| | | | | | | | | | | L | | F | n h | n P | int- | | |
|---|--|--------------------------|------------------------------|---|-------------------------------------|-------------------------------------|---|---|---|-------------------------|------------------------|--------------|----------------|--------------|-------------|--|--|
| noch | | | NOTII | FICATIO | State of N ON OF AS it to NJA | BESTOS | ABATE | MEN 0) | Т | | EC | <u>E</u> | | <i>j</i> [L | 7 | | |
| Date of Notification (1) 12/18/2019 | | | | e of Building Owner/Operator (2) Inlsen Construction Company | | | | | | | 20 | 13 | lon | | | | |
| Agencies Notified | Type Notification | 1 | | Street | Address _aindex | | | | , | | ASBEST | | | ROL | & | | |
| × DEP × DOL | Initial Amended | | | | tate, Zip C | | Juile 4 | 104 | | | L.) | GENS | NO. | PART PRINCES | ets-routeen | | |
| X DOL | Amendmen Emergency | | Parsippany, New Jersey 07054 | | | | | | | | | | | | | | |
| DOH DCA | justification Cancellatio |) | 9 | | of Contacton | - | | | | | ephone Nu 73) 440-2 | | | | | | |
| Name of Facility (Aff | | | | FAC | CILITY IN | FORMAT | ION | | | | , | | | | | | |
| Name of Facility Where Residential | Abatement is Takii | ng Place | (3) | | | | * | Тур | e of Facility | 1000 | | | | | | | |
| Street Address | | | | | | | | H | School (K- Subchapte | r 8 (Oth | er than K-1 | 12) | | | | | |
| | | | | | | | | × | Other (i.e. etc.) | private 8 | & commerc | cial bui | ldings | , hom | es, | | |
| City (5) Livingston | | | | | | | | Squ 1,8 | are Feet | # of | f Floors | 4120 | 3ldg. <i>1</i> | Age | | | |
| County (6) Essex | | | | | | County Code (7) (STATE USE ONLY) | | | | ior if bei / Office | ng demolis Buildin | hed) | | | | | |
| Name of Monitoring Firm TBD | Hired by Building | Owner (8 | 3) | ASCM No. | | | | Name of Abatement Contractor (9) Sky Contracting, LLC | | | | | | | | | |
| Street Address | | | | | Street Address | | | | | ess ey Road, Suite K | | | | | | | |
| City, State, Zip Code | | | | | | | City, S | tate, 2 | Zip Code | | | | | | | | |
| Project Manager for Monitoring Firm Telephone No. | | | | | | | Teleph | | lew Jerse | y 0747 | 70 License N | Jo. | | | | | |
| | | | | 3.422 | | | (973) | 928 | -5040 | | 00874 | | | | | | |
| Start Date (10) 12/28/2019 | Scheduled Completion Date (11) 1/28/2020 | | | | | | | | HA Monitor racting, LI | С | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | | | | | Street | | | | | | | | | | |
| Facility Closed/Vaca Abatement Performe Other – Describe: | ted During Entire ed Outside of Norn | Period of nal Facilit | Abaten y Hours | nent S | | | | | ey Road, Zip Code | Suite I | < | | | 197 | | | |
| | 171 1 4 1 3 | | 30 | Wayne, New Jers | | | | | | y 0747 | 70 | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | | | | | × | Mi Gl | III Containmeni-Enclosure ovebag Procon-Exempted | e cedure | | | | | | | |
| | | 1000 | Locati | | | | escription of taining Material (ACM) | | | 3 () 4110 | Abatement | | | | | | |
| Location Asbestos-Containing | | Use | Normal ed Sole | ly by | Ashea | | | | | | | - | i y | ре | | | |
| TO BE ABA | TED | 122 | aintenar todial S | | | thermal: | systems | insula | | (S | nount pecify | Re | R | Enca | En | | |
| (13) | , | | (12) | | | | ing, VA | | | SF | or LF) | Remova | Repair | Encapsulate | Enclosure | | |
| 2 20 30 30 30 30 30 | | Yes | No | N/A | | | | | | | | <u>m</u> | | ate | re | | |
| Kitchen & F | | | X | | Yellow | /Orange | Vinyl | She | et Floor | 20 | 0 SF | x | | | | | |
| Baseme | | | х | | Off-V | Vhite 12 | "x12" | Floor | r Tiles | 1,50 | 00 SF | x | | | | | |
| Roof - Chir | mney | - | х | | Е | Black Ro | ofing | Mast | ric | 1 | SF | х | | | | | |
| lame of Registered Wast | e Hauler | | N | JDEP W | /aste | Cubia | /arda | | Nems | Decisi | -dl | | | | | | |
| ervice Transport Gr | | | H | auler ID 1990 | | of Wast | Yards Name of Registered La ste Minerva Enterprise | | | | | | | | | | |
| ity, State ew Castle, Delawar | 9 | | | Disposal Date TBD | | | | te City, State Waynesburg, Ohio | | | | | | | | | |
| completed by jiljana Sekularac | Title Office Assistant | | | | | | gnature | 1 | |) | Da | te 2/18/2 | 2019 | | | | |

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

| tav 10000 | CAN | 10 | - JF | ursuant | to NJAC | 8:60 au | d 12:420 | N. Carlotte | | | | | | - | | - | | |
|--|---------------------------------------|--------------|----------|--------------------------------|--|-----------------|---------------------------------|--|---|---|-----------|-------------|-----------|-------------------|-----|-----|--|--|
| Date of Notification (1) 12/17/2019 | | | | Name e Frank | figuilding Iin Deve | Owner/ loome | Operator nt Grot | (2) 10 LI | Le. | D)r | EC | E | | \mathbb{V} | E | M | | |
| Agencies Notified | Type Notification | | | Street A | ddress | | | 4 | | M | 2000 | | | | - | | | |
| ₩ EPA | ☐ Initial | | | | urch St. | | | | | | DEC | , 2 | 3 2 | 019 | | U | | |
| DEP DOL | Amended Amendment | # | | | ate, Zip Co | | | | | | | | | | | | | |
| | X Emergency | | _ | Montclair NJ. Name of Contact | | | | | | TTÁ | SPECT | 000 | ON | TRO | L & | | | |
| DOH DCA | justification) Cancellation | | | | Hogan | | | | Telephone Number TROL & 914-839-9020 | | | | | | | | | |
| <u> </u> | | | 1 | | ILITY INFO | ORMAT | ION | | | | | | | | | | | |
| Name of Facility Where A | Abatement is Takin | g Place (3 | 3) | | | | | Тур | e of Facility | | | | | | | | | |
| Street Address | | | | | | | | H | School (K- Subchapte | | er than I | K-12) | | | | | | |
| 3316 Kennedy Bou | levard | | 7 | | | | | X | Other (i.e. etc.) | | | | build | lings, | hom | es, | | |
| City (5) Jersey City | | | | | | | | Squ 2,0 | are Feet 25 | # 0 | f Floors | | 10000 | ldg. A | ge | | | |
| County (6) | | | | | Code (7) | 1 | | Curr | rent Use (Pr | ior if be | ing demo | olishe | d) | | | | | |
| Hudson | ., | | | | USE ONLY | | | YE | | | | | | | | | | |
| Name of Monitoring Firm EMPIRE ENVIRON | | Owner (8) | | ASCN | Л No. | | | | atement Co st Enviror | | | | | | | | | |
| Street Address | | | | | | | Street | Addre | ess | *************************************** | | | | | | | | |
| 35 Main Rd. # 200 | | | . 0 | | | | | | rgenline A | ve. | | | | | | | | |
| City, State, Zip Code Towaco NJ. 07082 | | | | | | | | | Zip Code w York | | | | | | | | | |
| Project Manager for Mon | | | | Telepho | ne No. | | | elephone No. License No. | | | | | | | | | | |
| Michael Boggi. | | | | 70 | 34-5641 | 1 | 1 | | 0642 | | 1300 | | | | | | | |
| Start Date (10) | | | | | Date (11) | - | | | SHA Monitor | | | | | | | | | |
| 12/18/2019 | | 12/22/ | Samuel V | 1 | | | | | nvironme | ental | | | | | | | | |
| Occupancy Status Durin | | | | | | | Street 35 M | | ess Rd #200 | | | | | | | | | |
| Facility Closed/Vac Abatement Perform | | | | | | | 1 | | Zip Code | | | | | | | | | |
| Other - Describe: | | | | | | | Tow | aco | NJ. 07082 | 2 | | | | | | | | |
| Scope of Work (Check A ≥3 sf or ≥3 If ≥160 sf or ≥260 If | Il That Apply) | Controller | Renova | | | | | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | | |
| | | | Loca | | | | | | | | | | | Abatement Type | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Norm Used So Mainten Custodial | | | | ely by ance/ Staff? | escription ntaining M nt systems acing, VA miscellar | | Amount (Specify SF or LF) | | | Removal | Repair | Encapsulate | Enclosure | | | | | |
| | | Yes | No | N/A | | | | | | | | | | | CD | | | |
| EXTERIOR | SIDING | | X | | | SH | HINGLE | S | | 60 | 00 SF. | | х | | | | | |
| First Floor& E | Basement | | Х | | WALL PLAS | | | | ₹ | 1,1 | 72 SF. | | Х | | | | | |
| FIRST FL | OOR | | X | | | VAT | FLOOR | TIL | E | 14 | 0. SF. | _ | Х | | | - | | |
| | | | <u> </u> | 1 | <u> </u> | | | | | <u> </u> | | -1611 | | | | | | |
| Name of Registered Was TRI STATE | ste Hauler | | 1 | NJDEP W Hauler ID 1951 | | of Wa | | | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | Name of Registered Landfill MINERVA ENTERPRISE INC. | | | | | | | | |
| City, State BRONX, NY. | ————————————————————————————————————— | | | | | Dispo | sal Date | | City, Sta WAYN | | IRG OI | Н. | | | | | | |
| Completed by CARLOS ESQUIVE | L | Title SAF | ETY | MANAGER Signature | | | | | | | | | | ate 2/17/2019 | | | | |

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

| Lns 16426 CK 001030 | 1 | NOTH | FICATIO | tate of Ne N OF ASI | ESTOS | ABATEMENT | r M | ECE | | E | | 7 | | | |
|--|---------------------------|----------------------------------|-------------------------------|---------------------------|---------------------|--|---|-------------------------------|---------------|-------------------|-------------|-----------|--|--|--|
| Date of Notification (1) 12/17/2019 | Carp (| Name of Prolog | of Building | Owner/ | Operator (2) | Check N | No. 1530 DFC: 2 | 3 2019 | n. | | | | | | |
| Agencies Notified Type Notification | | | Street A Pier 1 | Address Bay 1 | | | a land Omni | UEU_2 | 3 201 | SII. | 2 Los | 4 | | | |
| ☑ DEP☑ Amended☑ DOLAmendment # | | | | | | nia | | ASBESTOS CONTROL & LICENSING | | | | | | | |
| ☐ Emergency (ir justification) ☐ DCA ☐ Cancellation | Name of Julia S | of Contact Smith | | | | Telephone Number 415-394-9000 | | | | | | | | | |
| Name of Facility Where Abatement is Takin | g Place (| 3) | FAC | ILITY INF | ORMAT | ION Type of Fa | cility (4) | | | | | | | | |
| Prologis Warehouse | g / 1000 (| ·, | | | | ☐ School | | | | | | | | | |
| Street Address 8B Court South | Fall Rest Kan a Palaman | | | | | ☐ Subcha | apter 8 (Other that i.e. private & con | an K-12) nmercial buildi | ngs, hom | nes, e | etc.) | | | | |
| City (5) Edison, New Jersey 07666 | | | | | | Square Fee 20000 | 2027 P. C.S. | # of Floors Bldg. A 50+ | | | Age | | | | |
| County (6) Middlesex | | | | Code (7) USE ONLY |) | Current Us Warehous | e (Prior if being d | lemolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Environmental Design, Inc | Owner (8 |) | ASCI | M No. | | Name of Abatement Contractor (9) Lilich Corporation | | | | | | | | | |
| Street Address 5434 King Ave | | | | | | Street Address 246 Union Boulevard | | | | | | | | | |
| City, State, Zip Code Pennsauken, New Jersey 08231 | | | | | | City, State, 2 Totowa, No | City, State, Zip Code Totowa, New Jersey 07512 | | | | | | | | |
| Project Manager for Monitoring Firm Jay Murray | Telepho 856-6 | ne No 16-9516 | | Telephone N 973-225-84 | | License N 01104 | lo. | | | | | | | | |
| Start Date (10) 12/30/2019 | | | | | | | | | | | | | | | |
| Occupancy Status During Abatement (Chec | | | | 10 | | Street Address 2333 Route 22 West | | | | | | | | | |
| ☐ Facility Closed/Vacated During Entire Per Abatement Performed Outside of Norma ☐ Other – Describe: | eriod of A al Facility | batem Hours | ent | | | City, State, Zip Code Union, NJ 07083 | | | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | - | | | | | | |
| ☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf | | Renova Demolit | | | | □ Full Containment with Negative Pressure □ Mini-Enclosure □ Glove Bag Procedure / Limited Containment & Tent □ Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| | 1007 | Locat Norma | | | | | | Amount (Specify | A | Abatement Type | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Use Ma | ed Sole intena todial (12) | ely by nce/ | | stos Cor mal sys | Description of ntaining Materi terns insulation VAT, or er miscellaneo | ial (ACM) (i.e. n, surfacing, | SF of LF) | Remova | Repair | Encapsulate | Enclosure | | | |
| | Yes | No | N/A | | 5 | | ,,,,, | | /al | - | ilate | ure | | | |
| Warehouse | | Х | | Exterior w | all- Trans | ite Panels | | 12,623 S | FX | | | | | | |
| | | | | | | | | | | | | | | | |
| | | 0000000 | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler Lilich Corporation | | H | IJDEP W lauler ID 18724 | | of Was | Yards ste 1 | Name of Regineration Fairless Lar | Registered Landfill Landfill | | | | | | | |
| City, State Totowa, New Jersey | | | | | Dispos 1/16/2 | sal Date 2020 | City, State Morrisville, F | PA | | | 31 | | | | |
| Completed by Adriana Olejarova | Title President | | | | | ignature | (0) | Da 1 | te 2/17/20 | 19 | | | | | |

| Inv#1 | 6424 | 5 | NOTI | FICATIO Pursuar | NOF ASI | SESTOS 8:60 ar | ABATEMENT | The state of the s | D) E G | | \mathbb{V} | E | T | | | | |
|---|--------------------|---------------------------|--------------------|-------------------------|--|-------------------|--|--|--|-------------------|--------------|-------------|-----------|--|--|--|--|
| Date of Notification (1) 12/17/2019 | | 1 | | Náme | of Building Frank & E | Owner/ | Operator (2) | Otherwise and the second secon | Check 1 | 531 | 2019 | 1 | - | | | | |
| Agencies Notified | Type Notification | | | Street | Address | | | fed | but BLO | <u>(.5</u> | 2013 | | | | | | |
| □ EPA ☑ DEP ☑ DOL | | | City, S Plainfi | tate, Zip C eld, New | ode Jersey | 07062 | The parties are a second | ASBESTOO CONTROL & LICENSING | | | | | | | | | |
| ☑ DOH □ DCA | DOH justification) | | | | | | | I | Telephone Number | | | | | | | | |
| Name of Facility Where | Abatement is Taki | ng Place (| (3) | FAC | ILITY INF | ORMAT | Type of Fa | cility (4) | - | | | | | | | | |
| | | | | | | | □ School | (K-12) | 16 40) | | | | | | | | |
| | = | | | | | | ☐ Subcha | apter 8 (Other the .e. private & con | nan K-12) mmercial building | gs, hon | nes, e | tc.) | | | | | |
| | ey 07062 | | | | | | Square Fee 2000 | t | # of Floors 3 | Blo 50 | ig. Ag | je | | | | | |
| Date of Notification (1) 12/17/2019 Agencies Notified □ EPA □ Initial □ Amended Amendment # □ Emergency (including justification) □ DCA Name of Facility Where Abatement is Taking Place (3) Private Residence Street Address City (5) Plainfield, New Jersey 07062 County (6) Union Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc Street Address 560 Sylvan Avenue Suite 3065 City, State, Zip Code Englewood Cliffs, New Jersey 07632 Project Manager for Monitoring Firm Anthony Valentine Start Date (10) 12/28/2019 Occupancy Status During Abatement (Check Only One) □ Facility Closed/Vacated During Entire Period of Abat Abatement Performed Outside of Normal Facility Ho □ Other - Describe: ○ Occupied Scope of Work (Check All That Apply) □ ≥3 sf or ≥3 lf □ Zed Scope of Work (Check All That Apply) □ ≥3 sf or ≥260 lf □ Den Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Ves N Alame of Registered Waste Hauler Lilich Corporation Stype State State Date (10) Location of Check All That Apply) □ ≥3 sf or ≥260 lf □ Den Location of Check All That Apply) □ ≥3 sf or ≥260 lf □ Den Location of Check All That Apply) □ ≥3 sf or ≥260 lf □ Den Location of Check All That Apply) □ ≥3 sf or ≥260 lf □ Den Location of Check All That Apply) □ ≥3 sf or ≥260 lf □ Den Location of Check All That Apply) □ ≥3 sf or ≥260 lf □ Den Location of Check All That Apply) □ ≥3 sf or ≥260 lf □ Den Location of Check All That Apply) □ ≥3 sf or ≥260 lf □ Den Location of Check All That Apply) □ State Check All That Apply) □ State Check All That Apply) □ Abatement Performed Check All That Apply) □ Abatement Performed Check All That Apply) □ State Check All That Ap | | | | | Code (7) USE ONLY |) ₋ | Current Use Residence | e (Prior if being | demolished) | | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc Street Address | | | | ASC | M No. | | Name of Ab Lilich Corp | atement Contra oration | ctor (9) | | | | | | | | |
| Street Address 560 Sylvan Avenue S | Suite 3065 | | | | | | Street Address 246 Union Boulevard | | | | | | | | | | |
| City, State, Zip Code Englewood Cliffs, Ne | w Jersey 07632 | | | | | | City, State, 2 Totowa, Ne | Zip Code ew Jersey 075 | 12 | | | | | | | | |
| Project Manager for Mo Anthony Valentine | nitoring Firm | 7 | | Telepho 201-5 | one No 69-6708 | | Telephone No. License No. 01104 | | | | | | | | | | |
| Start Date (10) 12/28/2019 | mpletion | Date (11) | | | Name of OSHA Monitor Iris Environmental Laboratories, LLC | | | | | | | | | | | | |
| | 120 | 2000 C. 100 | | | | | Street Addre | | | | | | | | | | |
| □ Abatement Perform | ed Outside of Norm | eriod of A al Facility | batem Hours | ent | | | City, State, Z Union, NJ (| ip Code | | (#7) | | | | | | | |
| Scope of Work (Check / | All That Apply) | | | | 11100 | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | Renova Demoli | | | | □ Mi □ Gl | ni-Enclosure ove Bag Proced | with Negative Pr lure / Limited Co and Non-Friable | ntainm | ent & | Tent | | | | | |
| 4 | | | Locat | | | | | () | Amount (Specify | Abatement Type | | | | | | | |
| Asbestos-Containing | Material (ACM) | Use Ma | intena | ely by ince/ | | stos Cor | Description of taining Materi ems insulation | | SF of LF) | | Т | | Ш | | | | |
| In Faci | lity | Cus | todial (12) | | | | VAT, or er miscellaneo | • | | Remova | Repair | Encapsulate | Enclosure | | | | |
| | | Yes | No | N/A | | | | | | /al | = | ilate | ure | | | | |
| nd Floor | | | Х | | Plaster | | | | 400 SF | Х | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | |
| | | | | - | | | | | | | | - | | | | | |
| Name of Registered Wa | ste Hauler | | 177 | JDEP W | NO SECTION AND ADDRESS OF THE PARTY OF THE P | Cubic ' | Yards | Name of Reg | istered Landfill | | | | \dashv | | | | |
| Lilich Corporation | | | | lauler ID 18724 | No. | of Was | ste | Fairless La | ndfill | | | | | | | | |
| City, State Totowa, New Jersey | | | | | | Dispos 12/31/ | al Date /2019 | City, State Morrisville, I | PA | -11.11 | | | | | | | |
| Completed by Adriana Olejarova | | Title Pre | esiden | t | | / | ignature - | 10 | Date | 17/20 | 19 | | | | | | |
| ASB-41 (R-06-08) | | 1 | | | | | * Do not use t | his form for asb | estos licensure | exemp | ted a | tivitie | es. | | | | |

| In # 168 | 20 | 2 _{NOT} | ΠΕΙΟΑΤΙ (Pursua | State of ON OF A | New Jers SBESTO 8:60 a | SABATE | MENT | 70. | 0/0 | 1 | 0/ | | <u> </u> |
|---|--|------------------------------|--------------------|--|------------------------------|---|---|--|-------------|----------------|-----------------|-------------|-----------|
| Date of Notification (1) 12/17/19 | | | Name | e of Buildin | ng Owner | - 7 H H I | | THE STATE OF THE S | EG | | 174 | | 4 |
| Agencies Notified Type Notification | | d Bostel t Address | | | | | | <u>n</u> (| <u> </u> | | | | |
| EPA DEP DOL Amended Amendme Emergenc justification | nt #y (includi | ng | City, S | City, State, Zip Code Cranford, NJ 07016 Name of Contact Fred Telephone Num | | | | | | | | | CO. |
| DCA Cancellation | Fred | 7 | | | | maner 10 | alebuoue ^l i | intiibe | ING | d resource (Ad | transi na Consu | | |
| Name of Facility Where Abatement is Tak home Street Address | ing Place | : (3) | FA | CILITY IN | IFORMA | TION | Type of Facility School (K Subchapt Other (i.e. | -12) er 8 (Oti | her than K | -12) | uilding | is hor | mes |
| City (5) Cranford | | | | | | | etc.) Square Feet 1900 | | of Floors | | Bldg. Age | | |
| County (6) Union | | | County (STATE | Code (7) |) .Y) | | Current Use (P | | eing demoli | ished) | 80 | | |
| Name of Monitoring Firm Hired by Building Street Address | ASC | CM No. | | Address | ental Services, LLC | | | | | | | | |
| City, State, Zip Code | PO Box 483, 4 City, State, Zip Coo Glenwood, NJ | | | | | ode | | | | | | | |
| Project Manager for Monitoring Firm Start Date (10) | | one No. | | Teleph 973-7 | 764-2276 License No. 703 | | | | | | | | |
| 12/27/19 Occupancy Status During Abatement (Chec | 1/13/2 | 20 | mpletion | Date (11 |) | | of OSHA Monitor | | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: attic | Period of | Abata | ment 's | | * | | Address ate, Zip Code | | | | \$8 | | |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If | Description of the last of the | Renov: Demoli | | | | × | Full Containm Mini-Enclosun Glovebag Pro Non-Exempte | e cedure | | | | re | |
| Location of Asbestos-Containing Material (ACM) | | s Locat Norma ed Sole | lly | | Des | scription o | of | | | | | emen ype | t |
| TO BE ABACTED In Facility (13) | Ma Cus | aintena stodial ((12) | nce/ | Asbes (i.e. | thermal: surfac | aining Ma systems i sing, VAT niscellane | aterial (ACM) insulation, , or ous) | Amount (Specify SF or LF) | | Remova | Repair | Encapsulate | Enclosure |
| attic | Yes | No | N/A | | | | | | | | | ate | Ġ. |
| attic | | | X | | ins | sulation | | 60 | 0 SF | x | | | |
| | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | N | JDEP W | aste | Cubic Y | 'ards | Name of F | Renieter | ed Landfill | | | | |
| Newark Carting Dity, State | | 1000000 | auler ID I 4509 | No. | of Wast | te | Name of Registered Landfill Grand Central Sanitary Landfill | | | | | | |
| Newark NJ | | | | | Disposa TBD | al Date | City, State Pen Arg | | | | | | |
| A. Scott Higgins | Title Presi | dent | | | Sig | gnature | A | Date 12/17/19 | | | | | |

Inv#16823 (Pursuant to NJAG 8:60/and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 12/17/19 Puccio Construction Agencies Notified Type Notification Street Address 1 Kensington Court **EPA** Initial DEP City, State, Zip Code Amended × DOL Amendment # Mahwah, NJ 07430 Emergency (including Name of Contact DOH A Selephone Number ROL & justification) DCA Cancellation Phil 551-265-8135 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) home School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, City (5) Square Feet # of Floors Bldg. Age Paramus 1700 2 83 County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Bergen Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ABS Environmental Services, LLC Street Address Street Address PO Box 483, 4 E Gate Drive City, State, Zip Code City, State, Zip Code Glenwood, NJ 07418 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-764-2276 703 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12/30/19 Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: bar, bathroom, exterior Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED Encapsulate (i.e. thermal systems insulation. (Specify Removal Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A bar X floor tile 15 SF X bathroom X floor tile 25 SF X exterior X siding 1500 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Newark Carting Grand Central Sanitary Landfill 04509 **TBD** City, State Disposal Date City, State Newark NJ TBD Pen Argyl, PA Completed by Title Signature Date A. Scott Higgins President 12/17/19

State of New Jersey NOTIFICATION OF ASBESTOS ABATIEMEN