  |
| Saana of Mark (Char   | k all that analy   |            |             |         |           |            | BRISTO  | L, PA    | 19007  |                   |             |              |             |                   |  |  |
| acope of work (Chec   | x all that apply   |            |             |         |           |            | □ Ful   | l Cont   | ainment with Neg   | ative Pressure    |             |              |             |                   |  |  |
|   |  |            |             |         |           |            | Mir   | ni-Enc   | losure   | unio i 1000uio    |             |              |             |                   |  |  |
| ≥ 160 st or ≥260 lt  ≥ 260 lt |  | L          | _ Der       | nolitio | n         |            | ☐ Glo   | vebag    | Procedure  | Friable Proced    | IFO         |              |             |                   |  |  |
|   |  |            | ls          | Locat   | on        | 1          | 23 140  | II- EXC  | mpted ( ) and 140i   | I-I Hable I Toced |             | otom         | ent T       |                   |  |  |
| Loca  | tion of  |            | N           | lormal  | ly        |            | Descrip   | otion o  | f  |                   |             | _            |             |                   |  |  |
|   |  | CM)        |             |         |           |            | stos Containir  | ng Ma    | terial (ACM)   | Amount            | Ren         | Repair       | Enc         | Enc               |  |  |
|   |  |            |             |         |           | (i.e       |   |          |  |                   | Remova      | air          | aps         | Enclosure         |  |  |
|   |  |            | 30300       |         | 2077.011/ |            |   |          |  | SF OF LF)         | <u> </u>    |              | Encapsulate | ē                 |  |  |
| ·   |  |            | Yes         | No      | N/A       |            |   |          |  |                   |             |              | æ           |                   |  |  |
| B Level   |  |            | $\boxtimes$ |         |           | Floor ti   | le and mast   | ic       |  | 40 SF             | $\boxtimes$ |              |             |                   |  |  |
| B Level   |  |            | $\boxtimes$ |         |           | Pipe In    | sulation (Wi  | rap &    | Cut)   | 2 LF              |             |              |             |                   |  |  |
| Delong Reading L  | evel   |            | $\boxtimes$ |         |           | Pipe In    | sulation (Wi  | rap &    | Cut)   | 30 LF             | $\boxtimes$ |              |             |                   |  |  |
| C Level Near Vaul   | t  |            | X           |         | П         | Floor T    | ile & Mastic  |          |  | 700 SF            | In          | П            | П           | П                 |  |  |
| Name of Registered \  | Waste Hauler   | L          |             |         |           |            |   |          | Name of Regist   |                   |             |              |             |                   |  |  |
| SERVICE TRANS   |  | UP INC     |             | 2005    | auler IC  | No.        |   |          | A CONTRACTOR OF THE PROPERTY O |                   | FILL        |              |             |                   |  |  |
| CALLACT TAKES — SA AND AND SAND   | _  |            |             |         |           |            | Disposal Dat  | te       |  |                   |             |              |             |                   |  |  |
| NEW CASTLE, D   | E  |            |             |         |           |            |   |          | MORRISVII  | LE, PA 19067      |             |              |             |                   |  |  |
| Completed By (Print of  | or Type)   | Title      | 12          |         |           |            | Signatu   | ire      | 0 1  | , D               | ate ,       | ,            | ,           |                   |  |  |
| Brian Scafiro   |  | Est        | imat        | or      |           |            | Ba  |          | Vacl.  |                   | 12/10       | 1/           | 4           |                   |  |  |

ASB-41 MAY 11 B5/4003B

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

| Date of Notification (1)                                 |                                   |                    |                            | N  | ame  | of Building              | Owner/Operator (  | 2)   | 19.                             |         | 7111   | +           |           |  |
|--|-----------------------------------|--------------------|----------------------------|--|--|--------------------------|---|--|---------------------------------|---------|--------|-------------|-----------|--|
|  | 15/                               | 14                 |                            |  |  |                          | iversity-Office   |  | Construction                    | 014     |        | ]][         |           |  |
| Agencies Notified ☐ EPA ☑ DOLWD                          | Type Notifi  ☑ Initial  ☑ Amende  |                    |                            | S  |  | t Address<br>D Elm Dr.   |   | AS   | BESTOS PO                       | DOS 3   | FADM   |             |           |  |
| ☑ DHSS   |                                   | ment # <u>23-</u>  |                            | С  |  | State, Zip Co            |   | LICENSING  |                                 |         |        |             |           |  |
| DCA  | 12/19/14                          |                    |                            | -  | Princeton, NJ 08544 ame of Contact Telephone Number  |                          |   |  |                                 |         |        |             |           |  |
| (NJAC 5:23-8)  | ☐ Emerge justifica                | ency (includation) | ding                       |  |  | of Contact<br>bert Orteg | a   |  | Telephone Num                   | ber     |        |             |           |  |
|  |                                   |                    |                            |  | FA   | CILITY INF               | ORMATION  |  |                                 | -       |        |             |           |  |
| Name of Facility Where A<br>Princeton Universit          |                                   |                    |                            | )  |  |                          |   | Type of Facility (   | 30.E.                           |         |        |             |           |  |
| Street Address   | y-rirestor                        | ie Library         |                            |  |  |                          |   | Subchanter 8   | )<br>(Other than K-12           | 2)      |        |             |           |  |
| Washington Rd  |                                   |                    |                            |  | Other (i.e., private and commercial but homes, etc.) |                          |   |  |                                 |         | ilding | S,          |           |  |
| City (5)   |                                   |                    |                            |  |  |                          |   | Square Feet  | # of Floors                     | Blo     | ig. Ag | je          |           |  |
| Princeton  |                                   | 0.00               |                            |  |  |                          | 2   |  |                                 |         |        | 5000        |           |  |
| County (6) MERCER  |                                   | (                  | Cour                       | nty Code (7)(                                | STATE USE ONLY)                                      | Current Use (Pric        | or if being demoli  | shed)  |                                 |         |        |             |           |  |
| Name of Monitoring Firm                                  | Hired by Bu                       | ilding Own         | er (8)                     | AS   | СМ   | No.                      | Name of Abateme   |  |                                 |         | -      |             |           |  |
| ATC Associates Inc                                       |                                   |                    |                            |  |  |                          |   | VIRONMENTAL  | INC.                            |         |        |             |           |  |
| Street Address   |                                   |                    |                            |  |  |                          | Street Address  |  | ·                               | -       |        | -           |           |  |
| Three Terri Center                                       |                                   |                    |                            |  | 1123 BEAVE   | R STREET                 |   |  |                                 |         |        |             |           |  |
| City, State, Zip Code                                    |                                   |                    | City, State, Zip Code      |  |  |                          |   |  | - 1100                          | -       |        |             |           |  |
| Burlington, NJ 0801                                      |                                   |                    |                            |  |  |                          | BRISTOL, PA   | 19007  |                                 |         |        |             |           |  |
| Project Manager for Monitoring Firm Michael Keehn        |                                   |                    |                            |  |  |                          | Telephone No.   |  | License No.                     |         | -      |             |           |  |
|  |                                   |                    |                            |  | DETRICE.   | -8800                    | 215-788-6040  |  | 00509                           |         |        |             |           |  |
| Start Date (10) / 5 /                                    | 14                                | Scheduled 6        |                            | pletion<br>H 0                               |  |                          | Name of OSHA M<br>BRISTOL EN  | onitor<br>VIRONMENTAL  | , INC.                          |         |        |             |           |  |
| Occupancy Status During                                  |                                   |                    |                            |  |  |                          | Street Address  |  |                                 |         |        | -           |           |  |
| ☐ Facility Closed/Vacated                                | d During En                       | tire Period        | of Aba                     | atemer                                       | nt   |                          | 1123 BEAVER   | RSTREET  |                                 |         |        |             |           |  |
| Abatement Performed Time of Abatement: 6:                | Outside of N<br>30AM- <u>3:00</u> | Normal Fac<br>PM/  | ility H                    | ours -                                       | Des<br>AM  | cribe                    | City, State, Zip Co   |  |                                 |         |        |             |           |  |
| Scope of Work (Check all                                 | that apply)                       |                    |                            |  |  |                          |   |  |                                 |         |        |             | -         |  |
| ☐ ≥3 sf or ≥3 if<br>☑ ≥160 sf or ≥260 if                 |                                   |                    | Renov<br>Demo              |  |  |                          | Mini-Encl     Glovebag  | ainment with Nega<br>osure<br>g Procedure<br>mpted (*) and Non |                                 | ге      |        |             |           |  |
|  |                                   |                    |                            | cation                                       |  |                          |   |  |                                 | Aba     | iteme  | nt T        | ype       |  |
| Location of Asbestos-Containing N TO BE ABAT IN Facility | laterial (ACI                     | ",                 | lsed S<br>Mainte<br>ustodi | mally<br>solely be<br>nance<br>al Stat<br>2) | /  |                          | Description of<br>os Containing Mat<br>thermal systems i<br>surfacing, VAT, | terial (ACM)<br>nsulation,<br>or                               | Amount<br>(Specify<br>SF or LF) | Removal | Repair | Encapsulate | Enclosure |  |
| (13)   |                                   | Ye                 |                            |  | I/A  |                          | other miscellaned   | ous)   |                                 |         |        | ate         | (b)       |  |
| Throughout Levels C,                                     | B and A                           |                    |                            |  | ]  | Floor tile               | and mastic  |  | 1,465 SF                        |         |        |             |           |  |
| Office A-7J  |                                   | $\boxtimes$        | TE                         |  | ]  | Window                   | Caulk   |  | 96 LF                           |         |        |             |           |  |
| Throughout Levels C,                                     | B and A                           |                    | TE                         |  | ]  | Duct Wor                 | rk  |  | 1775 SF                         |         |        |             |           |  |
| 1 <sup>st</sup> Floor Level 1                            | el 1 Pip                          |                    |                            |  |  |                          | lation (Wrap &  | Cut)   | 72 LF                           | Tnt     | П      | П           | П         |  |
| Name of Registered Waste<br>SERVICE TRANSPOR             |                                   | P INC              |                            | Haule  | er ID  | Vaste (                  | Cubic Yards of<br>Waste   | Name of Registe  |                                 |         |        |             |           |  |
| City, State  NEW CASTLE, DE                              |                                   |                    |                            | 20   | 990  |                          | Disposal Date   | City, State  | LE, PA 19067                    |         |        |             |           |  |
| Completed By (Print or Typ                               | ne)                               | Title              |                            |  | _  |                          | Cionatura   | MORRISVIE  |                                 | 1-      |        |             |           |  |
| Brian Scafiro  | ·~)                               | Estim              | ator                       |  |  |                          | Signature Sucar X   | Scolino /  |                                 | 12/19   | 14     |             |           |  |

B S 1 4 0 8 3 8 \* Do not use this form for asbestos licensure exempted activities.

P001/00

| Date of Notification (1)   |             |                       | Name of Building Owner/Operator (2) |             |  |                     |                       |                   |         | 011         |           |  |
|--|-------------|-----------------------|-------------------------------------|-------------|--|---------------------|-----------------------|-------------------|---------|-------------|-----------|--|
| /  | 14          |                       | Mon                                 | mouth L     | Iniversity   | Ck                  | # 3426 \$2            | 2000              | 3, 2    | (1)14       |           |  |
| Agencies Notified Type Notificati  | ion         |                       | Street                              | Address     |  |                     | 1                     |                   | ,       |             |           |  |
| ☐ EPA ☐ Initial  |             |                       | 400 Cedar Avenue                    |             |  |                     |                       |                   | CON     | TRO         | )L 8      |  |
| ☑ DOLWD ☐ Amended  |             | 390                   | City, S                             | tate, Zip C | 1  | LICE                | <b>42 14</b>          | G                 |         |             |           |  |
| ⊠ DHSS Amendmer  |             | -                     | Wes                                 | <u></u>     |  | •                   |                       |                   |         |             |           |  |
| □ DCA  |             | ng                    | Name                                | of Contact  |  |                     | Telephone No          | ımber             |         |             |           |  |
| ☐ Cancellatio  | 17.         |                       | Rob                                 | ert Corn    | ero  |                     |                       | 2000              |         |             |           |  |
|  |             |                       |                                     |             |  |                     |                       | <del>-</del>      |         | -           | -         |  |
|  | hi Di-      | (0)                   | FAC                                 | ALITYIN     | FORMATION  | TT (F2.10b)         | 72                    |                   |         |             |           |  |
| Name of Facility Where Abatement is Ta   |             | ce (3)                |                                     |             |  | Type of Facility    |                       |                   |         |             |           |  |
| Monmouth University, Woods H   | lall        |                       |                                     | PPROVE      |  | School (K-12        | i)<br>3 (Other than K | -12)              |         |             |           |  |
| Street Address   |             | NOB                   | ept. of H                           |             | nior Services  | Other (i.e., p      | rivate and comi       | nercial bu        | Ilding: | 5,          |           |  |
| 400 Cedar Avenue   |             |                       | MI                                  |             | mes  | homes, etc.)        |                       |                   |         |             |           |  |
| City (5)   |             | 13/4                  | (Gionalure)                         | O. M. M.    | Square Feet  | # of Floors         | 1-1110                | ig. Ag            | ie      |             |           |  |
| West Long Branch, New Jersey   | Date        |                       |                                     | no: 8:42AM  | 20,000   | 2                   | v                     | 56∻               |         |             |           |  |
| County (6)   |             |                       | Coun                                | ty Code (7  | )(STATE USE ONLY)  |                     | ior if being dem      | ollshed)          |         |             |           |  |
| Monmouth   |             |                       |                                     |             |  | University          |                       |                   |         |             | 9         |  |
| Name of Monitoring Firm Hired by Build!  | ng Owne     | er (8)                | ASCM                                | No,         | Name of Abaten   | nent Contractor (9) |                       |                   |         |             |           |  |
| AHERA Consultants, Inc.  |             |                       |                                     |             | Lilich Corpo   | oration             |                       |                   |         |             |           |  |
| Street Address   |             |                       |                                     |             | Street Address   |                     |                       | *                 |         |             |           |  |
| PO Box 385   |             |                       |                                     |             | 606 McBride  | e Avenue            |                       |                   |         |             |           |  |
| Clty, State, Zip Code  |             |                       |                                     |             | City, State, Zlp (   | Code                |                       |                   |         |             |           |  |
| Oceanville, New Jersey 08231   |             |                       |                                     |             | Woodland P   | ark, New Jerse      | y 07424               |                   |         |             |           |  |
| Project Manager for Monitoring Firm  |             | Tel                   | aphone I                            | No.         | Telephone No.  | ·                   | License No            |                   |         |             |           |  |
| John Smoyer  |             |                       | 09-652                              |             | 973-225-840  |                     |                       |                   |         |             |           |  |
|  | cheduled    | Compl                 | otlon Da                            | te (11)     | Name of OSHA   |                     | 01104                 |                   |         |             |           |  |
| _12 / 26 / 14  |             | A STATE OF THE PARTY. | 1 /                                 |             | 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -  | nmental Labora      | tories Inc.           |                   |         |             |           |  |
| Occupancy Status During Abatement (C   |             | New Year              |                                     |             | Street Address   |                     |                       |                   |         |             |           |  |
| ☐ Facility Closed/Vacated During Entire  |             |                       | mant                                |             | 100-00 100-00 100-00 MOTOR ACE, 47   | 22 18/4             |                       |                   |         |             |           |  |
| Abstement Performed Outside of No.   |             |                       |                                     | cribe       | 2333 Route   |                     |                       |                   |         |             |           |  |
| Time of Abatement: 7AM AM-PM/  |             |                       |                                     | 01106       | City, State, Zip (   |                     |                       | 70                |         |             |           |  |
|  |             | T                     |                                     |             | Union, New   | Jersey 07083        |                       |                   |         |             |           |  |
| Scope of Work (Check all that apply)   |             |                       |                                     | 393         | M Full Co  | ntainment with Ne   | native Pressure       |                   |         |             |           |  |
| ≥3 sf or ≥3 If   | $\boxtimes$ | Renova                |                                     |             |  | nclosure            | gative micssuit       | ,                 | 8       |             |           |  |
| _ ≥160 sf or ≥260 lf   |             | Demolit               | ion                                 |             |  | ag Procedure        |                       |                   |         |             |           |  |
|  |             |                       |                                     |             | □ Non-E  | empted (*) and No   |                       | ****              |         |             |           |  |
|  |             | Is Loca<br>Norm       |                                     |             | 5  | 200 <b>2</b> 0      |                       | AŁ                | atem    | ent T       | ype       |  |
| Location of<br>Asbestos-Containing Material (ACM)  |             | Jsed So               | lely by                             | Asbe        | Description<br>stos Containing N   |                     | Amount                | Re                | Re      | 雪           | 5         |  |
| TO BE ABAJED   |             | Mainten<br>ustodia    |                                     |             | e., thermal system   | s insulation,       | (Specify              | Removal           | Repair  | 정           | Englosure |  |
| IN Facility (13)   | 0           | (12                   |                                     |             | surfacing, VA<br>other miscellar   |                     | SF or LF)             | <u>n</u>          |         | Encapsulate | ure       |  |
| (13)   | Ye          |                       | -                                   | 1           | Otijal IIIISCONA   | 14003)              |                       |                   |         | 70          |           |  |
| 5 1  |             |                       |                                     |             | 2  |                     | 34000                 | E2                | 1       |             | 1         |  |
| 5 locations in Attic   |             |                       |                                     | Paper       | Duct Insulation  |                     | 140 SF                |                   |         |             | L         |  |
|  |             |                       |                                     |             |  |                     |                       |                   |         |             | 10        |  |
|  |             |                       |                                     |             |  |                     |                       | П                 |         | П           | 1         |  |
|  |             |                       |                                     | -           |  |                     |                       | $+$ $\frac{1}{2}$ | +=      | =           | 1         |  |
|  |             |                       |                                     |             | W CONTRACTOR OF THE CONTRACTOR |                     |                       |                   |         |             |           |  |
| Name of Registered Waste Hauler  |             |                       | NJDEP                               |             | Cubic Yards of   | 1                   | stered Landfill       |                   |         |             |           |  |
| Lilich Corporation   |             |                       | Hauler II<br>1872                   |             | Waste 3 .  | G.R.O.W.5           | S Landfill            |                   |         |             |           |  |
| City, State  |             |                       |                                     |             | Disposal Date  | City, State         |                       |                   |         |             | -         |  |
| Woodland Park, New Jersey 07-  | 424         |                       |                                     |             | 01/02/15   |                     | e, Ponnsylva          | nla               |         |             |           |  |
| Completed By (Print or Type)   | Title       |                       |                                     | •           | Signature  |                     |                       | Date              |         |             |           |  |
| Momo Glavatovic  |             | Presid                | lant                                |             | Cignatula  | (61)                |                       | Date              | 1/8/    | /,          |           |  |
| The state of the s | vice        | rresic                | ent.                                |             |  | (574V               |                       | 121               | 18/     | 1/4         | 8         |  |
| ASB-41   |             |                       |                                     | for asbes   |  |                     | 60                    | 1,000             |         |             |           |  |