| 0 V # 0 K 0 | NOTII | Pursua | ON OF ant to N | of New Jersey ASBESTOS AB JAC 8:60 and | 12:120) | | To appropriate the second seco | | EGE | | V | | |
|---|-------------------|--|--|--|--|--------------------------------|--|---------------|---------------------------------|-----------------|-------------|-------------|---------------|
| Date of Notification (1) Agencies Notified Type Notification | | | e of Bui | Iding Owner/Pp | erator (| 2) Sert | J. 10 | | DEC | 2 7 | 2016 | | |
| EPA Initial Amended Amendment #_ Emergency (inclusion) | iding | Nam | State, St | | M | 08 | 735 | Telep | ASSECT C | \$00 (1) (2) | 12 | | and the first |
| DCA Cancellation | | 7.1 | | Y INFORMATIO | ON | Type o | of Facility (4) | | | | | | + |
| Name of Facility Where Abatement is Taking Plant Street Address | ace (3) | - 0 | | | | S S C e | school (K-12) Subchapter 8 Other (i.e. privitc.) | (Other vate & | commercial | | ıs, ho | | |
| City (5) | | | | | | Squar | e Feet | # of h | loors | | 6 | | |
| County (6) V P O O | | Co (ST | unty Co | de (7) E ONLY) | _ | H | nt Use (Prior | | | i) | | | |
| Name of Monitoring Firm Hired by Building Ow | ner (8) | 1 | ASCM N | 10. | Bric | k Indu | stries Inc. | ractor (| 9) | | | | |
| Street Address | | | | | | Addres | | | | | | | |
| City, State, Zip Code | | | | | Brio | k, Nev | ip Code w Jersey 0 | 8723 | | | | | |
| Project Manager for Monitoring Firm | | | elephone | | (73 | ohone N 2)899- | -7499 | | License No 01196 | | | | |
| Start Date (10) 2 31 6 S Occupancy Status During Abatement (Check | cheduled) / N | 11- | letion D | ate (11) | | e of OS et Addre | HA Monitor | | | | | | - |
| Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: | riod of At | ateme | nt | | City, | State, 2 | Zip Code | | | | | | |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if | Re De | enovati | on | | | H N | ull Containm lini-Enclosure lovebag Pro- lon-Exempte | e cadura | | | | e | |
| | | Locatio | n | | | | 1011-Exemple | 4 () 4. | | 1 | Abate Ty | ment | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Used Mai | lormally d Solely intenan odial S (12) | y by ice/ taff? | Asbestos Co (i.e. therm | Descript ontaining hal system facing, or misce | g Mater ems insi VAT, or | ulation, | (| Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | asbest | 055 | i Li | NZ | 160 | 00 SF | 8 | | | |
| | | | | | | | 0 | | | - | | | |
| | | | | | | | | | | - | | | |
| Name of Registered Waste Hauler | | H | JDEP V | 443C | bic Yar Waste | ds 5 | Name of GRO | | stered Landf | ill | | | 1 |
| Brick Industries Inc. | | 2 | 1602 | Dis | sposal [|)ate | City, St | ate | 1 | | | | |
| City, State Brick, New Jersey Completed by | Title | | | \ | Sign | ature / | PA | | | Date 12 | 177 | 116 | D |
| Eric Plackis | Pres | sident | <u> </u> | | | U | WH _ | | | | | | |

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

* De not use this form for asbasics licensure grompsed activities.

Disposal Dala

TBD

Signature

City, State

Tullytown, PA

Wenne

DMA

12/21/16

City, State

N. Jevtic

PP YAM

Wayne, NJ 07470

Completed By (Print or Type)

Title

Owner

CK# 3941

| -941 | NOTIFIC | ATIO | N OF | ASBE | 8:60 and | 5:16) | | DE | mericanism mentioner | | |
|---|---|----------|-------------|---------------|----------------------------|---------------------------------|---------------------|--|----------------------------------|-------------|-------------|
| 23941 | (P | ursua | nt to | 1407.10 | | otor (2) | | Imil | - 2 7 20 | 116 | |
| | | Nam | e of B | uilding | Owner/Oper Departmen | t of Milit | ary Affair | 8 | DEC 2 7 20 | /10 la | = |
| of Notification (1) | 22 / 16 | Ne | w Je | ersey L | eparumen | | | 1 5:31 | | | 1 |
| 12 / _ | 66 | Stre | et Ad | dress | | | | | SECTOR DON' | | - 1 |
| ncies Notified | Type Notification | 10 | 1 E | gerts | Crossing | Road | | 1 | | | -urr * |
| | ⊠ Initial | | | | 000 | | :48 | | 344 | | |
| EPA DEP | Amended Amendment # | L | awre | ncevil | le, New Je | ersey uso |)***** | Teleph | one Number | | 1 |
| OCA (NJAC 5.10) | Fmergency (including | Na | me of | Contac | t | | | | | | |
| DHSS DCA | institication | F | aill B | eich | | | | | | | |
| (NJAC 5:23-8) | Cancellation | | EACI | I ITY II | NFORMAT | ION | Type of Fac | sility (4) | | | |
| | | | FACI | | | | | and the second s | | | 1 |
| s = - allity Where | Abatement is Taking Place (3 |) Co | nter | | | | School (| pter 8 (Other | r than K-12) commercial build | dings, | |
| me of Facility Who.s | Abatement is Taking Place (Girt Nationa Guard Traini | ng Ce | 11101 | | | | Other (| i.e., private | | | |
| Building 63 God | | | | | | | homes | , etc.) | f Floors B | ldg. Age | |
| reet Address | | | | | | | Square Fe | 0 | | | |
| 1 Camp Drive | | | | | | | 40,000 | no (Prior if b | eing demolished) | | |
| ity (5) | | | Cour | aty Cod | (7)(STATE U | ISE ONLY) | Current | nt Land | | | |
| Sea Girt | | | Cour | ity our | | | | . (0) | | | \ |
| County (6) | | | SCN | I No | Name | of Abatem | ent Contra | onetructio | on Corporation | | |
| Monmouth | Firm Hired by Building Owner | 8) / | 1501 | 1140. | Dia | mond Hu | intbach C | ,01134140 | | | 1 |
| Name of Monitoring | ntal. Inc | | | | Observe | Address | | | gaig ca | | |
| TTI Environmer | 1000) | | | | 500 | East Lu | zerne Str | EEL | | | |
| Street Address 1253 North Chu | urch Street | | | | City, S | State, Zip | Code | 104 | | | |
| 1253 North Cit | 21011 011 | | | | Ph | iladelphi | a, PA 19 | 124 | License No. | | |
| City, State, Zip Cod | 1 08057 | | ا ما د | ne No. | Teler | ohone No. | | 1 | 00646 | | |
| Morrestown, N | r Monitoring Firm | Tel | epnoi | 04-396 | 21 | 5-739-81 | 66 | | | | |
| Project Manager 10 | T INIO III | 6 | 09-3 | Date (1 | 1) Nam | ne of OSH | A Monitor | | | | |
| Mike Stocku | Scheduled | Comp | etion | 1 17 | S | AME AS | ABOVE | | | | |
| Start Date (10) | | | | / _17 | Stre | et Addres | s | | | | |
| | During Abatement (Check on | y one) | | | | | | | | | |
| Occupancy Status | During Abatement (Check of Nacated During Entire Period formed Outside of Normal Fa | of Aba | iteme | nı Descrit | e City | y, State, Z | ip Code | | | | |
| ☐ Facility Closed | Wacated During Entire Period Formed Outside of Normal Fa | Cility I | M | 500 | | | | | | | |
| Time of Abate | rformed Outside of Normal Fa ement: 7AM-5PM/PM | | | | | | otoinme | ent with Neg | ative Pressure | | |
| 11110 | Shock all that apply) | | | | | | | | | | |
| Scope of Work (| Check all that apply) | Reno | vatio | n | | ☐ Glo | vebag Pro | cedure | n-Friable Procedu | ire | Tyr |
| ≥3 sf or ≥3 lf | Γ | Dem | olition | 1 | | ⊠ No | n-Exempte | u () and | | | ment Typ |
| ≥160 sf or ≥2 | 260 IT | Is L | ocati | on | | | ption of | | Amount | Re 3 | Encapsulate |
| | | No | ormal | y | a - boots | | | II (ACM) | (Specify | Removal | nair aps |
| | Location of | Used | Sole | ncel | (i.e. therm | O SVSTEIL | 2 1110011 | , surfacing, | SF or LF) | Va | ula |
| Asbestos-C | ontaining Material (ACM) O BE ABATED | Custo | odial : | Staff? | (| VA athor mis | T, or cellaneous |) | | | (0) |
| 1 | IN Facility | | (12) | Time | | Other ime | | | 600 SF | | |
| | (13) | Yes | No | N/A | | Ciding [| ebris | | | -+-+ | |
| | | | \boxtimes | | Transite | Sidilig | as ain | 9 | 110 LF | \boxtimes | ᆜ분 |
| Exterior | | - | | П | Transite | Storm S | ewer pip | | 800 CY | \boxtimes | |
| | | | - | 1 | Transite | conatm | inated to | psoil | - | | |
| | | | | | Hallsto | | | | verti | | |
| Exterior | | | | | | Cubic Ya | ards of | Name of Re | egistered Landfill | | |
| Exterior Exterior | | In | | | | I CUDIC TO | 21000 | seimon/2 | Landfill | | |
| Exterior | | | | NJDEF | Waste | Waste | | MillerAc | | | |
| Exterior | gistered Waste Hauler | | | Hauter | ID No. | Waste | I Dets | City State | | | |
| Exterior | gistered Waste Hauler Transport Group, Inc. | | | Hauter | Waste ID No. 1#20990 | Waste 80 Disposa | l Date | City State | | | |
| Exterior Name of Res | gistered Waste Hauler Transport Group, Inc. | | | Hauter | ID No. | Waste 80 Disposa 03/06 | 5/17 | City State | | Date | 1 1 |
| Name of Res Services | Stile, DE | | | Hauter | ID No. | Waste 80 Disposa 03/06 | gnature | City State | | 1 | 1221 |
| Name of Res Services City, State | Transport Group, | itle | | Hauler A90 | ID No. 1#20990 | Waste 80 Disposa 03/06 | 5/17 | City State | | | 1221 |
| Name of Res Services City, State New Cas | Stile, DE | itle | ect M | Hauler A90 | ID No. 1#20990 | Waste 80 Disposa 03/06 | gnature | City State | sburg, OH | | 22 |

| 12/21 | C | hk# |
|----------|----|-----|
| approved | by | Tom |
| Torher | 'o | |

| | | | | | | | | 000000 | | 100 | | - |
|-----------------------------------|--|--------------|--|-------------------|--------------------|----------------------------------|----------------------|---------------------------------------|----------|--------|-------------|-----------|
| Date of Notification (1) | | | | | | wner/Operator (2) | | PEGE | j | V | | |
| / | 21 / 16 | | | | 200 A.D. C. C. | noar conto. | | | | | | 111 |
| Agencies Notified | Type Notification | | | reet Ad 601 Ha | dress amilton A | Ave | 1 | DFC 2 | 7 ; | 2016 | | |
| ☑ DOLWD | ☐ Amended | | Ci | ty, Stat | e, Zip Cod | le | i | | | | 6 | |
| ☑ DHSS | Amendment # | 1000 | | | on NJ 08 | | | <u> </u> | 5 | ver- | -29,000 | |
| DCA | | including | Na | ame of | Contact | | | Telephone Number | No. |) | | |
| (NJAC 5:23-8) | Cancellation | | 1000 | Rita G | ielli | | 3 | - | | ** | r3- | unret. |
| | Odilociidato | | | EACII | ITY INFO | ORMATION | | | | | | |
| | At the state Takin | na Blace (| | AOIL | -11 1 1141 4 | | Type of Facility (| 4) | | | | |
| Name of Facility Where | | ily Place (| 3) | | | | School (K-12) |) | | | | |
| St Francis Medica | al Center | | | | | | Subchapter 8 | (Other than K-12) ivate and commercia | al build | linas. | | |
| Street Address | | | | | | | homes, etc.) | Ivate and commercia | | | | |
| 601 Hamilton Ave |) | | | | | | Square Feet | # of Floors | Bldg | . Age | | |
| City (5) | | | | | | | 70,000 | 3 | 60 | + | | |
| Trenton | | | | Caustu | Codo /7\/9 | STATE USE ONLY) | | or if being demolishe | ed) | | | |
| County (6) | | | | County | Code (/)(| JAIL SOL SINLI) | Hospital | \$\overline{\sigma}\$ | | | | |
| MERCER | | | | 2014 11 | | Name of Ahatem | ent Contractor (9) | | | | | |
| Name of Monitoring Fi | | g Owner (8 |) AS | SCM No | 0. | PRISTOL EN | VIRONMENTA | L. INC. | | | | |
| Environmental C | onnection | | | | | Street Address | VIICORNILATA | -, | | | | |
| Street Address | | | | | | 1123 BEAVE | D CTDEET | | | | | |
| 120 North Warre | n Street | | | | | | | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip C | | | | | | |
| Aston, PA 19014 | | | | | | BRISTOL, PA | 4 19007 | License No. | | | | - |
| Project Manager for N | Ionitoring Firm | | D-000000000000000000000000000000000000 | hone N | | Telephone No. | 2 | 00509 | | | | |
| Rollie Jones | | | | -392-4 | | 215-788-604 | | 00303 | | | | |
| Start Date (10) | | neduled Co | | | | Name of OSHA | | LINC | | | | |
| 12 / 22 | / 16 | _12_ / | 22_ | _ / _ | 16 | BRISTOL EN | VIRONMENTA | IL, INC. | | | | - |
| Occupancy Status Du | ring Abatement (Ch | eck only c | ne) | | | Street Address | | | | | | |
| ☐ Facility Closed/Va | cated During Entire | Period of | Abatem | ent | 20 | 1123 BEAVE | | | | | | |
| M Abatement Perform | med Outside of Norr ht: 7:00AM-3:30PM | mal Facility | Hours | - Desc | ribe | City, State, Zip C BRISTOL, P | | | | | | |
| Scope of Work (Chec | k all that apply) | | | | | | | active Pressure | | | | |
| Scope of Work (Office | it an inat app.y/ | | - 21 - | _ | | ☐ Full Co ☐ Mini-Er | ntainment with Ne | egative Flessuic | | | | |
| ≥3 sf or ≥3 lf ≥3 sf or ≥3 lf | | | novatio | | | M Gloveh | an Procedure | Eiskle Descodus | • | | | |
| ☐ ≥160 sf or ≥260 lf | | | | · · | | ☐ Non-Ex | cempted (*) and N | on-Friable Procedur | - A h | ateme | nt T | V/D0 |
| | | | Locati | | | 25 70 05 | | | - | | | 1 |
| | tion of | 1.1- | Normal ed Sole | | A a b a | Description stos Containing N | ot Naterial (ACM) | Amount | Remova | Repair | Encapsulate | Enclosure |
| Asbestos-Contain | ning Material (ACM) | Ma | intena | nce/ | (i.e | ., thermal system | s insulation, | (Specify | SVOL | air | apsı | uso |
| | ABATED acility | Cus | todial S | Staff? | | surfacing, VA | T, or | SF or LF) | <u>m</u> | | ulati | ē |
| | 13) | | (12) | h1/A | | other miscellar | leous) | | | | w | |
| | | Yes | No | N/A | | | | 10 LF | | П | П | Γ |
| Ground Floor Hal | llway | | \boxtimes | | Pipe In | sulation | | 10 11 | |] [| - | F |
| | | П | | | | | | | | 14 | Ш | 1- |
| | | | 1= | | | | | | | | | |
| | | | | | | | | | П | П | П | Γ |
| | | | | | | | N-ma -f.D- | gistered Landfill | | 1 | | 1 |
| Name of Registered | Waste Hauler | | | JDEP | | Cubic Yards of Waste | Name of Re | gistered Landilli '.S. NORTH LAND | FILL | | | |
| | RONMENTAL, IN | IC. | 1 | 1870 | | 1 Cu Yd | | .o. NON IN LAND | | | | |
| City, State | | | | .070 | | Disposal Date | City, State | | | | | |
| BRISTOL, PA 1 | 9007 | | | | | 12/22/16 | MORRIS | VILLE, PA 19067 | | | | |
| | | Title | | | | Signature | | | ate | 1- | 1, | , |
| Completed By (Print | | Estim | ator | | | Minn | Pennigori | / gr | 12/ | dl | // | 0 |
| Gino Pizzigoni | | Louin | | | | JUIL | 1-110 | . 0 | - | | | |

| | | | N | OTIFIC (Pui | ATION C | F ASBES | STOS A | ABATEMEN 12:120) | Г | 1 | 4 | | 16 | 1)/ | 1 |
|--------------|---|--------------------------------------|---------------------------------|--|--------------------------------|-----------------------|----------------------------|---|---|--|----------------|--------------|--------|---------------|-----------|
| | of Notification (1) | | | | | Building Or Odiase | wner/O | perator (2) | | | = 164 | | | | |
| | ncies Notified | Type Notification | n | S | Street Add | iress | | | | A CONTRACTOR OF THE PARTY OF TH | DEC | 2 | 7 20 | 16 | |
| × | EPA DEP DOL | Initial Amended Amendmen | nt# | | | , Zip Cod NJ 072 | | | | | DEG | | | 7.0 | |
| × | DOH DCA | Emergency justification Cancellation | y (including n) | 1000 | | Odiase | | | • | Telephor | e Numb | | 2010 | | |
| | | N Tale | ina Diana (2) | | FACILI | TY INFO | RMATI | ON Tyr | e of Facility (4 | 1) | | | | | |
| Re | ne of Facility Where sidential et Address | Abatement is Tak | IIIg Flace (5) | | | | | | School (K-1 | 2) 8 (Other tha | n K-12) | to sildi | nas l | | |
| | | | | | | | | X | Other (i.e. p etc.) uare Feet | # of Floo | | Bio | ig. Ag | je | 5, |
| City Hill | side | | | | NA.00\$ | | | 1,3 | 312 SF | 2 | F 1 | | ıilt 1 | 957 | |
| Cou | nty (6) ion | | | | County County County US | ode (7) SE ONLY) | - | Re | rrent Use (Prio esidential | | emolishe | :d) | | | |
| Nan | ne of Monitoring Firm | n Hired by Buildin | g Owner (8) | | ASCM | No. | | | batement Cor Contracting | | | | | | |
| Stre | et Address | | | | | | | | ite 46, Suite | e 7A | | | | | |
| City | , State, Zip Code | | | | | | | | , Zip Code NJ 07512 | | | | | | |
| Proj | ect Manager for Mo | nitoring Firm | | | Telephon | e No. | | Telephone 973-333 | 3-9176 | 100 | ense No 232 | • | | | |
| | t Date (10) /24/2016 | | Schedule 12/26/2 | | pletion D | ate (11) | | Name of C Envirov | SHA Monitor ision Consu | ıltants, İnd | . | | | | |
| | upancy Status Durin | ng Abatement (Ch | eck Only On | e) | | | | Street Add | iress Vagaraw Ro | Blda. 3 | 5 E | | | | |
| X | Facility Closed/Vac Abatement Perform Other – Describe: | ned Outside of No | e Period of A ormal Facility | Hours | ent | | | City, State | , Zip Code wn, NJ 074 | =77 | | | | | |
| Sco | pe of Work (Check | | | | | | | | | | 19 | | | | |
| × | ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | tenova emolit | | | | × | Full Containm Mini-Enclosur Glovebag Pro Non-Exempte | e cedure | | | | e _ | |
| | | | | (W | | | | | TYON EXOMPTE | | | | Abate | ment | |
| 2 2 | Locatic Asbestos-Containin <u>TO BE Al</u> In Fac (13 | g Material (ACM) BATED cility | Use Ma | Locati Normal ed Sole iintena todial ((12) | lly ely by nce/ | Asbes (i.e. | tos Cor therma surfa | escription of ntaining Mate al systems in acing, VAT, miscellaneo | sulation, or | Amou (Spec SF or | ify | Removal | Repair | e Encapsulate | Enclosure |
| | | | Yes | No | N/A | | | | | | _ | | | CD. | - |
| | Gara | ige | | | X | He | eating | Pipe Insu | lation | 20 L | .F | X | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | f Registered | Landfill | | | | |
| | ne of Registered Woorn Contracting | | | 1 | NJDEP W Hauler ID 035844 | No. | of W | | | wn Reso | | | ery F | acili | ty |
| City | , State | | | | | | Disp | osal Date | City, Sta | ate own, PA | | | | | |
| Cor | owa, New Jerse | y | Title | | lors== | - | | Signature | 1 | 1 | Da 12 | ite 2/22/ | 2016 | | |
| | no Golcev | | Gen | eral N | Manage | <u> </u> | | ///~ | 1 | 7 | | | | | |
| | | | | | | | | * Do not | use this form f | or asbestos | licensur | e exe | mpted | activ | ities. |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8: 60-7 and 12: 120-7) Name of Building Owner/Operator (2) 17th STREET FIDELCO, LLC Date of Notification 8 / 1 1 0 Street Address 225 MILLBURN AVENUE, SUITE 202 Agencies Notified [X] EPA City, State, Zip Code [] Initial Notification MILLBURN, NJ 07041 [X] Amended Notification [X] DOL Amendment # 02 Telephone Number Name of Contact [] Cancellation [X] DOH MR. PETER HANTES [] Emergency [] DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) FORMER WAREHOUSE FACILITY Subchapter 8 (Other than K-12) 1 1 Other (i.e., private & commercial Street Address [X] buildings, homes, etc.) of Floors Bldg. Age 571 18th AVENUE Square Feet County Code 50 + County (6) 10,000 City (5) (STATE USE ONLY) Current Use (Prior if being demolished) ESSEX Name of Abatement Contractor (9) NEWARK ASCM Name of Monitoring Firm Hired by Building Owner (8) J.R. CONTRACTING & ENVIRONMENTAL CONSULTING, INC. WHITMAN CO. Street Address Street Address 1141 ROUTE 23 7 PLEASANT HILL ROAD City, State, Zip **WAYNE, NJ 07470** License Number CRANBURY, NJ 08512 Telephone Number Telephone Number Project Manager for Monitoring Firm 973 628-9500 732-390-5858 MR. KEVIN LOVELY Name of OSHA Monitor Scheduled Completion Date (11) ENVIRO VISION CONSULTANTS, INC. Scheduled State Date (10) 0 1 2 0 1 1 | 0 9 Year Day Month Year Month Day Street Address Occupancy Status During Abatement (Check only one) 20-21 WAGARAW ROAD, BLDG. #35E [X] Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility FAIR LAWN, NJ 07410 Hours - Describe: Other - Describe: Wrap & Cut Procedure Full Containment With Negative Pressure Scope of Work (Check all that apply) XJ | | Demolition Mini-Enclosure [X] Renovation Glovebag Procedure Non Exempted (*) and Non-Friable Procedure \geq 5 sf or \geq 5 lf Abatement Type $X \ge 160 \text{ sf or } \ge 260 \text{ lf}$ E NC Is Description of C Location Amount Asbestos-Containing L M E Normally (Specify Location of Material (ACM) 0 Used 0 SF or LF) Asbestos - Containing (i.e., thermal systems V Solely by insulation, surfacing, VAT, Material (ACM) U Maintenance / A TO BE ABATED or other miscellaneous) R R Custodial in Facility (13) Staff (12) Yes No 5,480 SF X VAT & Mastic Through Out Buildings A, B, C, D, and E 605 LF Pipe Insulation, Elbows & Joints X 511 SF Boiler Insulation, Gaskets & Bricks 7,850 SF Roofing / Flashing X 900 SF Fire Door Insulation X X 2,850 SF Window Caulking & Glazing

Cubic Yards of Waste

Signature

Disposal Date

NJDEP Waste

Hauler ID No. 17819 Name of Registered Landfill

Grand Central Landfill

12/21/16

Pen Argyl, PA 18072

City, State

City, State

Wayne NJ 07470

Completed by (Print or Type)

Name of Registered Waste Hauler

J.R. Contracting & Environmental Consulting, Inc.

Title

Project Manager

| N # 8900 | NOTIF | CATI | ON OF int to N | of New Jersey ASBESTOS A JAC 8:60 and | ABATEM 12:120) | | The state of the s | DEGE | | V | | Santana and and and and and and and and and |
|---|------------|---------|--------------------|---|-------------------------|--------------------------|--|--|----------|--|-------------|---|
| Date of Notification (1) | | Name | e of Bui | Iding Owner/C | perator (| 2) | | DEC 4 | 2 7 | 2016 | | |
| 12/22/16 | | | | Crosby Priv | rate no | ille | | I DLG | | 2010 | | |
| Agencies Notified Type Notification | | Stree | et Addre | ess | | | | - AND THE RESERVE | uzithta. | and the same of th | | |
| EPA Initial Amended | | City. | State. | Zip Code | | | | 100 | NSM. | | L.C. | |
| DEP Amended Amendment # | | | | NJ 08008 | | | *** | | , | C local harries | | - 100 all 100 |
| Emergency (inclu | ding | Nam | ne of Co | ntact | | | | Telephone Number | 1 | | | |
| DOH justification) Cancellation | | Bill | | | | | | | | | | - |
| | (2) | F | ACILIT | Y INFORMAT | ION | Type of F | acility (4) | | | | | |
| Name of Facility Where Abatement is Taking Pla | ce (3) | | | | | □ Sch | ool (K-12) | | | | | |
| William Crosby Private Home Street Address | | | | | | Sub | abantar 8 | (Other than K-12) rate & commercial I | uildin | gs, ho | mes, | |
| Street Address | | | | | | etc. |) | | | | | - |
| City (5) | | | | 111111 | | Square F | | # of Floors | 35 | a. Age | | |
| Surf City NJ 08008 | | -/// | | | | 1000+ | | if being demolished | | | | \dashv |
| County (6) | | Cou | unty Co | de (7) E ONLY) | | The second second second | & Gara | | -/ | | | |
| Ocean | | 1. | ASCM N | | Name | of Abaten | | | | | | |
| Name of Monitoring Firm Hired by Building Own | er (8) | , F | 45CIVI IV | NO. | | naco Inc | | | | | | |
| N/A | | | | | | t Address | | | | | | |
| Street Address | | | | | | Box 329 | | | | | | - |
| City, State, Zip Code | | | | | | State, Zip | | 34 | | | | |
| Oity, Otato, 219 Sees | | | 76 | | | st Berlin | NJ 080 | License No | | | | - |
| Project Manager for Monitoring Firm | | Te | lephone | e No. | | hone No. 3-753-98 | 00 | 00727 | | | | |
| | cheduled | 0 1 | ation D | ata (11) | | e of OSHA | | | | | | |
| Start Date (10) | /10/17 | Compi | etion D | ale (11) | Sar | | | , | | | | |
| 1/4/17 Occupancy Status During Abatement (Check C | | | | | Stree | et Address | | 4- | | | | |
| | | | nt | | | | | | | | | _ |
| Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: | Facility H | ours | | | City, | State, Zip | Code | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | 0 | | |
| ≥3 sf or ≥3 lf | Re | novatio | on | | | 1 | Containme -Enclosure | ent with Negative P | ressui | Е | | |
| ≥160 sf or ≥260 lf | X De | molitio | n | | | Clay | ehan Pro | cedure d (*) and Non-Friab | le Prod | cedure | 9 | |
| | | | | | | Non- | -Exemple | () and North tide | T | Abate | ment | |
| | 1,575,075 | ocatio | 2000 | | | | | | _ | Ту | pe | |
| Location of | Used | Solely | by | Asbestos (| Descripti Containing | Material | (ACM) | Amount | 77 | 300 | En | П |
| Asbestos-Containing Material (ACM) TO BE ABATED | | tenand | | (i.e. ther | mal syste | ems insulat | tion, | (Specify SF or LF) | Remova | Repair | Encapsulate | Enclosure |
| In Facility (13) | | (12) | | | | llaneous) | | | val | air | ulat | sure |
| (13) | Yes | No | N/A | | | | | | | | CD | |
| | 100 | | x | 6 | exterior | sidina | | 2000 SF | x | | | |
| exterior siding | | | ^ | | | <u> </u> | | | | | | |
| | | | | | | | | | | | | |
| | | - | | | | | | | 1 | | | 1 |
| | | | | N4- I A | ubic Yard | ie. | Name o | f Registered Landfi | 1 | | | 1 |
| Name of Registered Waste Hauler | | N. | JDEP V auler ID | 1000 | ubic raid f Waste | 10 | 10000000 |).W.S. | | | | |
| United Roll Off | | 1000000 | 2459 | 3 | | | | | | | | |
| City, State | 187 | | | | isposal D /10/17 | Date | City, Sta Morris | sville PA 19067 | | | | |
| Elm NJ Completed by | Title | | | | Signa | ature / | | | ate | 140 | | |
| Anthony T Perna | | ident | | | | | | | 11/22 | /10 | | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

| | | | | | | | ABATE and 5:16) | | NT Ch | 26# 13 | 345 | 14 | - | |
|------------------------------|-------------------|---|--------------------|-------------|------------|--------------|---------------------------|---------|--|-----------------------|-----------|----------|-------------|-----------|
| Date of Notification (1) | | | Na | me of E | Building O | wner/C | perator (2) | | 250 | R IN IS | | | E | |
| | 12 / 16 | | 100 | Arconi | | | | | The control of the co | DEUE | , U | <u>L</u> | | |
| Agencies Notified | Type Notification | | St | eet Ad | dress | | | | | 111 | 7 0 | 016 | - | 1 1. |
| | ☐ Initial | | 9 | Roy | Street | | | | | DEC 2 | - / 2 | 016 | | F |
| □ DOLWD | | 4 | Ci | ty, Stat | e, Zip Cod | le | | | | | | | | |
| ☑ DOH ☐ DCA | Amendment #j | Ver succe | | Dover | , NJ 078 | 01 | | | 1 | / CAMPOND | NOON! | TRO | 18 | |
| (NJAC 5.23-8) | justification) | icidunig | Na | ame of | Contact | | | | T | elephone Number | | | | |
| | Cancellation | | | Charli | e Pressi | ner | | | | | | | Fire t | |
| | | | | FACIL | ITY INF | ORMA | | | | | | | | |
| Name of Facility Where A | batement is Takin | g Place (3 |) | | | | | 3830 | of Facility (4) | | | | | |
| Arconic | | | | | | | | | chool (K-12) | Other than K-12) | | | | |
| Street Address | | | | | | | | | | ate and commercia | l buildir | ngs, | | |
| 9 Roy Street | | | | | | | | | omes, etc.) | | | | | |
| City (5) | | | | | | | | | | # of Floors | Bldg. | Age | | |
| Dover | | | | | | | | | ,000 | 2 | 50 | | | |
| County (6) | | | (| County | Code (7)(| STATE | JSE ONLY) | | | if being demolishe | ed) | | | |
| Morris | | | | | | | | in | dustrial | | | | | |
| Name of Monitoring Firm | Hired by Building | Owner (8 | AS | CM No | D. | | | | ontractor (9) | | | | | |
| EHS Environmental | Co., Inc. | | | | | Plyn | nouth En | viror | nmental Co. | , Inc. | | | | - 4 |
| Street Address | | | | 15 | | Street | Address | | | | | | | |
| 411 Southgate Cou | rt | | | | | 923 | Haws Av | e. | | | | | | |
| City, State. Zip Code | | -01/- | | | | City, S | tate, Zip Co | ode | | | | | | |
| Mickleton, NJ 0805 | 6 | | | | | Nor | ristown, l | PA 1 | 9401 | | | | | |
| Project Manager for Moni | itoring Firm | | Teleph | none N | 0. | Teleph | none No. | | | License No. | | | | |
| Jack Carney | | | 856 | -224-0 | 080 | 610 | -239-9920 |) | | 00398 | | | | |
| Start Date (10) | Sche | eduled Co | mpletic | n Date | (11) | Name | of OSHA N | vlonito | or | | | | | |
| 11 /28 / | 16 | 12/ | 19 | _ / _ | 16 | EH: | S Environ | men | ntal Co., Inc. | | | | | |
| Occupancy Status During | Abatement (Che | ck only or | ne) | | | Street | Address | | | | | | | |
| ☐ Facility Closed/Vacate | | | | | | 411 | Southga | ate C | ourt | | | | | |
| Abatement Performed | | | | | ribe | City, S | State, Zip C | ode | | | | | | |
| Time of Abatement: 7 | | PIV | 1- | _AIVI | | Mic | kleton, N | IJ 08 | 056 | | | | | _ |
| Scope of Work (Check a | II that apply) | | | | | | Eull Cor | ntainn | ment with Nea | ative Pressure | | | | |
| | | ⊠ Rer | novatio | n | | | ☐ Mini-En | rclosu | ıre | | | | | |
| ☐ ≥160 sf or ≥260 lf | | ☐ Der | nolitio | 1 | | | | | ocedure | n-Friable Procedu | | | | |
| | | 1 10 | Locati | 20 | | | ☐ NOTECX | empi | ted () and 140 | TI-T Hable 1 100000 | - | iteme | nt Tu | ne |
| Location | o of | | Location lormal | | | 9 | Description | of | | | | | | _ |
| Asbestos-Containing | | 100000000000000000000000000000000000000 | d Sole | | | stos C | ontaining N | lateri | | Amount | Removal | Repair | nca | Enclosure |
| TO BE AB | | | intenar odial S | | (i.e | | mal system rfacing. VA | | | (Specify SF or LF) | ova | air | 1Sch | DSUI |
| IN Faci (13) | 27-10 -5 7 | | (12) | Markette I. | | | er miscellar | | | 01 01 21 7 | - | | Encapsulate | Ö |
| () | | Yas | No | N/A | | 1000, 100 11 | | | | | | | | |
| 1 st floor office | | | | | floor ti | le and | mastic | | | 1,859SF | | | | |
| 1 st Floor | | | | | pipe in | sulati | on | | | 13LF | | | | Ш |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Name of Registered Wa | aste Hauler | | | JDEP | | 10.000 | ic Yards of | | 5 | istered Landfill | | | | |
| Newark Carting | 1 | | | 4509 | | Was | ste CY | | GROWS | | | | | |
| City. State | | | | | | Disp | osal Date | 1 | City. State | 20170 | | | | |
| Newark, NJ | | | | | | 1 | 2/12/16 | | Morrisvill | e, PA | | | | 1-5.01.13 |
| Completed By (Print or | Type) | Title | | | | | Signature | 1 | 1//- | | Date | / | 1 | |
| James M. Kelly | | Vice P | resid | ent | | | | | | | 17/ | 1+/ | 16 | |

State of New Jersey

| V# KILOQ | NOT | IFICA (Purs | TION OF uant to N | ASBEST IJAC 8:60 | OS ABATEM and 12:120 | MENI) | | | | Augustus Tari | | - | |
|--|-----------------------|-----------------|----------------------------------|---------------------------|--|-----------------------|---|---|----------------------|---------------|---------|-------------|-----------|
| ate of Notification (1) | | Na | me of Bui | ilding Owr | ner/Operator MANAGEN | (2) | | 可是 | | | N. O. | | The same |
| 2/21/16 gencies Notified Type Notification | | Str | reet Addre | ess | IORE AVE | | | | DEC | 2 7 | 2016 | 5 | |
| EPA X Initial Amended Amendment #_ | | Cit | ty, State, AKEWC | Zip Code OD, NJ | 08701 | | | | and the same | | . 185-1 | | - |
| DOH Emergency (Incl. justification) | uding | 0.000 | ame of Co | | | | | Telephon | e Numbe | MSI | 10 LTA |) | - |
| DCA Cancellation | | | FACILIT | Y INFOR | MATION | -1 | 10 | | | * | | | \dashv |
| lame of Facility Where Abatement is Taking Plant of Facility Where | lace (3) | | (i) | | 1 1 | Sch | ner (i.e. pr | | n K-12) mercial l | ouildin | gs, ho | mes, | |
| City (5) | | | | | 1 1 1 | Square 3000 | Feet | # of Floo | | | , Age | | |
| NEWARK County (6) ESSEX | | C (S | county Co | de (7) E <i>ONLY</i>) | | HOME | | r if being de | emolished | 4) | | | |
| Name of Monitoring Firm Hired by Building Ow | ner (8) | | ASCM N | 10. | Nam | e of Abate A LEAD | ment Con PROFE | tractor (9) SSIONAL | .S | | | | |
| Street Address | | | | | 6 W | et Address /HITE D | OVE CC | DURT | | | | | |
| City, State, Zip Code | | | | | LA | State, Zip (EWOO | D, NJ 08 | The second second second | | | | | |
| Project Manager for Monitoring Firm | | T | Telephone | No. | 732 | phone No. 2-668-90 | 78 | 12 | ense No | | | | |
| | Scheduled 01/03/17 | | pletion Da | ate (11) | AA | | PROFE | SSIONA | LS | | | 7.01 | |
| Occupancy Status During Abatement (Check | | | ent | | 6 V | et Address VHITE D | OVE C | OURT | | | | | |
| Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma X Other – Describe: | I Facility | Hours | | | City | , State, Zip KEWOC | Code D, NJ C | 8701 | | | | | |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If | | enova emolit | | | | × Min | i-Enclosur | nent with Ne re ocedure ed (*) and N | | | | | |
| | | | | | 1 1 1 | LI NOI | I-Exemple | 14 () | | | Abate | ment | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Use Mai Cust | (12) | lly ely by ince/ Staff? | Asbest (i.e. | Description Containing thermal syst surfacing, other misce | ems insula VAT, or | (ACM) | Amo (Spe SF or | cify | Removal | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | Pipe Ins | ulation | Agrandia. | 150 | LF | x | | | |
| INTERIOR | | | | | Pipe iris | ulation | Political Control | - | | - | | | |
| Company of East | | | | | | | # # # # # # # # # # # # # # # # # # # | | | | | | |
| S. 2 * 1 | | | | | 37.77 | | 1 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1 | | | | | |
| S of the A Wester House | | | NJDEP W | /aste | Cubic Yar | ds | Name o | of Registere | d Landfil | | | | |
| Name of Registered Waste Hauler NEWARK CARTING | | | Hauler ID 04509 | | of Waste | | IESI | Maria de Se | | | | <u> </u> | |
| City, State NEWARK, NJ | | | | | Disposal I 01/03/17 | | City, St BETH | tate HLEHEM | | ate | | | |
| 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | Title | | | | Sign | ature | | | | aic | | | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (BARLINVIS APARTMENTS 12/21/16 Street Address Type Notification Agencies Notified 2006 BEACH AVE EPA Initial City, State, Zip Code Amended DEP VENICE PK/ ATLANTIC CITY, NJ 08401 × Amendment # DOL Emergency (including Name of Contact Telephone Number justification) DOH JOSE Cancellation DCA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) BARLINVIS APARTMENTS UNIT 2121B School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 2006 BEACH AVE, UNIT 2121B etc.) # of Floors Bldg. Age Square Feet VENICE PK / ATLANTIC CITY Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) HOME ATLANTIC Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) AAA LEAD PROFESSIONALS Street Address Street Address 6 WHITE DOVE COURT City, State, Zip Code City, State, Zip Code LAKEWOOD, NJ 08701 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 732-668-9078 1200 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) AAA LEAD PROFESSIONALS 01/01/17 Street Address__ Occupancy Status During Abatement (Check Only One) 6 WHITE DOVE COURT Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code LAKEWOOD, NJ 08701 Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Description of Location of Used Solely by Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Encapsulate Maintenance/ (i.e. thermal systems insulation, (Specify Remova TO BE ABATED Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)Yes No N/A 900SF Floor Tile INTERIOR Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler of Waste Hauler ID No. **IESI NEWARK CARTING** 04509 City, State Disposal Date City, State BETHLEHEM PA 01/03/17 NEWARK, NJ Date Signature Title Completed by OWNER JOSEPH PERLSTEIN

| 240171587410 | 140 | | | OF ASBES NJAC 8:6 | | | | | 7 | E | P | | F | W | | 100 |
|--|--------------------|--|-------------------------|---------------------------|---------------------------|-------------|-----------------|--|--|------------------------|--------|----------------|-----------|------------|-------------|--|
| Date of Notification (1) 12-21-2016 | | 174.00 | | Building Ov | vner/Op | erator | (2) | and the second s | | 1.77 | | 100 | | - | | The state of the s |
| Agencies Notified Type Notification | | | treet Add | dress eveland A | Avenu | е е | | | The state of the s | |)EC | 2. | 7 2 | 2016 | | اليا |
| EPA Initial DEP Amended Amendment #_ | | C | ity, State | e, Zip Code nd Park, I | 9 | - MANO 10 M | | | | 4935 | | 20 | OI? | T Ta Ca | | |
| x Emergency (inc | luding | | - | Contact | 110 00 | | | Lon | Te | lephor | 1.10 | | - | | | |
| DOH justification) DCA Cancellation | | ٦ ا | om Fi | | | | | 7 7 7 | _ | | - | | _ | | | |
| Name of Facility Where Abatement is Taking P | lace (3) | | FACIL | ITY INFOR | RMATIC | ON | Type o | f Facility (4 |) | | | | HILESO | | 7. | |
| Former Midland Ross Site | iace (5) | | | | | | _ s | chool (K-12 | 2) | | | | | | | |
| Street Address 233 Cleveland Avenue | | | | | | | × O | ubchapter ther (i.e. pr | 8 (Oth rivate | ner tha & corr | n K-1 | i2) cial bu | uildir | ngs, h | omes | i, |
| City (5) | | | | | | | Square 30.00 | Feet | | of Floo | rs | | Bld N/ | g. Ag A | е | |
| Highland Park County (6) | | T C | county C | ode (7) | | | | nt Use (Pric | - | | emolis | shed) | | | | |
| Middlesex | | (5 | | SE ONLY) | | | | paper ma | | | er | | | | | |
| Name of Monitoring Firm Hired by Building Ow Environmental Tactics, Inc. | mer (8) | | ASCM 0045 | | | | | ement Con Environr | | | rvice | es, li | nc | | | 57.46.4-T |
| Street Address | | | | | | | Addres | s e Road | | | | | | | | |
| 64 Broad Street City, State, Zip Code | | | | | | City, S | State, Zi | o Code | | | | | | | | |
| Matawan, NJ 07747 | | 1.2 | | | | | hone No | NY 132 |)6 | Lic | ense | No | | | | - |
| Project Manager for Monitoring Firm Thomas P. Geiger | | | elephor 732-29 | ne No. 90-2217 | | | -437 - 2 | | | 1000 | 323 | 140. | | | | |
| Start Date (10) | | | pletion [| Date (11) | | | | A Monitor | tal | | | | | | | |
| 12-27-2016 Cocupancy Status During Abatement (Check Company Status During Abatement Check Company Status During Abatement (Check Company Status During Abatement Check Company Status During Abatement Check Company Status During Abatement (Check Company Status During Abatement Check Company Status During Check Che | 01/13/2 Only On | | | | | | Addres | | - Cai | | | | | | - | |
| Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal | riod of A | batem | ent | | | | New P | Carner Ro | oad | | | | | | | |
| Other – Describe: | 1 donity | Tiouro | | | _ | | | Y 12205 | | | | | | | | |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renovai Demoliti | | | | | Mir | I Containm ni-Enclosure ovebag Pro n-Exempte | e cedur | re | | | Proc | | | |
| | 1 | Locati | | | | | | | | | | | | Ту | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Use Ma Cus | ed Sole intenar todial S (12) | ly by nce/ Staff? | | os Con therma surfa | systen | Material | ation, | | Amou (Spec SF or | ify | | Removal | Repair | Encapsulate | Enclosure |
| - i i i i i i i i i i i i i i i i i i i | Yes | No | N/A X | Evnan | sion in | nint co | mpour | nd (NF) | | 4760 | LF | 2 | ζ. | | | |
| Expansion joints in foundation slab | | | ^ | Ехрап | Sion je | JIIIL GO | iripodi | ia (i vi) | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | 100 | JDEP V | | | Yards | | Name of | Reg | istered | Land | dfill | | | | |
| Horwith Trucks, Inc. | | 1000 | lauler ID IJDEP | No. 16227 | | 60 yaı | | Waste | | nagei | men | t | | | | |
| City, State Northhampton, PA | | | | | Dispo | osal Da | te | City, Sta Morris | | , PA | | | | | | |
| Completed by | Title | | | | | Signatu | ire , | | | | | Date -12- | | | 32 | |

State of New Jersey

#112

| Date of Notification (1) 12/21/2016 | 1 | Vame | of Bui | Iding Owner/Op | erator (| J Keller Bu | ildin | g Contr | acto | or _ | and the second | |
|--|---------------------------------------|--------------|------------------|-------------------|------------------------|--|-----------------|--|---------|--------|----------------|-----------|
| Agencies Notified Type Notification | 79 | Stree | t Addre | | | Beach Blvd | 1 22 | 9.5 | | - | | |
| EPA Initial | < - | City | State 7 | | | | 1 6 | DEC 27 | 201 | 6 | | |
| DEP Amended Amendment #_ | | Oity, | otato, i | Sur | f City | y, NJ 08008 | - 6 | | | | - | |
| DOH Emergency (including justification) | 19 | Name | e of Co | ntact Col | ette | | Telep | hone Numbe | 1 | 3 | 2 | |
| DCA Cancellation | | F/ | ACILIT | YINFORMATIO | NC | (4) | | وه از از دارد امرو داد در در استان در در در | | - | | |
| Name of Facility Where Abatement is Taking Place | (3) | 12 | | | | Type of Facility (4) School (K-12) | 3.5 | and the second | -11 | | | |
| Residence Street Address | | | | 11 | | Subchapter 8 Other (i.e. prietc.) | (Other | than K-12) commercial b | uildin | gs, h | omes | ί, |
| City (5) Beach Haven Terrace | Э | | | | | Square Feet 1000 SF | | Floors 1 | | 30 |)+ | |
| County (6) Ocean | | | nty Coo | le (7) : ONLY) | | Current Use (Prior | if bein | g demolished dence |) | | | |
| Name of Monitoring Firm Hired by Building Owner N/A | (8) | AS | SCM N | 0. | Name Sa | of Abatement Contract afeWay Aba | ractor (tem | ent LLC | ; | | | |
| Street Address | 1 | | | | Street 12 | Address 8 Bartlett A | ve | | | 2 | | |
| City, State, Zip Code | | | | 2 | City, S | State, Zip Code est Creek, | NJ C | 8092 | | | | |
| Project Manager for Monitoring Firm | | Tele | phone | No. | Telep 6 | hone No. 09-276-054 | 0 | License No. 013 | 19 | | 1 | |
| Start Date (10) Scher | duled Co | mple | tion Da | te (11) | Name | e of OSHA Monitor | N/ | A | | | | |
| Occupancy Status During Abatement (Check Only | One) | | | | Stree | t Address | | | | | | |
| Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Fac Other – Describe: | of Abate | ment rs | | | City, | State, Zip Code | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | |
| 23 sf or ≥3 lf 2160 sf or ≥260 lf | Renov | | | | | Full Containme Mini-Enclosure Glovebag Prod | edure | | | | | |
| | | | | | | Non-Exempted | 1 () all | u Noil-Friable | A | Abate | ment | |
| | ls Loca Norm | | | D | escriptio | on of | | | | Ту | pe | |
| Asbestos-Containing Material (ACM) | Used So Mainten Custodia (12 | ance Staf | 1 | (i.e. therms | al systemacing, V | Material (ACM) ms insulation, 'AT, or aneous) | (5 | mount Specify F or LF) | Removal | Repair | Encapsulate | Enclosure |
| Y | es No | 0 | N/A | | | | 10 | 00.05 | | | | - |
| Exterior | Х | | | sid | ling S | SF | 10 | 00 SF | X | | | - |
| | | | | | | | | | | | | L |
| | | | | | 1-1/1 | Noma of | Regist | ered Landfill |] | | | |
| Name of Registered Waste Hauler Timster Trucking Inc | | Hau | ILER Waller ID 1 | No. of W | ic Yards /aste T | TBD W | /aste | e Mana | gem | ner | t | |
| City, State West Creek, NJ | | | | Disp | oosal Da | TBD City, Sta | te T | ullytowr | | A | | |
| | Own | er- | Saf | eway | Signat | ure OVV | | Da | te 12 | 1/0 | 1/ | 16 |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

| 0 ~~/ | 5 | NOTIFIC | ATION | OF ASI | BESTOS Al | 12:120) | IN I | 2.00 | Y IE | PE | n 15 | i. | - | |
|--|--|--|--|--|----------------------|--|--|--|--|--|---------------|------------------------|---------------|------------|
| # 045° | 3 | l N | eme of | Buildin | Owner/Op | erator (2) |) | | 15 | S 127 | | | | |
| te of Notification (1) 2/21/2016 | Check#2958 | 3 | St Mai | ry's Ele | ementary | 00/100 | | 1] | 113 | DEC 2 | 7 2018 | | li Li | |
| gencies Notified | Type Notification | | 351 N | | ic Street | | | 11 | 4 | DEC - | | _ | - | |
| EPA | Initial Amended | (| City, Sta | ate, Zip | Code | 004 | | | | | Da To | 1=1 | | |
| DEP | Amendment # | | | | y, NJ 088 | 361 | | | Teleph | one Nümber | | | | |
| DOL | Emergency (inclu | uding | Name o | of Conta | ct | | | | | | 1 | | | |
| DOH | justification) Cancellation | | Matt | | 7 | | | | | | | | | |
| DCA | Cancellation | | FAC | CILITY I | NFORMATI | ON | Type | of Facility (4) | | | | | | |
| The state of the second | Abatement is Taking Pl | ace (3) | | | | V. | | School (K-12 | | | | | | |
| ame of Facility where St Mary's Elemen | tany School | | | | | | | Subchapter 8 | (Other | than K-12) | diago | home | 25 | |
| | tary conte | | | | | | H | Subchapter 8 Other (i.e. pr | ivate & c | ommercial b | ullalitys, | HOITI | | |
| treet Address | eact | | | | | | _ | etc.) | # of F | loors | Bldg. A | Age | | |
| 351 Mechanic Str | 661 | | | | | - | 40,0 | re Feet | 3 | | 50+ | | | |
| city (5) | | | | | | | 40,0 | ent Use (Pric | | demolished | i) | | | |
| Perth Amboy | | | Coun | ty Code | (7) | | | ent Use (Fric | 11 11 11 11 11 | | | | | |
| County (6) | | | (STAT | TE USE C | ONLY) | | | | tractor (| 9) | | | | |
| Middlesex | - " " " Ou | mar (8) | AS | CM No. | | Name | of Ab | atement Con | ration | J) | | | | |
| Name of Monitoring F | irm Hired by Building Ov | ATTOL (O) | | | | | | ces Corpo | Tation | | | | | |
| N/A | | | | | | Stree | t Addr | ess | | | | | | |
| Street Address | | | | | | | | Street | | | | | | |
| **** | | | | | | City, | State, | Zip Code | 003 | | | | | |
| City, State, Zip Code | 4-10-10-10-10-10-10-10-10-10-10-10-10-10- | | | | | | | erg, NJ 07 | 093 | License No | | | | |
| | 55455 | | Tele | phone l | Vo. | Tele | phone | No. | | 01074 | | | | |
| Project Manager for | Monitoring Firm | | 1010 | рпел- | | | | -1700 | | 01074 | | | | |
| | | Scheduled (| Comple | tion Dat | e (11) | Nam | ne of O | SHA Monito | r | | | | | |
| Start Date (10) | | Jan 10/20 | 116 | MON Da | 35.75 | | | s above | | | | | | |
| | | | 110 | | | | | ress | | | | | | |
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| The second secon | DEC | 27 | 2016 | |
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| 1 L | SRESTO | 19 CF | NTROL | 8 |

| Date of Notification (1) | | | Name o | of Building | Owner/ | Operator | (2) | manufacture of p | | .0 2 | | | |
|---|----------------------|--|--|-----------------------|-------------------------------|---|---|--|--|-------------|-------------|-------------|------------------|
| Agencies Notified Type Notification | | | | Address HADLE | Y ROA | D | | | ASBES L | TOS ICEN | SON ISIN | TRC G |) <u>L &</u> |
| DEP Amended Amendment | | | | ate, Zip C TH PLAI | | D, NJ 0 | 7080 | | | | Į. | | |
| X DOH ☐ Emergency Justification ☐ Cancellation | | | Joi | of Contact | m | ARD. | TTE | | elephone N | umher | | | |
| Name of Facility Where Abatement is Takin PSEY G-LO Street Address City (5) | Schedule Conly On | A ded Com | County (STATE ASCI 0045 Telephor 732-29 ppletion | | 7 | Name of UNIQ Street A 396 W City, Str SOUT Telephor 732-4 Name of UNIQ Street A 396 W | Sch Subb of Abatem UE SYS Address WHITEH One No. 32-8350 FOSHA MUE SYS Address WHITEH | eet # Ise (Prior if be in a large) ent Contractor STEMS OF EAD AVE. ode ER, NJ 088 Official or of the contractor official of the contractor official official or official o | e & commercon Floors A eing demolish A cr (9) F AMERIC | shed) | ddings | | es, |
| Abatement Performed Outside of Norm Other – Describe: OUT DooRS Scope of Work (Check All That Apply) | al Facility | Hours | | | | | ate, Zip Co H RIVE | R, NJ 088 | 82 | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | _ | enovat emoliti | | | | X | Mini-En Gloveb | ntainment wit closure ag Procedure empted (*) ar | | | | е | |
| Location of | 1 200 | Locatio | | | Dec | | | | | | Abate | ement pe | 1 |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Mai | d Solel ntenan odial S (12) No | ice/ | | tos Cont thermal surfac | scription of aining Ma systems i cing, VAT niscellane | iterial (AC insulation , or | (| Amount Specify F or LF) | Removal | Repair | Encapsulate | Enclosure |
| OUTDOORS | | X | | P; p | < S | oMA | 57 ic | - 0 | 200 LF | X | | | |
| | | | | | | (f) | | | | | | | |
| Name of Registered Waste Hauler WASTE MANAGEMENT | | Ha | JDEP W auler ID 125 | | Cubic of Was | ste 15 | GI | me of Regist | | II | | | |
| City, State ELIZABETH, NJ | | | | | ナハ | al Date | | y, State ORRISVIL | LE, PA | | | | |
| Completed by CAROL RAIMO | Title OFFIC | CE M | ANAG | ER | Si | ignature Acc | el R | aime | D: | ate 2/. | 191 | 201 | 16 |

| | | 3 | NOTIFIC | State of N CATION OF AS ISUANT to NJAC | lew Jersey BESTOS ABA | ATEMENT | OPEN | H | 371 | FIC | AT |
|--|-------------------------|-----------------------------|------------------|--|--|---|-----------------------------------|---------|--|-------------|-----------|
| Date of Notification (1) Agencies Notified Type Notified | | | 1 | lame of Building | | | | | DEC | 2 | 7 2 |
| T FPA | ication | | 8 | ireet Address | 17. | | | SBE | STC | 18.0 | ON |
| DEP Initial Amen | ded | | C | 000 HADLE | ode | | | TODL | | | SING |
| Emerg | dment #_ jency (incl | uding | - S | OUTH PLAII | NFIELD, N. | 07068 | | | | | |
| DCA justific | ation) llation | | N: | me of Contact | | | Telephon | e Nun | iber | | |
| Name of Facility Where Abatement is | Taking Pla | ace (3) | | Ja H N FACILITY INFO | PARO | TIE | 1 | | | | |
| Street Address | LOCE | Tio | | 4 | | Type of Fa | | | | | |
| 132 1:01 | | | | | | II I Subch | ol (K-12) hapter 8 (Other than | K_121 | | | |
| City (5) | -10 | | 16 | | | etc.) | (i.e. private & comm | nercial | build | lings, | home |
| County (6) | | | 1.0- | | | Square Fee | A 1 1 | | Bi | dg. A | ge |
| PASSA; C Name of Monitoring Firm Hired by Build | | | (ST) | inty Code (7) TE USE ONLY) | | Current Use | (Prior if being dem | olishe | 1J d) | 18 | |
| THE TACTICS | ling Owne | r (8) | | SCM No. 045 | Name | of Abatement | Contractor (9) | | | | |
| treet Address 4 BROAD STREET | | | | | _ UNIT | QUE SYSTI | EMS OF AMER | ICA | | | |
| ity, State, Zip Code | | | | | 396 | WHITEHEA | AD AVE. | | | | |
| ATAWAN, NJ 07747 | | | | | City, S SOU | tate, Zip Code TH RIVER, | NIODROG | | | | |
| ON GEIGER | | | Telep 732 | hone No. -290-2217 | Teleph | one No. | License | No. | | | |
| ert Date (10) | Sched | iuled C | ompleti | on Date (11) | Name | 132-8350 of OSHA Moni | 01111 | 1 | | | |
| cupancy Status During Abatement (Ci | neck Only | One) | 131 | 116 | UNIQ | UE SYSTE | MS OF AMERIC | CA | | | |
| Abstement Parformed Ouring Entir | e Period o | | ement | | 396 V | Address VHITEHEA[| D AVE | | | | |
| Other – Describe: @: Das Ope of Work (Check All That Apply) | RS | my Hot | IFS | | City, Sta | ate, Zip Code | | | _ | | |
| ≥3 sf or ≥3 If | 1 | | | | 1 3001 | H KIVER, I | NJ 08882 . | | | | |
| ≥160 sf or ≥260 lf | Î | Renov Demoi | ration lition | | | Gloveban Pr | Ocaduse | | | | |
| Location of | 1 | s Local | tion | | 区 | Non-Exempt | ed (*) and Non-Frial | ble Pr | | | |
| Asbestos-Containing Material (ACM) TO BE ABATED | Us | Norma ed Sole aintena | ely by | Asbestos C | Description of Containing Mat | | | | | teme ype | ic |
| In Facility (13) | Cus | todial (12) | Staff? | Su su | mal systems in Irracing, VAT, er miscellaneo | isulation, | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | and with | | oval | pair | sulate | osure |
| OUTNOONS | | 10 | 1 | Pipe. | SOMAS | Tia I | 200 LF | 1 | | " | |
| OUTDOORS | | | | 1 | | 1 | | | | | |
| OUTDOORS | | | | ì | | | C00 ZF | 6 8 | | | |
| | | | | 3 | | WINDOWS MALAYAN | ~00 ZF | 600 | | | |
| of Registered Waste Hauler | | NJ Ha | IDEP W | aste Cubi | ic Yards | Hillows Co. | | | | | |
| of Registered Waste Hauler TE MANAGEMENT | | Ha | IDEP Waller ID | aste Cubi No. of W | ic Yards laste | Name of F | Registered Landfill | | 3.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2 | | |
| of Registered Waste Hauler TE MANAGEMENT | | Ha | uler ID i | aste Cubi No. of W App | ic Yards | Name of f | Registered Landfill S NORTH | | 1. | | |

| nock | NC | TIFICATIO | State of New Jerse N OF ASBESTOS at to NJAC 8:60 ar | ABATE | | 1 | DPEN NO | OTEF | | - |)N" |
|---|----------------------------|--|---|--------------|-------------------------------|--|---|-------------|----------------|---------------|-----------|
| Date of Notification (1) | | Name PSE | of Building Owner/ &G | Operator | r (2) | The state of the s | | 0 2 | / 20 | 10 | |
| Agencies Notified Type Notification | 19419 | | Address HADLEY ROA | D | - 39. 10. 10. 10. 10. | 100 | ASBEST L | OS C | | | . & |
| EPA Initial DEP Amended Amendment | | | tate, Zip Code TH PLAINFIEL | D, NJ (| 07080 | <u> </u> | | | | | |
| DOH justification) DCA Cancellation | | Jo, | | ARO | 77 | E | Telephone N | lumber | 1 9 | | - |
| Name of Facility Where Abatement is Taking | g Place (3) | | CILITY INFORMAT | | Туре | of Facility (4 | 4) | | | | |
| PSEV G-Kulle Street Address 260 Kuller | RRI |), S'u | B, 3C43 | 8 D | | Other (i.e. pr | 2) 8 (Other than K rivate & comme | | ldings | , home | es, |
| City (5) CLIFTON | ND. | | | | | etc.) re Feet | # of Floors | 31.5 | Bldg. A | e A | |
| County (6) PASSAIS | 2 | | Code (7) | | Curre | ent Use (Prio | r if being demol | ished) | , | | |
| Name of Monitoring Firm Hired by Building C ENVIRONMENTAL TACTICS | Owner (8) | ASC 004 | M No. 5 | | | tement Con | tractor (9) S OF AMERIC | CA | | | |
| Street Address 64 BROAD STREET | | | | | Addre: | ss EHEAD A | VE. | | | | |
| City, State, Zip Code MATAWAN, NJ 07747 | | | | | | ip Code IVER, NJ | 08882 | | | | |
| Project Manager for Monitoring Firm TOM GEIGER | | | one No. 190-2217 | 100000000 | none N 432-8 | | License 01111 | No. | | | |
| Start Date (10) 8/8/2016 | Scheduled | - / | Date (11) | | | HA Monitor SYSTEMS | OF AMERIC | CA | | | |
| Occupancy Status During Abatement (Check | (Only One) | | 101 | 11/2/19/2/20 | Addres | ss EHEAD A | VE | | | | |
| Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other - Describe: | al Facility H | atement ours | | City, S | State, Z | p Code IVER, NJ | | 91 | | | |
| Scope of Work (Check All That Apply) | | | | 000 | ,,,,, | 10 = 11, 110 | 00002 | | and the second | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | novation nolition | | | Mir Glo | i-Enclosure vebag Proce | | | | | |
| | Is Lo | cation | | <u> </u> | NOI | n-Exempted | (*) and Non-Fri | able Pro | Abate | ement | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Used S Mainte Custod | mally Solely by enance/ ial Staff? 12) | Asbestos Con (i.e. thermal surfa | | Material s insula T, or | | Amount (Specify SF or LF) | Remova | Repair | e Encapsulate | Enclosure |
| | Yes 1 | No N/A | | | | | | ļ. | | ate | G |
| OUTDOORS ! | | X | PipE S | OMA | 157 | ic | 200 LF | X | | | |
| | | | | | | | | | | | |
| Name of Registered Waste Hauler WASTE MANAGEMENT | | NJDEP V Hauler ID 1125 | No. of Wa | Yards ste | _ | | egistered Land | ill . | | | |
| City, State ELIZABETH, NJ | | | Dispo | sal Date | -9/0-11-5 | City, State MORRIS | SVILLE, PA | | | | |
| Completed by CAROL RAIMO | Title OFFICE | E MANAG | 1 8 | Signature | al a | Lac | Tr |) ate | 19/ | 201 | 16 |

| Date of Notification (1) | | NO | | State of New Je ATION OF ASBEST suant to NJAC 8:60 | OS ABAT and 12:1 | 120) | NOTIFIC | 5 -0 | D A | 5 | Print |
|--|--------------|--|------------|---|--|---|--|-------------|--------|-------------|--------------|
| Agencies Notified Type Notific | ntia | | 1 P | ame of Building Own SEG | er/Operat | or (2) | | DE | C | 27 | 2016 |
| EPA Initial Amend Amend Emerge | ed ment # | iing | Cit Si | reet Address 200 HADLEY RC y, State, Zip Code 20TH PLAINFIE me of Contact | | 07068 | A: | | | | ONTRO ING |
| Name of Facility Where Abatement is T | ation | 2 (9) | 1 | T | ARO | TTE | Telephone | Numbe | er | | |
| Street Address 260 Kuller City (5) | ullER | 2 R. | 0 > | Sub 3C | 130 | Subci Other etc.) | ol (K-12) napter 8 (Other than h (i.e. private & comme | ercial bu | uildir | ngs, h | iomes, |
| County (6) PASSA:C | | | Cour | nty Code (7) | | Square Fee | A D/A | 1. | Bld | g. Ag | е |
| Name of Monitoring Firm Hired by Buildi ENVIRONMENTAL TACTICS Street Address | ng Owner (| (8) | (STA | TE USE ONLY) SCM No.)45 | Name | of Abatemen | Prior if being demo | 2.20 | | | |
| 64 BROAD STREET City, State, Zip Code | | | | | Street. | Address WHITEHE | EMS OF AMERICAN | CA | | | |
| MATAWAN, NJ 07747 Project Manager for Monitoring Firm | | | Tolon | hone No. | SOUT | ate, Zip Code TH RIVER, | e NJ 08882 | | | | |
| TOM GEIGER Start Date (10) | Schedu | iled Cor | 732- | 290-2217 On Date (11) | | one No. 32-8350 f OSHA Mon | License 01111 | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other - Describe: | Period of | | 31 nent | //6 | Street A 396 W City, Sta | UE SYSTE | EMS OF AMERIC D AVE. | CA | | | |
| ≥3 sf or ≥3 If ≥160 sf or ≥260 If | B F C | Renovat Demoliti | ion on | | | Full Contair Mini-Enclos Gloveban P | nment with Negative I | | | | |
| Location of | 1 1 | Locatio lormally | 1 | | | Non-Exemp | ted (*) and Non-Friat | | | re emer | nt l |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Mai | d Solely Intenant odial St (12) | ce/ | Asbestos Conta (i.e. thermal s | cription of ining Mate ystems in ng, VAT, o | erial (ACM) | Amount (Specify | 72 | | /pe | |
| OKTDOORS | Yes | No | N/A | other mi | scellaneo | us) | SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| 24.309 6.2 | | X | | Pipe so | MAST | i.e_ | 200 LF | × | | | |
| me of Registered Waste Hauler STE MANAGEMENT | | NJD Hau | EP W | No. of Waste | | | Registered Landfill | | | | |
| ZABETH, NJ | 1 ==:: | | | APP Disposal T B | Date | City, Stat | | | | _ | _ |
| ROL RÁIMO | OFFICE | E MGF | ₹ | Sign | ature IVe | 1 | | 1/25 | | 1 | |

| | | | | | | | | j | "OPEN | NO | TIE | ICA | M | ON |
|---|--------------|---|------------------|--|-----------------------------|--|--------------------------|-----------------------------|---------------------------------|-----------|------------|--------|-------------|-----------|
| no ck | | | FICATIO | State of New N OF ASB In to NJAC | ESTOS | ABATE | | | | | C 2 | | | |
| Date of Notification (1) | 53 | | Name PSE | of Building | Owner/ | Operator | r (2) | | | 2 5 | 0 2 | , | C 0 1 C | |
| Agencies Notified Type Notification | 1 | | | Address HADLEY | ′ ROA | ,D | | | AS | BEST L | OS ICEN | | | 5L & |
| DEP Amended Amendmer | | | | tate, Zip Co TH PLAIN | | D, NJ (| 0708 | 0 | | | | | | |
| ■ DOH |) | ng | Name Jo | of Contact | m | A RO | 73 | TE | Telepho | one Nu | mber | | | • |
| Name of Facility Where Abatement is Taki | na Place | (3) | FAC | ILITY INFO | DRMAT | ION | Tun | o of Fooility | (4) | | | | | |
| PSE+ G-LO | CA | -6 | N | 5 | | | Гур | e of Facility School (K- | -12) | | | | | |
| Street Address 55 Gould | AI | VE. | | | | | X | | er 8 (Other the private & co | | | dings | , hom | ies, |
| City (5) PATERS | ON |) | | | | | 1000000 | are Feet | # of Flo | 1 | 100 | Bldg. | Age | |
| County (6) PASSA; | | | County (STATE | Code (7) USE ONLY) | | | | | rior if being d | 1 | ned) | | 77_ | |
| Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS | | 8) | ASC 004 | M No. | | | | | ontractor (9) | ERICA | Α | | | |
| Street Address 64 BROAD STREET | | | 1 | | | Street 396 | | ess TEHEAD | AVE | | | 1,000 | | |
| City, State, Zip Code MATAWAN, NJ 07747 | | | | | | City, S | state, | Zip Code RIVER, N | | | | | | |
| Project Manager for Monitoring Firm TOM GEIGER | | | Telepho | one No. 90-2217 | | Teleph 732-4 | none N | Vo. | Lic | ense N | 0. | | | |
| Start Date (10) 8/8/2016 | Schedu | led Co | mpletion | Date (11) | 7 | Name | of OS | HA Monitor | - | | | | | |
| Occupancy Status During Abatement (Che | ck Only C | ne) | 0/0 | 2017 | | Street | Addre | ess | IS OF AME | ERICA | 1 | | | _ |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: @ur Dook. | nal Facili | Abater ty Hour | ment s | | _ | City, S | tate, 2 | TEHEAD Zip Code RIVER, N | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | 000 | 1111 | CIVEIX, IV | 3 00002 | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova Demoli | | | | X | Mi Gi | ni-Enclosur ovebag Pro | | | | | 'e | |
| Location of | 1 | s Locat Norma | | | Des | scription | | ' | | | T | Abate | ement | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | M | ed Sole aintena stodial ((12) | nce/ | (i.e. t | os Cont hermal surfac | aining M systems sing, VAT niscelland | ateria insul T, or | ation, | Amour (Specif SF or L | fy | Remova | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | | | <u>a</u> | | ate | re |
| OUTDOORS | | X | - | P;PE | 5 | OMA | 57 | ic | 200 | LF | × | | | |
| | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | 100000 | JDEP W | | Cubic ` | | | Name of | Registered L | andfill | | | | |
| WASTE MANAGEMENT | | | auler ID 125 | | of Was | | - | 100000 | S NORTH | | | | | |
| City, State ELIZABETH, NJ | | | | | Dispos | al Date | | City, State MORRI | e SVILLE, F | PΑ | | | | |
| Completed by CAROL RAIMO | Title OFF | ICE M | IANAG | ER | | gnature | / | 200 | | Date | 2/ | 101 | 125 | / |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) **PSEG** Agencies Notified Type Notification Street Address 4000 HADLEY ROAD EPA ASBESTOS CONTROL & Initial DEP Amended LICENSING City, State, Zip Code × DOL Amendment # SOUTH PLAINFIELD, NJ 07068 Emergency (including × DOH justification) Name of Contact DCA Cancellation Telephone Number DO HN MARO Name of Facility Where Abatement is Taking Place (3) FACILITY INFORMATION Type of Facility (4) Street Address School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, City (5), etc.) Square Feet # of Floors Bidg. Age NI County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) 55 Name of Monitoring Firm Hired by Building Owner (8) NIA ASCM No. **ENVIRONMENTAL TACTICS** Name of Abatement Contractor (9) 0045 UNIQUE SYSTEMS OF AMERICA Street Address 64 BROAD STREET Street Address 396 WHITEHEAD AVE. City, State, Zip Code MATAWAN, NJ 07747 City, State, Zip Code SOUTH RIVER, NJ 08882 Project Manager for Monitoring Firm Telephone No. TOM GEIGER Telephone No. License No 732-290-2217 732-432-8350 Start Date (10) 01111 Scheduled Completion Date (11) Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 396 WHITEHEAD AVE. Abatement Performed Outside of Normal Facility Hours Other - Describe: BAT DAG R.S City, State, Zip Code Scope of Work (Check All That Apply) SOUTH RIVER, NJ 08882 ≥3 sf or ≥3 lf Renovation ≥160 sf or ≥260 lf Full Containment with Negative Pressure Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Location of Normally Asbestos-Containing Material (ACM) Used Solely by Description of Type Asbestos Containing Material (ACM) TO BE ABATED Maintenance/ Amount (i.e. thermal systems insulation, In Facility Custodial Staff? Encapsulate (Specify (13)surfacing, VAT, or Remova Enclosure (12)Repair SF or LF) other miscellaneous) Yes No N/A OUTDOORS SOMAS 200 LF Name of Registered Waste Hauler NJDEP Waste WASTE MANAGEMENT Cubic Yards Name of Registered Landfill Hauler ID No. of Waste 1125 **GROWS NORTH** City, State APP ELIZABETH, NJ Disposal Date City, State TRI MORRISVILLE, PA Completed by CAROL RAIMO Signature OFFICE MGR

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| MOCK | NO | OTIFIC (Pu | CATION | te of New OF ASBES to NJAC 8: | STOS | ABATEN | MENT) | | 1 | 5 | | | |
|---|---------------|--|---------------------------|-------------------------------------|--------------------------|----------------------|---|----------|----------------------------|---------|--------|-------------|-----------------|
| Date of Notification (1) | | | Name of PSE&C | Building O | wner/C | perator | (2) | | LI DE | 2 | 1 6 | Ulb | Santain Village |
| Agencies Notified Type Notification | | 1998 | Street Ac | idress IADLEY | ROAI |) | | | ASBEST | OS | CON | TRO |)L 8 |
| EPA Initial DEP Amended Amendment # | _/_ | (| City, Stat | te, Zip Cod H PLAIN | e | | 7080 | <u> </u> | | CEN | 211/ | <u> </u> | |
| Emergency (ir justification) | ncluding | 1 | Name of | Contact | m | 182 | TTE | Tele | ephone Num | ber | | | |
| DCA Cancellation | | f | FACIL | ITY INFO | | | 7 9 0 | 1- | | | | - Tally | |
| Name of Facility Where Abatement is Taking | | - 0 | | A | | | Type of Facility (4 |) | | | | | |
| PSEV G-LOC Street Address | | | N | 0 | | | | 8 (Othe | er than K-12) | | inan | hama | |
| 89 FloR | DA | | AVE | E | | | Other (i.e. pretc.) Square Feet | | commercia Floors | | dg. A | | S, |
| PATERSO | N | | | | | | NA | | U/A | 1 | 1/ | 9 | |
| County (6) PASSAIC | 7. | | County C STATE U | Code (7) ISE ONLY) | | | Current Use (Prio |)/A | ng demolishe I | ea) | | | |
| Name of Monitoring Firm Hired by Building O ENVIRONMENTAL TACTICS | wner (8) | | 0045 | | | | of Abatement Con QUE SYSTEMS | | | | | | |
| Street Address 64 BROAD STREET | | | | | | | Address WHITEHEAD A | VE. | 80 | | | | |
| City, State, Zip Code MATAWAN, NJ 07747 | | | | | | | tate, Zip Code TH RIVER, NJ | 0888 | 2 | | | | |
| Project Manager for Monitoring Firm TOM GEIGER | | | Telephor | ne No. 10-2217 | | 100 | none No. 432-8350 | | License No 01111 | | | | |
| Start Date (10) 8/8/2016 | Scheduler | d Com | | Date (11) | 7 | | of OSHA Monitor QUE SYSTEMS | OF. | AMERICA | | | | |
| Occupancy Status During Abatement (Check | | _ | | | | | Address WHITEHEAD A | VE | | | | | |
| Facility Closed/Vacated During Entire Port Abatement Performed Outside of Normal Other – Describe: Out Dook S | al Facility | batem Hours | ent | | | City, S | tate, Zip Code TH RIVER, NJ | | 12 | | | | |
| Scope of Work (Check All That Apply) | | | | | | 300 | 1111111111111, 140 | 0000 | 12 | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | enovat emoliti | | | | X | Full Containme Mini-Enclosure Glovebag Prod Non-Exempted | edure | | | | 9 | |
| | 100 | Locati | | | | | | | | | | ment | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Used Mair | ormall i Solel ntenar odial S (12) | ly by nce/ | | os Con herma surfa | | faterial (ACM) s insulation, T, or | (5 | mount Specify or LF) | Removal | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | ^ | | | ab . | | | | | e e | |
| OUTDOORS! | - | X | | P:PE | <u> </u> | OMA | 157ic | 2 | 00 LF | X | | | |
| | | | | | | | | | | | | | |
| | | | | | 0.1. | Verd- | Nome of | Pogiat | rod Leaden | | | | |
| Name of Registered Waste Hauler WASTE MANAGEMENT | | Н | JDEP W auler ID 125 | No. | of Wa | Yards ste 4 /5 | - GROW | | ered Landfill RTH | | | | |
| City, State ELIZABETH, NJ | | | | | Dispo | sal Date | City, State MORRI | | _E, PA | | | | |
| Completed by CAROL RAIMO | Title OFFI | CE M | IANAG | ER | 3 | Signature | al fac | o m | Dai | 2/ | 19/ | 201 | 16 |

| | | МО | TIFICA (Pursi | State of New Jer TION OF ASBESTO Lant to NJAC 8:60 | S ARAT | EIVEN7 20) | "OPEN | NO | | CA | Tic | MC |
|---|---------------|--|---------------------|--|-------------------------------|---|---|--------------------|---------|--------|-------------|-----------|
| Date of Notification (1) Agencies Notified Type Notification | ion | | PS | me of Building Owne EG eet Address | er/Operati | or (2) | | | | DEC | 7 2 | 7 6 |
| EPA DEP Modernment | ent# | | 400 City | 00 HADLEY RO | | 0700 | | A | ASBE | ST | OS C | CON |
| DOH justification Cancellai | ion ion | | Nam | UTH PLAINFIE ne of Contact カール が | ARA | 8 | Tele | ephone N | lumbe | er | | - |
| Name of Facility Where Abatement is Ta PSETC. Street Address PIORIDA City (5) | -00 | | | ACILITY INFORMA | TION | Subch | cility (4) I (K-12) apter 8 (Othe I.e. private & | er than K- | 12) | uildin | as he | |
| PATERSON COUNTY (6) | | | Coun | ity Code (7) | | Square Fee | t #of | Floors | | Bidg | Age | |
| PASSA; C Name of Monitoring Firm Hired by Buildin ENVIRONMENTAL TACTICS | g Owner | (8) | (STAT | CM No. | Name | of Abatement | (Prior if bein | Q) | | | | |
| Street Address 64 BROAD STREET City, State, Zip Code | | | 00 | 45 | Street | QUE SYSTI Address WHITEHEA | EMS OF A | MERIC | A | | - | |
| MATAWAN, NJ 07747 Project Manager for Monitoring Firm TOM GEIGER | | | Telepi | hone No. | City, S SOU | tate, Zip Code TH RIVER, one No. | NJ 08882 | | | | | |
| Start Date (10) . 8 / 8 / 16 | | 10 | 732- | 290-2217 n Date (11) | 732-4 Name (| 32-8350 of OSHA Mon | itor | License N 01111 | | 1 | | |
| Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: | Period o | | ment | 776 | Street / 396 V City, St | UE SYSTE Address VHITEHEA ate, Zip Code TH RIVER, | D AVE. | | Α | | | |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If | 图□ | Renova Demoli | ation tion | | | Full Contair Mini-Enclos Glovebag P | nment with No | egative P | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility | Us M | s Locati Normal ed Sole aintenar stodial S | ly ly by nce/ | Des Asbestos Cont (i.e. thermal | scription o | f terial (ACAA) | ted (*) and N | unt | | Abat | emen ype | |
| (13) | Yes | (12) No | N/A | surfac | ing, VAT, iscellane | or | (Spec | | Removal | Repair | Encapsulate | Enclosure |
| OKTBOORS | | X | | Pipe Se | MAS | Tie | 200 | OLF | × | | е | |
| Name of Registered Waste Hauler | | l N | IDEP W | /arte C : : : | | | | | | | | |
| NASTE MANAGEMENT City, State ELIZABETH, NJ | | Ha | uler ID 125 | Vaste Cubic Y No. of Waste Disposa | e 15 | GROV | Registered VS NORTH | | | | | |
| Completed by CAROL RAIMO | Title OFFI | CE MO | GR. | T | 3) nature | City, Sta MORR | te ISVILLE, I | Date | 2/. | | / | |

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| nock | NC | | ATION | ate of New Jers NOF ASBESTO to NJAC 8:60 a | SABATE | MENT | OPEN | DEC | <u> </u> | u | | IN! |
|--|----------------------------|--------------------|--------------------|--|-----------|---|----------------------|-------------------|----------|-------------|-------------|-----------|
| Date of Notification (1) | | 10000 | lame o | f Building Owner G | /Operator | (2) | | ULV | | 1 6 | 010 | |
| Agencies Notified Type Notification EPA Initial | | 10.000 | | ddress HADLEY RO | AD | | A | SBEST | | CON | | L& |
| DEP Amended Amendment Emergancy | | _ \ | SOUT | ate, Zip Code H PLAINFIEI f Contact | _D, NJ 0 | 7080 | Telep | none Nun | her | | | |
| DOH justification) DCA Cancellation | | , | JOA | SILITY INFORMA | | TTE | 1 | | | | - | |
| Name of Facility Where Abatement is Taking PSEVG - Loco Street Address 677 E 307 | Place (3) PAT; | ON TX | ے ' | 7 | TION | | | | | dings, | home | es, |
| City (5) PATERSON | | | | | | Square Feet | # of FI | oors | 10000 | ldg. A | ige A | |
| County (6) | | | | Code (7) USE ONLY) | | Current Use (Pr | MA | | ed) | | | |
| Name of Monitoring Firm Hired by Building C ENVIRONMENTAL TACTICS | Owner (8) | | ASCN 0045 | | | of Abatement Co QUE SYSTEM | | | | | | |
| Street Address 64 BROAD STREET | | | | | | Address WHITEHEAD | AVE. | | | | | |
| City, State, Zip Code MATAWAN, NJ 07747 | | | | | | tate, Zip Code TH RIVER, N | J 08882 | | | -01 | | |
| Project Manager for Monitoring Firm TOM GEIGER | | 7 | | 90-2217 | | none No. 432-8350 | | icense No 1111 |). | | | |
| Start Date (10) 8/8/2016 | Scheduled | Comp 30 | / | Date (11) | | of OSHA Monitor QUE SYSTEM | | MERICA | | | | |
| Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P | eriod of Aba | ateme | nt | | | Address WHITEHEAD | AVE. | | | | | |
| Abatement Performed Outside of Norm Other – Describe: <u>dur Doo LS</u> | al Facility H | ours | | | 100 | tate, Zip Code TH RIVER, N | J 08882 | | | | | |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If | | novatio nolitio | | | | Full Containm Mini-Enclosur Glovebag Pro Non-Exempte | cedure | • | | | e | |
| Location of | | cation | | | | | | | | Abate Ty | ment pe | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Used S Mainte Custod | enanc | e/ | Asbestos Co (i.e. therma surf | | laterial (ACM) s insulation, T, or | Amo (Spe SF or | cify | Removal | Repair | Encapsulate | Enclosure |
| OUTDOORS 1 | Yes 1 | No No | N/A | Pipe : | Sama | stic | 200 | OLF | X | | 6 | |
| | | | | | : : // | -/ | 1,7,00 | | | | | |
| | | - | |) | | | | | | | | |
| Name of Registered Waste Hauler WASTE MANAGEMENT | - | 11000000 | DEP Wiler ID 25 | C. C | | 1 | Registered S NORT | | | | | |
| City, State ELIZABETH, NJ | | 1 | | Dispo | sal Date | City, Sta | te ISVILLE, | PA | | | | |
| Completed by CAROL RAIMO | Title OFFICE | Е МА | NAGI | | Signature | | - | Date | | 19/ | 201 | 6 |

| | | NO | TIFICA (Purs | TION OF | of New Je ASBESTO NJAC 8:60 | S APAT | EWEN 20) | IT | "0 | PENN | IQT | Œ1 | Ca- | rion |
|--|-------------|--|-----------------|--------------------|---------------------------------------|-------------------------|----------------------|-------------------------|--------------------------|-------------------------------|-------------------|---------|-------------|--------------|
| Date of Notification (1) Agencies Notified Type Notification | ation | | Na. | | ilding Own | | 10. | | | | Ĭ | DEC | 27 | 2016 |
| □ EPA Initial □ Amenda Amenda | nent# | | 40 City | 00 HAI | DLEY RO | | 0700 | | | A | SBE | STO | OS C | ONTR SING |
| DCA Justificat | ation | | Nan | ne of Cor | N M | 4 Ra | | 8 | | Telephone | Numb | ег | | |
| Name of Facility Where Abatement is T | aking Place | ce (3), | | | INFORMA | TION | Тур | | ility (4) | | | | | _ |
| 677 E. 3 | 071 | 7 5 | STA | REE | 7 | | | Subch Other etc.) | apter 8 ((i.e. priva | Other than I | (-12) ercial b | ouildir | ngs, h | omes, |
| County (6) PASSA:C | | | Cour | nty Code | (7) | | | | A- | # of Floors A) /A being demo | lished | 127 | g. Ag | 6 |
| Name of Monitoring Firm Hired by Buildi ENVIRONMENTAL TACTICS Street Address | ng Owner | (8) | AS | SCM No. 45 | | Name UNIC | of Aba | Î Î | Contrac | | | | | |
| 64 BROAD STREET City, State, Zip Code MATAWAN, NJ 07747 | | | | | | Street. | Addre VHIT | ss EHEA | D AVE | | | | | |
| Project Manager for Monitoring Firm TOM GEIGER | | | Telepi 732- | hone No. 290-22 | 17 | SOU [*] | TH R | IVER, | NJ 088 | 382 License | No. | | | |
| Start Date (10) . 8 16 | | 10 | | n Date (| | 732-4 Name o UNIQ | of OSH | A Moni | tor MS OF | 01111 AMERIC | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of No. Other – Describe: | Period o | | ment s | | | Street A | ddres HITE | s HEAI | D AVE. | | | | | |
| cope of Work (Check All That Apply) | | | | | | SOUT | HRI | VER, | NJ 088 | 82 | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova Demoli | ation tion | | | | Glov | ebag P | ncedura | h Negative | | | | |
| Location of | | s Locati Normal | lv | | - | , | 71000 | -verup | led () ar | id Non-Friat | ole Pro | | re temer | it |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | M | ed Sole aintenar stodial S (12) | nce/ | Asbe (i.) | sios Conta a. thermal s surfaci | ystems ir na. VAT | erial (A Isulatio | ACM) | (5 | mount Specify F or LF) | Rei | T | уре | |
| | Yes | No | N/A | | other mi | scellaneo | us) | | | S. L. / | Removal | Repair | Encapsulate | Enclosure |
| OUTDOORS | | X | П | P:p | E So | MAS | Ť; | <u> </u> | 0 | 200 LF | × | | 0 | |
| | | | | | | | | | | | | | | _ |
| ne of Registered Waste Hauler | | NJ | DEP W | aste | Cubic Ya | ırds | 1.83 | | | | | | | |
| STE MANAGEMENT | | Ha | uler ID I 25 | No. | of Waste | 15 | | ROW | S NOF | ed Landfill TH | | | | |
| ZABETH, NJ | Title | | | | Disposal Tre | Date D | C N | ity, Stat IORR | e ISVILLI | Е, РА | | | | |
| ROL RÁIMO | OFFI | CEMO | ₽R | | Sign | ature | 0 | 1 | 9 | Date | 7/ | | / | |

| | | | | State of New Jers | 01/ | | "0 | PENNO | TIF | ICA | TIC | "מכ |
|---|----------------|---|---------------------------|------------------------------------|---|------------------------------|----------------------------|---------------------------------|-------------|--------|---------------|--|
| nock | | | Pursuan | N OF ASBESTOS at to NJAC 8:60 a | ABATE nd 12:12 | :0) | | DE DE | C 2 | 7 2 | 016 | The second secon |
| Date of Notification (1) | | | Name PSE8 | of Building Owner. &G | /Operato | r (2) | Constitution of the second | al bil | 107 / 177 | - | | Tonaca de |
| Agencies Notified Type Notification | 1 | | | Address HADLEY ROA | AD. | | | ASBES L | TOS ICEN | | | L& |
| DEP Amended Amendmer | t#/_ | | | tate, Zip Code TH PLAINFIEL | .D, NJ (| 07080 | | | | | | |
| DOH Emergency justification Cancellatio |) | | | of Contact | | 775 | | Telephone Nu | umber | | 700) | |
| Name of Facility Where Abatement is Taki | ng Place (| 3) | FAC | CILITY INFORMAT | TION | Type of Fa | cility (4) | | | | | |
| PSEV G - Lo Street Address | CA | 7; | ON | 28 | | | ol (K-12) napter 8 | (Other than K- | 12) | | | |
| | 711 | 57 | RE | ET | | Other etc.) | (i.e. priv | rate & commerc | cial bui | 35// | 8 | es, |
| City (5) PATERSON County (6) |) | | County | Code (7) | | Square Fee | | # of Floors **D/A | | Bldg. | Age A | |
| PASSAIC | _ | | | USE ONLY) | | | N | f being demolis | snea) | | | |
| Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS | Owner (8) | | 004 | M No. 5 | | of Abatemer | | octor (9) OF AMERIC | A | | | |
| Street Address 64 BROAD STREET | | | | | 1 7 7 7 7 7 7 7 | Address WHITEHE | AD AV | Έ. | | 100-00 | | |
| City, State, Zip Code MATAWAN, NJ 07747 | | | | | City, S | State, Zip Coo | ie | | | | | |
| Project Manager for Monitoring Firm TOM GEIGER | | | Telepho 732-2 | one No. 90-2217 | 0.0000000000000000000000000000000000000 | none No. 432-8350 | | License N | Vo. | | | |
| Start Date (10) 8/8/2016 | Schedule | ed Cor | , | Date (11) | | of OSHA Mo | 511574(| OF AMERIC | Α | | | |
| Occupancy Status During Abatement (Cher | | | | | 100000000000000000000000000000000000000 | Address WHITEHE | ΛD Λ\/ | = | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: Our Dooks | nal Facility | Abaten Hours | nent S | | City, S | tate, Zip Cod | le | | | | | |
| Scope of Work (Check All That Apply) | | | | | | _ | , , , , , , | | | | | |
| ≥3 sf or ≥3 If ≥160 sf or ≥260 If | | tenova Iemolit | | | | Mini-Encl Glovebag | osure Proced | | | | | |
| | Is | Locati | on | | | J Non-Exer | npted (*) |) and Non-Friat | ole Pro | Abate | ement | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility | Use Mai | lormall d Sole intenar odial S | ly by nce/ | Asbestos Con (i.e. thermal | | laterial (ACM insulation, |) | Amount (Specify SF or LF) | Remova | | e Encapsulate | Encl |
| (13) | Yes | (12) No | N/A | | niscellan | | | 0. 0. 2. / | noval | Repair | sulate | Enclosure |
| OUT DOORS ! | | X | | PIPE S | omA | 57;c | | 200 LF | X | | | |
| | | | | , , | - | | | | | | | |
| | | | | | | | | | - | | | |
| Name of Registered Waste Hauler WASTE MANAGEMENT | | Ha | JDEP W auler ID 125 | No. of Was | ste | 100000000 | December 1999 | istered Landfill | | | | |
| City, State ELIZABETH, NJ | | | .20 | | sal Date | | State RRISV | ILLE, PA | | | | |
| Completed by CAROL RAIMO | Title OFFIC | CE M | ANAG | S | ionature | | 1 1 | □ Da | ite | 10 | 201 | |
| | 1 31110 | 1417 | . 11 1/1/0 | | ar | eel Ka | in | 10 / | 2/ | 19/0 | 101 | 6 |

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| OF FIRE | MA | LIFE | AIT |)111. |

| Agencies Notified Type Notifica | tion | | Si | reet Address | | | | God bee | | | | |
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| DEP Initial Amende | 4 | | | 000 HADLEY | | | | AS | BES | TOS | ; co | NTF |
| Amendm | nent# | | Cit | y, State, Zip Cod | e CIELD XX | | | | | ICE | MSII | NG |
| DOH Emerger | ncy (inclu | gnibu | Na | OUTH PLAIN | TELD, NJ | 07068 | | | | | | |
| ☐ DCA ☐ Cancella | tion | | 1 | | 60 O | | | Telephone | Niimi | er | + | |
| Name of Facility Where Abatement is Ta | | | -, > | Ja H N FACILITY INFOR | MARC | 116 | | Ti | | | | |
| | King Pla | ice (3) | | | | Type of | Facility (4) | | | | | |
| Street Address | 00 | 17/ | 10 | N R. | | - 6 | hool (K-12) | | | | | |
| 994 E. 3 | OTI | 4 | 57 | REET | -cos | II Su | bchanter 8 | (Other thee ! | (-12) | | | |
| City (5) PATEOR | 1 | | | ACC/ | | etc | | /ate & commi | ercial | buildi | ngs, h | omes |
| PATERSON COUNTY (6) | U | | | | | Square | 1 1 | # of Floors | | Bld | g.,Ag | е |
| PASSAIC | | | Cou | nty Code (7) | | | | f being demo | | N | A | |
| Name of Monitoring Firm Hired by Dull in | a Owner | - /0\ | | TE USE ONLY) | | (school) | NIA | i being demo | lished |) | | |
| - TACIOS | g Owner | (0) | | SCM No. 045 | Name | of Abatem | ent Contro | oies (O) | | | - | |
| Street Address 64 BROAD STREET | | | | | UNIC | JUE SY | STEMS | OF AMERI | CA | | | |
| City. State, Zip Code | | | | | 396 \ | Address WHITEH | EAD AV | E | | | | |
| MATAWAN, NJ 07747 | | | | | City, S | tate, Zip C | ode | | | | | |
| Project Manager for Monitoring Firm | | | Telor | inone No. | SOU. | TH RIVE | R, NJ 08 | 3882 | | | | |
| TOM GEIGER tari Date (10) | | | 732 | -290-2217 | Teleph 732 | one No. 132-8350 | , | License | No. | - | | |
| tall Date (10) | Sched | iuled C | ompletic | on Date (11) | | of OSHA N | | 01111 | | | | |
| ccupancy Status During Abatement (Che | | | 131 | 116 | UNIQ | UE SYS | TEMS O | FAMERIC | ۸. | | | |
| Facility Closed Manatag D | | | p | | Street A | Address | | | ,A | | | |
| Abatement Performed Outside of Non Other – Describe: @17.006 A | nal Facil | if Abate lity Hou | ment rs | | | | EAD AVE | | | | | |
| cope of Work (Check All That Apply) | ·E. | | | | SOLIT | te, Zip Co | de R, NJ 08 | | | | - | |
| ≥3 sf or ≥3 If | | | | | | TTTTT | r, NJ 08 | 882 | | | | |
| ≥150 sf or ≥260 lf | 鬥 | Renov Demol | ation | | | Full Con | tainment w | ith Negative I | | | | |
| | | | 111011 | | H | | | | ⊇ressi | ıre | | |
| | 1 | - 1 | | | 図 | Non-Exe | g Procedur mpted (*) a | e ind Non-Friat | le Pro | read. | - | |
| Location of | 1 | s Locai Norma | llv | | | 11 | | | 1 | | emen | nt . |
| Asbestos-Containing Material (ACM) TO BE ABATED | M | ed Sole aintena | nc=/ | Aspestos Co | Description of Intaining Mat | orial / a na | . | v | _ | 1 | ype | |
| In Facility (13) | Cus | stodial (| Staff? | lier nieili | al systems ir facing, VAT, | Islilation | | Amount (Specify | R | | En | E |
| | Yes | 1 | T | othe | miscellaneo | us) | 5 | For LF) | Removal | Repair | Encapsulate | Enclosure |
| OUTDOORS | les | No | N/A | | | | 1 | | ial | = | ulate | rire |
| 5x: 500 KZ | | X | | Pipe s | ZAMOG | Tia | | 9- 1 | ~ | | - | |
| | | | | 2 | | | - | 200 LF | 000 | - | | |
| | | | | | | To the same of | | | | | | |
| e of Registered Waste Hauler | | | | 2 | | | + | | | | | |
| STE MANAGEMENT | | N. | IDEP W | | Yards | Name | of Register | ered Landfill | | | | |
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| ABETH, NJ | | | | Dispo | sal Date | City, S | | | | | | |
| pleted by | | | | 1 | BI | | RRISVILL | | | 100000 | | |

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|--|--------------|--|----------------------------|--|--|----------------------|--|--|-----------------|--------------|-------------|-----------|
| no ck | NOT | (Purs | TION Of uant to | of New Jersey F ASBESTOS A NJAC 8:60 and | 12:120 |) | Business on the control of the contr | DEG | | \mathbb{V} | | |
| Date of Notification (1) | | | me of Bi SE&G | uilding Owner/C | perator | (2) | | DEC DEC | 27 | 2016 | 6 | |
| Agencies Notified Type Notification | | | eet Add | ress DLEY ROAI |) | | | | | WITT. | 101 | |
| EPA Initial Amended Amendment #_ | / | Cit | y, State, OUTH | , Zip Code PLAINFIEL[|), NJ 0 | 7080 | | | CENSI | NG_ | 10L | α |
| Emergency (inclining particular points) Emergency (inclining particular part | uding | Na | ame of C | ontact M | 4 RD | 776 | F | Telenhone Num | jhe: | | | 9 |
| | | | FACILI | TY INFORMAT | ON | | Facility (4) | | | | | - |
| Street Address | 2 A | | | 8A | | ☐ Sc | chool (K-12) | |) al buildir | ngs, ho | omes | , |
| 221 E. 30TH | STA | PE | ET. | - | | Square | c.) | # of Floors | 000 | g. Age | | - |
| City (5) PATERSON | | | | 1- (7) | | 10/ | A | N/A | red) | /A | 1 | - |
| County (6) PASSA; C | | (S | | SE ONLY) | | | Λ | JIA | | | | |
| Name of Monitoring Firm Hired by Building Own ENVIRONMENTAL TACTICS | ner (8) | | ASCM 0045 | No. | UNI | QUE S' | | OF AMERICA | 4 | | | |
| Street Address 64 BROAD STREET | | | | | Street 396 | Address WHITE | S EHEAD A | VE. | | | | |
| City, State, Zip Code MATAWAN, NJ 07747 | | | | | City, SOL | State, Zip JTH RI | Code VER, NJ | 08882 | | | | |
| Project Manager for Monitoring Firm | | | elephon | e No. 0-2217 | | hone No. -432-83 | | License N 01111 | 0. | | | |
| Clair Date (10) | cheduled | Comp | oletion D | ate (11) | Name | of OSH | A Monitor | OF AMERIC | Δ | | | |
| 8/8/2016 Occupancy Status During Abatement (Check C | Only One | | 12 | 017 | Stree | t Address | S | | | | | |
| Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other - Describe: Our Dooks | riod of Ab | ateme | ent | | 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | 1 | 7 | 0 1 | ith Nagativo | Droccus | ۵ | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | novati molitic | | | | Min | i-Enclosure | ent with Negative e cedure I (*) and Non-Fria | | | 4 | |
| | Is I | ocatio | on | | | A NOI | I-Exemple: | () and Non-ind | | Abate Typ | ment | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Used Mair | ormally Solely ntenan odial S (12) | y by ice/ | Asbestos Co (i.e. therm sur | ermal systems insulation, (Sp | | | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
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| OUTDOORS | | X | | PipE | Som | A 5/ | 10 | 200 LP | /\ | | | |
| | | | | | | | | | | | | |
| | | | | lasta C. | io Vorde | | Name of | Registered Land | ill . | | | |
| Name of Registered Waste Hauler WASTE MANAGEMENT | | Н | JDEP W lauler ID 125 | No. of V | | 5 | GROW | S NORTH | | | | |
| City, State ELIZABETH, NJ | | Disposal TB | | | | | City, Sta MORR | te ISVILLE, PA | | | | |
| IELIZADE III. INJ | | | | | | | | | | | | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) **PSEG** Agencies Notified 2016 Type Notification Street Address 4000 HADLEY ROAD EPA Initial DEP Amended City, State, Zip Code TOS CONTROL X DOL Amendment # SOUTH PLAINFIELD, NJ 07068 LICENSING Emergency (including DOH justification) Name of Contact DCA Telenhone Mumber Cancellation lo HN MARO FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Street Address School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, City (5) etc.) Square Feet # of Floors Bldg. Age NIA County (6) County Code (7) Current Use (Prior if being demolished) SSA (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) NIA ASCM No. Name of Abatement Contractor (9) **ENVIRONMENTAL TACTICS** 0045 UNIQUE SYSTEMS OF AMERICA Street Address 64 BROAD STREET Street Address 396 WHITEHEAD AVE. City, State, Zip Code MATAWAN, NJ 07747 City, State, Zip Code SOUTH RIVER, NJ 08882 Project Manager for Monitoring Firm Telephone No. Telephone No. TOM GEIGER License No. 732-290-2217 732-432-8350 Start Date (10) 01111 Scheduled Completion Date (11) Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 396 WHITEHEAD AVE. Abatement Performed Outside of Normal Facility Hours Other - Describe: GET Des RS City, State, Zip Code SOUTH RIVER, NJ 08882 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation ≥160 sf or ≥260 lf Full Containment with Negative Pressure Demolition Mini-Enclosure Glovebag Procedure Non-Exempled (*) and Non-Friable Procedure Is Location Abatement Location of Normally Asbestos-Containing Material (ACM) Used Solely by Description of Type Asbestos Containing Material (ACM) TO BE ABATED Maintenance/ Amount (i.e. thermal systems insulation, In Facility Custodial Staff? (Specify SF or LF) Encapsulate Enclosure (13)surfacing, VAT, or Remova (12)other miscellaneous) Yes No N/A OUTDOORS SOMAST 200 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards WASTE MANAGEMENT Name of Registered Landfill Hauler ID No. of Waste 1125 GROWS NORTH APP City, State ELIZABETH, NJ Disposal Date City, State MORRISVILLE, PA TRIN Completed by Signature CAROL RAIMO OFFICE MGR

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| INCE | | NO | TIFICAT (Pursu | State of New Je FION OF ASBESTO Lant to NJAC 8:60 | OS ABAT | EMENT 20) | "OPEN I | EC : | | | |
|---|------------------------------|---|---|---|--------------|---|--|-------------------|----------|-------------|-----------|
| Date of Notification (1) Agencies Notified Type Notification | | | Nam PS | ne of Building Owne E&G | er/Operato | or (2) | | | | | |
| ☐ EPA ☐ Initial | ition | | 100000000000000000000000000000000000000 | et Address 00 HADLEY RC | AD | | ASBE | LICE | | | 01.8 |
| - Emerge | ed nent #/ ncy (includ | dina | | State, Zip Code UTH PLAINFIE | LD, NJ | 07080 | | | | | |
| DOH justifical Cancelli | tion) | anig | 7 | e of Contact | DARO | TTE | Telephone | Numb | er | | |
| Name of Facility Where Abatement is T | aking Plac | e (3) | FA | ACILITY INFORMA | | | | | | | _ |
| PSEVG -) | 00 | AT | 101 | | | Type of Facility | | | | | |
| Street Address Street Address Street Address Street Address | | | | EET | | School (K Subchapt Other (i.e. etc.) | -12) er 8 (Other than . private & comm | K-12) ercial t | ouilding | gs, ho | mes, |
| PATER | SON | | | | | Square Feet | # of Floors | | Bldg | . Age | |
| PASSA | 1,0 | 115 | Count (STAT | ty Code (7) E USE ONLY) | | | rior if being demo | |) | H | |
| Name of Monitoring Firm Hired by Buildi ENVIRONMENTAL TACTICS | ng Owner | (8) | AS0 | CM No. 45 | Name UNIO | of Abatement Co QUE SYSTEM | ontractor (9) | ICΔ | | | |
| Street Address 64 BROAD STREET | | | | | Street | Address WHITEHEAD | | | | - | |
| City, State, Zip Code MATAWAN, NJ 07747 | | | | | City, S | tate, Zip Code TH RIVER, N | | | | | |
| Project Manager for Monitoring Firm TOM GEIGER | | | | none No. 290-2217 | Teleph | none No. 432-8350 | License | | | | |
| Start Date (10) 8/8/2016 | Sched | uled Co | mpletion | n Date (11) | Name | of OSHA Monitor | | | | | |
| Occupancy Status During Abatement (Ch | | | | 2017 | Street A | QUE SYSTEM Address | | CA | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: | rmal Engil | f Abate ity Hou | ment rs | Ē. | | VHITEHEAD / | AVE. | | | | |
| Scope of Work (Check All That Apply) | | | | | | TH RIVER, N. | J 08882 | | | | |
| ≥3 sf or ≥3 If ≥160 sf or ≥260 If | | Renov Demoli | | | X | Mini-Enclosure Glovebag Prod | | | | | |
| Location of | | ls Locat Norma | lly | Do | scription o | | () and Non-File | able Pr | Abat | emen /pe | t |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | M | ed Sole aintena stodial ((12) | nce/ | Asbestos Cont (i.e. thermal surfac | aining Ma | insulation, | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| OUTDOORS, | Yes | No | N/A | 0:0- = | | | | | | ate | Ire |
| | | | | Pipe S | OMA | 5/10 | 200 LF | X | | | |
| Newsorf | | | | | | | | | | | |
| Name of Registered Waste Hauler WASTE MANAGEMENT | | H | JDEP W | No. of Wast | e | | egistered Landfi | | | | |
| City, State ELIZABETH, NJ | | 1 | 125 | Appx Disposa | I Date | City, State | NORTH | | | | |
| Completed by CAROL RAIMO | Title | OF M | ANAGE | T /S | inature | MORRIS | | ate 2/ | / | / | |

| Date of Notification (1) | 7/25/16 | | | | | Name of Building Owner/Operator (2) PSEG | | | | | | | | |
|--|-------------------------|--------------------------------------|------------------|--|---|---|---------------------------------------|-------------------------|----------------|--------|------------------------|-----------|--|--|
| Agencies Notified Type Notification EPA Initial Amended Amendment | | | 4000 City, \$ | t Address O HADLEY RO State, Zip Code | vacases | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 | Declaration | ASBI | EST(| OS C | ON SING | TRC | | |
| DOH Emergency justification Cancellati | y (includin n) on | | Name | JTH PLAINFIEI of Contact OHOMO CILITY INFORMA | 4 Ro- | 1 | Tel | lephone N | umber | | | | | |
| City (5) (5) | O CA | T | 0 | _ | | Other (i. | (K-12) pter 8 (Oth e. private (| & commerc | 12) cial bu | ilding | s, hor | nes, | | |
| County (6) | <u> </u> | | County | y Code (7) | | Square Feet Current Use (| 4 / | f Floors J/J | 1 | | Age A | | | |
| Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS | Owner (8 |) | | E USE ONLY) OM No. 15 | Name o | f Abatement JE SYSTE | Contractor | (9) | - | | | | | |
| Street Address 64 BROAD STREET City. State, Zip Code | | | | | Street A 396 V | ddress /HITEHEA | | WEIGO | | | | | | |
| MATAWAN, NJ 07747 Project Manager for Monitoring Firm TOM GEIGER | | | Teleph | one No. 290-2217 | SOUT Telepho | te, Zip Code H RIVER, ne No. | NJ 0888 | 2 License N | lo. | | | | | |
| Start Date (10) | 1 | 21 | | Date (11) | Name of | 32-8350 OSHA Monit JE SYSTE | or MS OF A | 01111 AMERIC | ۹. | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe: Scope of Work (Check All That Apply) | Period of | n L _ 1 | nent s | | City, Sta | ddress HITEHEAD e, Zip Code H RIVER, I | | 2 | | | | | | |
| ≥3 sf or ≥3 if ≥160 sf or ≥260 if | | tenova emolii | | | | Full Contain Mini-Enclose Glovebag Pr | ure Ocedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED | Use | Locati Iormal d Sole ntenar | ly Iy by | Asbestos Cont | scription of | erial (ACM) | ted (*) and Non-Frieb | | | Abate | e emeni rpe I | i I | | |
| In Facility (13) | | odial S (12) No | | (i.e. thermal surface | systems in cing, VAT, niscellaneo | sulation, or | (Sp | ount ecify or LF) | Removal | Repair | Encapsulate | Enclosure | | |
| OUTDOORS | | X | | Pipe s. | OMAS | fie | 20 | DOLF | × | | le | Φ | | |
| Name of Registered Waste Hauler VASTE MANAGEMENT | | Ha | IDEP Waller ID | No. of Was | te | 211 | Registere | | | | | | | |
| City, State ELIZABETH, NJ Completed by | Tist- | | 120 | Disposi | 15 al Date BJ) | City, Sta | | | | | | | | |
| CAROL RAIMO | OFFIC | EMO | GR | | gnature | al Xa | | Date | 7/2. | 5/ | 10 | | | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) PSE&G 10 Type Notification Street Address Agencies Notified ASBESTOS CONTROL & 4000 HADLEY ROAD LICENSING EPA Initial City, State, Zip Code DEP Amended × Amendment #_ SOUTH PLAINFIELD, NJ 07080 DOL Emergency (including Tolonhone Number Name of Contact × justification) DOH Cancellation ONHO DCA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, X etc.) # of Floors Square Feet Bldg. Age City (5) NA Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. UNIQUE SYSTEMS OF AMERICA **ENVIRONMENTAL TACTICS** 0045 Street Address Street Address 396 WHITEHEAD AVE. 64 BROAD STREET City, State, Zip Code City, State, Zip Code SOUTH RIVER, NJ 08882 MATAWAN, NJ 07747 Project Manager for Monitoring Firm Telephone No. License No. Telephone No. 732-290-2217 732-432-8350 01111 TOM GEIGER Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 8/8/2016 UNIQUE SYSTEMS OF AMERICA Occupancy Status During Abatement (Check Only One) Street Address 396 WHITEHEAD AVE. Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Out Dooks City, State, Zip Code SOUTH RIVER, NJ 08882 Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Description of Location of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ (i.e. thermal systems insulation, Enclosure TO BE ABATED (Specify Remova Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) (13)Yes No N/A OUTDOORS 200 LF Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards Hauler ID No. of Waste **GROWS NORTH** WASTE MANAGEMENT 1125 City, State City, State Disposal Date MORRISVILLE, PA ELIZABETH, NJ BI

a

Date

Signature

OFFICE MANAGER

Completed by CAROL RAIMO

State of New Jersey

| | | NOI | (Pursua | ON OF AS | SBESTO: C 8:60 a | S ABATE nd 12:12 | MENT 0) | | 0.08 | 4.63 | 4 5 8 4 | 986 |
|--|------------|--|------------------|--------------------------------|--------------------------------|---|--|---|----------------|--------|-------------------|-----------|
| Date of Notification (1) | | | | e of Buildir | | | . [] | |)EC | 27 | 201 | 16 |
| Agencies Notified Type Notification EPA Initial DEP Amended | n | | 4000 | t Address O HADLI | | AD D | The state of the s | ASBE | STO: | S CC | ONTI | ROL |
| DOL Amendme | nt#_ | | SOL | State, Zip JTH PLA | Code NNFIEL | D, NJ 0 | 7068 | | | | | |
| DOH Emergence justification Cancellation | n) on | | 1 - | of Contact H N CILITY IN | | 4 Ro | TIE | Telephone N | umbe | - | | |
| Name of Facility Where Abatement is Tak | ing Place | | | 9 | PORMA | TION | Type of Facility | 205 | | T | | |
| Street Address 102 McLEA | | | LV. | | | | School (K Subchapti Other (i.e. etc.) | -12) er 8 (Other than K- . private & commer | 12) cial bu | ilding | s, hor | nes, |
| PATERSON | | | | | | | Square Feet | # of Floors | | Bldg. | Age | |
| PASSAIC | | | County (STATE | y Code (7) E USE ONL | .y | | Current Use (P | rior if being demolis | shed) | 1 | موني | |
| Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS | Owner (| 8) | ASC 004 | OM No. 15 | | Name o | of Abatement Co | | :A | | | |
| Street Address 64 BROAD STREET | | | | | | Street A | Address VHITEHEAD | | | | | |
| City, State, Zip Code MATAWAN, NJ 07747 | | | | | | City, St | ate, Zip Code TH RIVER, N | | | | | |
| Project Manager for Monitoring Firm TOM GEIGER | | | | one No. 290-2217 | 7 | Telepho | one No, 32-8350 | License I | No. | | | |
| Start Date (10) . 8 / 16 | 1 | 21 | mpletion 3/ | Date (11) |) | Name o | of OSHA Monitor | | Α | | | |
| Occupancy, Status During Abatement (Che | Pariod of | Abotes | ment | | | Street A | 3-11 | | | | | |
| Other - Describe: Outside of Non | mal Engili | ty Hour | 3 | | • | City, Sta | ate, Zip Code H RIVER, N | | | | | |
| Scope of Work (Check All That Apply) | E-21 | | | | | | 110001010 | 0 00002 | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova Demoli | | | | | Glovebag Pro | cedure | | | | |
| Location of | | s Locati Normal | ly | | Des | | | d (*) and Non-Friab | le Pro | Abat | re emen ype | ŧ |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Ma | ed Sole eintenar stodial S (12) | ncel | Asbes (i.e. | tos Conta thermal surfac | scription o aining Ma systems in sing, VAT, niscellaneo | terial (ACM) nsulation, or | Amount (Specify SF or LF) | Remova | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | val | 扩 | ulate | sure |
| OUTDOORS | | X | 1 | Pipe | E Se | MAS | Tie | 200 LF | × | | | |
| | | | | | | | | | | | | |
| Name of Registered Waste Hauler WASTE MANAGEMENT | | | JDEP Wauler ID | | Cubic Y | | | Registered Landfill | | | | |
| City, State | | | 125 | a distribir | APP Dispose | 15 | GROWS City, State | S NORTH | | | | |
| Completed by | Title | | | | T | S.D. | | SVILLE, PA | | | | |
| CAROL RAIMO | OFFI | CE M | GR | | 1 0.8 | 18 | 00 | Dat | 7/0 | | // | |

| | | | | State of N | | 1 | OPEN NO | T | FIC | ATI | ON |
|--|----------------|-------------------------------------|--------------------|--|--|---|--|--------|----------|---------------|---------------------------|
| no ck | | NOT | IFICATI (Pursua | State of New Jers ON OF ASBESTO Int to NJAC 8:60 a | SABATE | EMENT 20) | | · C | 27 | 2010 | |
| Date of Notification (1) | | | Name PSE | of Building Owner | /Operato | or (2) | | .0 | <u> </u> | CUIL | Application of the second |
| Agencies Notified Type Notification EPA Initial | on | | | t Address) HADLEY ROA | AD. | | ASBES | | COI | | DL & |
| DEP Amended Amended Amendme | | | | State, Zip Code JTH PLAINFIEL | .D, NJ (| 07080 | | | | | |
| ■ DOH □ DCA □ DCA □ Cancellati | | 9 | Jo | | | TIE | Tals hone N | umbe | r | | |
| Name of Facility Where Abatement is Tak | | | | CILITY INFORMAT | TION | Type of Facility | (4) | | | | |
| Street Address | OCA | | 01 | 9B | | School (K-Subchapte Other (i.e. | 12) r 8 (Other than K- private & commerc | 12) | ildina | s hon | 200 |
| City (5) | OOT | | | | | etc.) Square Feet | # of Floors | Jai DC | Bldg. | | ies, |
| County (6) BERGE | $\frac{WN}{N}$ | | | y Code (7) E USE ONLY) | | - 1 | or if being demolis | shed) | N | A | |
| Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS | Owner (8) |) | ASC 004 | CM No. | Name | of Abatement Cor | Antractor (9) S OF AMERIC | Δ | | | |
| Street Address 64 BROAD STREET | | | | | Street | Address WHITEHEAD | | | | | |
| City, State, Zip Code MATAWAN, NJ 07747 | | | | | City, S | tate, Zip Code TH RIVER, NJ | | | | | |
| Project Manager for Monitoring Firm TOM GEIGER | | | Teleph 732-2 | License N | 10. | | | | | | |
| Start Date (10) 8/8/2016 | Schedule | ed Cor | mpletion | Date (11) | Name | 132-8350 of OSHA Monitor OLIF SYSTEMS | S OF AMERIC | ^ | | G 100 , 100 | |
| Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire | | | ,, , | 7011 | Street | Address VHITEHEAD A | | | | | |
| Abatement Performed Outside of Non Other – Describe: Out Dook. | mal Facility | Hours | nent s | | City, St | ate, Zip Code TH RIVER, NJ | | | | | |
| Scope of Work (Check All That Apply) | | | | | 000 | III NIVEN, NJ | 00002 | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | tenova emolit | | | × | Mini-Enclosure Glovebag Proc | | | | | |
| | | Locati | | | | 14011-Exempled | () and Non-Filab | Pro | Abat | ement | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Used Mail | d Sole ntenar odial S (12) | ly by nce/ | Asbestos Conta (i.e. thermal surfac | scription of aining Ma systems ling, VAT discellance | aterial (ACM) insulation, , or | Amount (Specify SF or LF) | Remova | Repair | e Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | 2 | | late | Ге |
| OUTDOORS ! | | <u>X</u> , | | Pipe S | OMA | 57 ic | 200 LF | X | , | | |
| | | - | | | | | | | | | |
| Name of Registered Waste Hauler | - | | JDEP Wauler ID | | | Name of R | egistered Landfill | | | | |
| WASTE MANAGEMENT City, State | | | 125 | SPAX | 15 | GROWS | NORTH | | | | |
| ELIZABETH, NJ | | | | Dispose T A | | City, State MORRIS | VILLE, PA | | | | |
| Completed by CAROL RAIMO | Title OFFIC | EM | ANAGI | ER Sig | nature Acc | I Lais | Date 10 | 2/1 | 19/0 | 201 | 6 |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

11

| | | (| Pursua | nt to NJA | C 8:60 ar | nd 12:120) | | | | | | |
|--|------------------|---------------------|---------------------------|---------------|--------------------|----------------------------|--|--------------------------------------|----------------|--------|--------------|-----------|
| Date of Notification (1) | 7/25/16 | | | | | Operator (| 2) | | DEC | 2 | 7 20 | 016 |
| | 1 | | | Address | | 1500 | | | | | | |
| EPA Initial DEP Amended | | | La company | | EY ROA | ND | | ASBI | | | ONT SING | |
| ■ DOL Amendment ■ Emergency | t#_ (includir | na | SOU | | AINFIEL | D, NJ 07 | 068 | han a second | | | | |
| DOH justification) | İ | '9 | Name | of Conta | ct | | | Telephone N | ımhei | - | | |
| | | | 1 | HN | IFORMAT | 1 RO7 | TE | | | | | |
| Name of Facility Where Abatement is Takin | | | | 0 | PORIVIA | | Type of Facility | (4) | | - | | |
| Street Address | CB | Ti | 01 | 9 | <u>B</u> _ | | School (K- | | | | | |
| 1 0 0 1 0 | 207 | - | PI | | | | Other (i.e. p | 8 (Other than K- private & commer | 12) cial bu | ilding | s, hor | mes. |
| City (5) | | V | 2 8 0 | | | | etc.) Square Feet | # of Floors | | | . Age | |
| County (6) | UNC | | | | | | NA | N/A | 1 | 0/ | A | |
| DERGEN | | | (STATE | Code (7) |) -Y) | | Current Use (Pri | or if being demoli | shed) | | | |
| Name of Monitoring Firm Hired by Building (ENVIRONMENTAL TACTICS | Owner (8 | 3) | | M No. | | Name of | Abatement Cor | ntractor (9) | | | | _ |
| Street Address | | | 004 | 5 | | | 20.40 | S OF AMERIC | A | | | |
| 64 BROAD STREET | | | | | | Street Ad 396 W | idress HITEHEAD A | AVE. | | | | |
| City State, Zip Code MATAWAN, NJ 07747 | | | | | | City, Stat | e, Zip Code | | | | | _ |
| Project Manager for Monitoring Firm | | | Telenhi | one No. | | Telephon | RIVER, NJ | | | | | |
| TOM GEIGER | | | 732-2 | 90-221 | | 732-43 | | License I | ۷٥. | | | |
| Start Date (10) | Schedu | | | Date (11 |) | | OSHA Monitor | | | | | - |
| Occupancy Status During Abatement (Check | k Only O | ne) | 31/ | 16 | | Street Ad | III I | OF AMERIC | A | | | |
| Facility Closed/Vacated During Entire P | Parind of | Abatan | nent | | | | UTEHEAD A | VE. | | | | |
| Other - Describe: Outside of Norm | 3 Facilit | у Ноиг | S | | | | e, Zip Code H RIVER, NJ | 08883 | | | | |
| Scope of Work (Check All That Apply) | | | | | | | 110 -110 | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova Demolit | | | | | Mini-Enclosure Glovebag Proce | edure | | | | |
| | Is | Locati | on | | | | Non-Exempled | (*) and Non-Friat | le Pro | - | re tement | it |
| Location of Asbestos-Containing Material (ACM) | | Normal ed Sole | | | Des | cription of | | | _ | | уре | |
| TO BE ABATED In Facility | Ma | intenar todial S | ice/ | Asbes (i.e | . thermal s | aining Mate systems ins | sulation. | Amount (Specify | 77 | | En | m |
| (13) | | (12) | ruii. | | surfac | ing, VAT, c iscellaneou | 5 | SF or LF) | Remova | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | val | = | ulate | ure |
| OUTDOORS | | X | | P:p | E So | MAST | tia | 200 LF | × | | | |
| | | | | | | | | | - | | | |
| Name of Registered Waste Hauler | | l M | וחרם אי | | | | 200 (10 m) (10 m | | | | | |
| VASTE MANAGEMENT | | Ha | JDEP W Juler ID 125 | | Cubic Y of Wast | е | Name of Re GROWS | egistered Landfill NORTH | Paul Paul | | | |
| | | | - | | 100 | 10 | 11 01 01 | | | | | |
| City, State LIZABETH, NJ | | | | | Disposa | | City, State | | | | | |
| City, State ELIZABETH, NJ Completed by CAROL RAIMO | Title | | | | TI | Date BD Inature | | VILLE, PA | | | | |

| | | | | | | "OPEN | NOT | IF! | CAT | IOI |
|--|----------------|----------------------|--|---------------------------------------|---|-----------------------------------|----------------------|---------|----------------|-----------|
| noch | N | OTIFICATI (Pursua | State of New Jers ON OF ASBESTO ant to NJAC 8:60 a | SABATE | MENT | | DEC | | | |
| Date of Notification (1) | | Name PSE | e of Building Owner | /Operator | (2) | | ULU | 2 1 | 2010 |) |
| Agencies Notified Type Notificati | on | | t Address | | | ASB | ESTO | | | OL 8 |
| EPA Initial Amended | | | O HADLEY ROA State, Zip Code | AD | | | LICE | ENSI | NG | |
| X DOL Amendme | | | JTH PLAINFIEL | D, NJ 0 | 7080 | | | | | |
| DOH justification Cancellati | n) | Jo | | | TIE | Telepho | ne Numl | per | | |
| Name of Facility Where Abatement is Tal | king Place (3) | FA. | CILITY INFORMA | TION | Type of Facility | r (4) | | | | |
| PSEY G-L Street Address | OCA | Tion | U 10 | | School (K | -12) | | | | |
| 10 011 5- | SEX | PI | | | Other (i.e. | er 8 (Other that private & com | an K-12) nmercial | buildir | ngs, ho | mes, |
| City (5) | ,0, | 1 6 | | | etc.) Square Feet | # of Floo | | Bld | g. Age | |
| County (6) | DN | Count | y Code (7) | | NA | N/ | | n | | |
| BERGE | N | (STATE | E USE ONLY) | | Current Use (Pr | rior if being de | molishe | d) | | |
| Name of Monitoring Firm Hired by Buildin ENVIRONMENTAL TACTICS | g Owner (8) | ASC 004 | CM No. | Name | of Abatement Co | ontractor (9) | | - | - | |
| Street Address | | 004 | :0 | | UE SYSTEM | IS OF AME | RICA | | | |
| 64 BROAD STREET City, State, Zip Code | | | | 396 V | VHITEHEAD | AVE. | | | | |
| MATAWAN, NJ 07747 | | | | | ate, Zip Code TH RIVER, N | 1.08882 | | | | |
| Project Manager for Monitoring Firm TOM GEIGER | | | one No. | Telepho | one No. | | nse No. | | | |
| Start Date (10) | Schadulad | 732-2 Completion | 290-2217 | 32-8350 | 011 | 11 | | | | |
| 8/8/2016 | 61. | 30/ | 2017 | of OSHA Monitor UE SYSTEM | | RICA | | | | |
| Occupancy Status During Abatement (Che | | | | Address | A) (F | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: | mal Facility H | atement lours | | | /HITEHEAD / ate, Zip Code | AVE. | | | | |
| Scope of Work (Check All That Apply) | 5 | | | | H RIVER, N. | J 08882 | | | | |
| ≥3 sf or ≥3 If | X Ren | novation | | | = " | | 93 5552 | | | |
| 2160 sf or ≥260 lf | | nolition | | | Full Containme Mini-Enclosure Glovebag Prod | - | tive Pres | sure | | |
| | 1 | 1,405 | | X | Non-Exempted | d (*) and Non- | Friable F | roced | ure | |
| Location of | | cation mally | Des | | | | | | atemen Type | it |
| Asbestos-Containing Material (ACM) TO BE ABATED | Mainte | Solely by enance/ | Asbestos Cont (i.e. thermal | scription o | terial (ACM) | Amount | 34 | | ш | |
| In Facility (13) | | ial Staff? 12) | surfac | systems n sing, VAT, niscellane | or | (Specify SF or LF) | | Kepair | Encapsulate | Enclosure |
| //// 19 | Yes N | lo N/A | ouler it | iiscellarie | ous) | | 20 | alr | ulate | sure |
| OUTDOORS ! | > | < | PIPE S | a M A | 57:0 | 2006 | E > | 1 | + | \vdash |
| | | | | | - | 0.00 % | | | | |
| Name of Registered Waste Hauler | | | | | | | | | - | |
| WASTE MANAGEMENT | | NJDEP W Hauler ID | | | | Registered Lar | ndfill | | | |
| City, State | | 1125 | ADDX Disposa | 15 1 Data | 12-14-14-14-14-14-14-14-14-14-14-14-14-14- | NORTH | | | | |
| ELIZABETH, NJ | | | TA | | City, State MORRIS | SVILLE, PA | | | | |
| Completed by CAROL RAIMO | OFFICE | MANAGI | Sig | nature | I Lau | - | Date | 1 | 1 | , |
| | 1 | | | ara | & Kan | mo | 121 | 19) | 1201 | 6 |

| 11-11- | 1 5 | P | 15 | 11 W | 1 |
|--------|-----|---|----|------|---|
| "OPEN | NOT | F | CA | TIO | W |

| Date of Notification (1) | | Nam | e of Building Owner | | . 1 | | DEC | 1-2 | 7 6 | 2016 |
|---|----------------------------------|-----------------|--|---|--|--|---------|--------|-------------|-----------|
| Agencies Notified Type Notification | | | EG et Address 0 HADLEY ROA | AD | Salarina Mariana Maria | ASE | | | | ITRO |
| DEP Amended Amendme Emergence iustification | ent # by (including | SOI | State, Zip Code JTH PLAINFIEL e of Contact | _D, NJ 0 | 7068 | Tolonh | | | SIN | <u>G</u> |
| Name of Facility Where Abatement is Take | | | BHN M. | AROTION | TTE | Telephone N | lumbe | | | . — |
| PS6+G- Lo Street Address | CAT! | | 10 | | Type of Facility School (K- Subchapte | 12) r 8 (Other than K- | -12) | | | |
| City (5) FA; R LAW. | SSEX N | | ۷. | | Other (i.e. etc.) Square Feet | # of Floors | cial bu | Bldg. | Age | |
| BERGEN Name of Monitoring Firm Hired by Building | Owner (8) | (STAT | y Code (7) E USE ONLY) CM No. | | Current Use (Pr | or if being demoli | shed) | 7 | A | |
| Street Address 64 BROAD STREET | | 004 | | Street A | Control of the Contro | S OF AMERIC | A | | | |
| City, State, Zip Code MATAWAN, NJ 07747 Project Manager for Monitoring Firm | | T-1 | | City, Sta SOUT | te, Zip Code H RIVER, NJ | | | | | |
| TOM GEIGER Start Date (10) | Scheduled Co | 732-2 | 290-2217 Date (11) | Name of | 2-8350 OSHA Monitor | License I 01111 | | | | |
| Occupancy Status During Abatement (Cher Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: | Period of Abater | | 6 | Street Ad 396 Wh City, State | | S.100/11 4 5000 | A | | | |
| ≥3 sf or ≥3 If ≥160 sf or ≥260 If | Renova Demolii | | | 78 | Glovebag Proce | nt with Negative F edure (*) and Non-Friab | | | | |
| Location of Asbestos-Containing Material (ACM) | Is Locati Normal Used Sole | ly ly by | Des Asbestos Conta | cription of | A CONCURSION | () dile Non-i Hab | | Abate | emen pe | t |
| TO BE ABATED In Facility (13) | Maintenar Custodial S (12) | | (i.e. thermal s | systems ins ing, VAT, o iscellaneou | sulation, | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| OUTDOORS | X | | Pipe So | MAST | fie | 200 LF | × | | Ф | |
| Name of Registered Waste Hauler | | | | | Contraction of the contraction o | | | | | |
| VASTE MANAGEMENT Dity, State | Ha | DEP Willer ID I | No. of Waste | 15 | GROWS | egistered Landfill NORTH | | | | |
| ELIZABETH, NJ Completed by AROL RAIMO | Title OFFICE MO | ∋R | Disposa T A | | City, State MORRIS | VILLE, PA | 7/ | 2- | 1,, | |

"OPEN NOTIFICATION"

| 2006 | | NOT | IFICATI | ON OF ASBESTO | SABAT | EMENT | | | | | |
|--|--------------|---|---|----------------------------|--|---|--|---------|-------------|--------------|-----------|
| 110 01 | | | (Pursua | int to NJAC 8:60 | and 12:12 | 20) | NEGE | 1 / | | F | 3 |
| Date of Notification (1) | | | Name PSE | of Building Owne | r/Operato | or (2) | | u (| J Loon | 1 | |
| Agencies Notified Type Notification | n | | 100000000000000000000000000000000000000 | t Address | | | DEC 2 | 7-20 | 11G | 1 | 4 |
| EPA Initial Amended | | | | HADLEY RO. State, Zip Code | AD ——— | | The second secon | | | | |
| DOL Amendme | | 10 | SOL | JTH PLAINFIEI | LD, NJ | 07080 | ASBESTOS (| | | . & | |
| DOH justificatio | n) | 3 | - | of Contact HID M | 1182 | TIE | Telephone N | | | | |
| Name of Francisco | | | | CILITY INFORMA | TION | 770 | | | | | |
| Name of Facility Where Abatement is Tak | | | | 11 | | Type of Facilit | y (4) | | | | |
| Street Address | 2017 | 111 | ON | 11 | | School (F | <-12) ter 8 (Other than K- | 10) | | | |
| 2 LAMBER | ET | RI | ٥. | | | Other (i.e etc.) | e. private & commer | cial bu | ildings | , hon | nes, |
| FAIR LAWI | 0 | | | | | Square Feet | # of Floors | | Bldg. | Age | |
| County (6) BERGE | n) | | County (STATE | Code (7) | | | Prior if being demoli | shed) | _/ | 19 | |
| Name of Monitoring Firm Hired by Building | Owner (8 | 3) | | M No. | T Name | of Abatement C | ontractor (9) | | | | |
| ENVIRONMENTAL TACTICS Street Address | | | 004 | 5 | UNIC | QUE SYSTEM | MS OF AMERIC | CA | | | |
| 64 BROAD STREET | | | | | 18 2000000000 | Address WHITEHEAD | AVE. | | | | |
| City, State, Zip Code MATAWAN, NJ 07747 | | | 1) | | | State, Zip Code TH RIVER, N | 1100000 | | | | |
| Project Manager for Monitoring Firm TOM GEIGER | | | | one No. | Teleph | one No. | License | No. | | | |
| Start Date (10) | Schedul | ed Cor | | 90-2217 Date (11) | | 432-8350 of OSHA Monito | 01111 | | | | |
| 8/8/2016 | 61 | 1.31 | / | 2017 | | | r 1S OF AMERIC | Α | | | |
| Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire | | | | | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 | Address VHITEHEAD | Δ\/E | | | | |
| Abatement Performed Outside of Norm Other - Describe: 347 Dook | nal Facility | Abaten / Hours | nent S | | | tate, Zip Code | AVL. | | ()7. | 1,7 | |
| Scope of Work (Check All That Apply) | > | | | | SOU | TH RIVER, N | J 08882 | | | | |
| ≥3 sf or ≥3 If | D . | Renova | 4: | | | | | | | | |
| ≥160 sf or ≥260 lf | | emolit | | | | Mini-Enclosus | nent with Negative I | Pressu | re | | |
| | | | | _ | × | Glovebag Pro Non-Exempte | cedure ed (*) and Non-Frial | ole Pro | cedur | е | |
| Location of | | Locati | | | | | | | Abate Ty | All the same | t |
| Asbestos-Containing Material (ACM) | Use | d Solel intenar | y by | De: Asbestos Cont | scription a | of aterial (ACM) | Amount | | 1 1 | | |
| TO BE ABATED In Facility | | odial S | | (i.e. thermal | systems cing, VAT | insulation, | (Specify | Rei | Z. | Encapsulate | Enc |
| (13) | | (12) | | | niscellane | | SF or LF) | Remova | Repair | psul | Enclosure |
| | Yes | No | N/A | | | | | = | | ate | ē |
| OUTDOORS. | - | X | | PIPE S | oMA | 57 ic | 200 LF | X | | | |
| | | | | | | | | | | | |
| | ++ | | | | | | | | | | |
| Name of Registered Waste Hauler | | 1 | DEP W | | | Name of | Registered Landfill | | | | |
| WASTE MANAGEMENT | | | uler ID 25 | No. of Was | 100 | 1 0000000000000000000000000000000000000 | S NORTH | | | | |
| City, State ELIZABETH, NJ | | | | Dispos | al Date | City, State | | | | | |
| Completed by | Title | - | | TA | | MORRI | SVILLE, PA | | | | |
| CAROL RÁIMO | OFFIC | E MA | ANAGE | ER SI | gnature | I Lac | Dai | 1e | 19/ | 201 | |

| | No | OTIFICATI (Pursua | State of Ne ION OF ASE ant to NJAC | BESTOS | ABATE | MENT | TOPEN NO | E | IG | ATH | MO |
|--|--------------------------------------|------------------------------|--|--------------------|---------------------------------------|--|--|---------|--------|--------------|-----------|
| Date of Notification (1) 125/16 Ageorgica Notified | | PSE | | Owner/ | Operator | (2) | DEC DEC | 27 | 20 | 16 | |
| Agencies Notified Type Notificatio EPA DEP Initial Amended | n | 4000 | t Address 0 HADLE State, Zip C | | ND. | | ASBESTO | | | ROL | 8 |
| X DOL Amendme | y (including | _ SOL | JTH PLAI | NFIEL | D, NJ 0 | 7068 | | ENS | | | |
| DCA Cancellation Name of Facility Where Abatement is Tak | n | J | BHN CILITY INF | MY | ROTION | TTE | Telepi N | · mba | _ | | |
| PSETC-LO Street Address A AMBER | CAT, | 010 | // | | | Type of Facil School (Subchar Other (i. | 50.50.5 | 12) | il at | | |
| City (5) FAIR LAUD | N | <u>.U.</u> | | | | etc.) Square Feet | # of Floors | T | Bldg. | Age | nes, |
| DERGEN) | | (STATI | y Code (7) E USE ONLY | | | Current Use (| Prior if being demoli | shed) | y j | A | |
| Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS Street Address | Owner (8) | 004 | CM No. 15 | | UNIQ | 41-11 | Contractor (9) MS OF AMERIC | A | | | |
| 64 BROAD STREET City. State, Zip Code | | | | | | vHITEHEAI ate, Zip Code | D AVE. | | | | |
| MATAWAN, NJ 07747 Project Manager for Monitoring Firm TOM GEIGER | | | none No. | | SOUT | H RIVER, | NJ 08882 | No. | | | |
| Start Date (10) | Scheduled (| Completion Date (11) Name of | | | | 32-8350 f OSHA Monit | or MS OF AMERIC | | | | |
| Occupancy Status During Abatement (Cher Facility Closed/Vacated During Entire | ck Only One) | tement | 76 | ddress HITEHEAD | | Α | | | | | |
| Abatement Performed Outside of Norr Other – Describe: Gull That Apply) | nal English, Ua | ours | | _ | | te, Zip Code H RIVER, I | NJ 08882 | | | | |
| ≥3 sf or ≥3 If ≥160 sf or ≥260 If | Rend Dem | ovation olition | | | M | Glovebag Pr | ment with Negative I Ire ocedure ed (*) and Non-Friat | | | | |
| Location of Asbestos-Containing Material (ACM) | Norr Used S | cation nally olely by | Ashesia | Des os Conta | cription of | 50 | | JIE PIC | Abat | emeni ype | |
| TO BE ABATED In Facility (13) | ABATED Maintena acility Custodial | | | | systems in ing, VAT, iscellaned | nsulation, or | Amount (Specify SF or LF) | Remova | Repair | Encapsulate | Enclosure |
| OUTDOORS | Yes N | o N/A | P: PE | | | | | | | late | ле |
| | | | 1378 | <u> </u> | NIHS | 110 | 200 LF | | | | |
| Name of Registered Waste Hauler | | NJDEP W | | Cubic Y | ards | Name of | f Registered Landfill | | | | |
| VVAS TE MANAGEMENT City, State | ASTE MANAGEMENT | | | | e 15 | GROV | VS NORTH | | | | |
| ELIZABETH, NJ Completed by | LÍZÁBETH, NJ | | | | Date S | City, Sta | ISVILLE, PA | | | | |
| CAROL RAIMO | | | | | Signature Date | | | | 20 | 111 | P |

| | | | | | | | | | "(| PEP | INOF | FIC | AI | 10 | V |
|---|------------------------------|-----------------|------------------|-----------------------------|------------------------|-------------|---|------------------------|--------------------------|-------------|-----------------|--------|--|--------------|-----------|
| Ī | | | | Stat | e of New Je | ersey | | | | | 1 E W | L | | \mathbb{V} | Ľ |
| on Mh | | NO | TIFIC (Pu | ATION (| OF ASBEST NJAC 8:60 | OS A and | 12:120 | MENI) | | | | | | OHO TREE | |
| IDU | | | | | | | | | - | | l DF | C 2 | 7 (| การ | ĺ |
| Date of Notification (1) | -1/ | | 1 2 | PSE&G | Building Own | ner/Of | Jerator | (2) | | | 1 0 | 0 2 | 1 1 | 1010 | |
| 1 1 1 1 | e Notification | | | Street Ad | | | | | | | L | | | | |
| Agencies Notified Typ | e Notification | | | | ADLEY R | OAD |) | | | | ASBEST | OS (| CON | TRO | 8 JC |
| EPA DEP | Initial Amended | | | | e, Zip Code | | | | | | | ULIV | SiN | d _ | |
| DEP NOL | Amendment # | | _ 5 | SOUTH | PLAINF | ELD | , NJ 0 | 7080 | | | | | | | |
| _ | Emergency (in justification) | ncluding | 1 | Name of | Contact | | | TT. | _ | Tolor | shane Niemi | or | | - | |
| × DOH □ | Cancellation | | - | JOH | | | | 776 | <i>.</i> | | | | | | |
| | | | | FACIL | ITY INFOR | MATIC | N | Typo of | Facility (4 | 1) | | | | - | |
| Name of Facility Where Abate | ement is Taking | Place (3) | 7-1 | 2 = 1 | 10 | | | _ | | | | | | | |
| PSEX G | - 400 | CAI | 10 | 010 | 19 | | | F SI | :hool (K-12 ibchapter | 8 (Other | than K-12) | | | | |
| Street Address | ZRD | 07 | 0 | 66. | 7 | | | ⊠ of et | | rivate & | commercia | buildi | ngs, l | nome | S, |
| City (5) | | 21 | ~ (| | / | _ | | Square | | | Floors | 100 | ig. Ag | je | |
| EA, R | 1.41 | UN | | | | | | N/ | A | 1 |)/A | n | 1/1 | 1 | |
| County (6) | | | | County C | | | | Curren | 00 1 | | g demolishe | ed) | C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C- | | |
| BER | GEN | | (| (STATE U | SE ONLY) _ | | _ | |)* | (A | | | | | |
| Name of Monitoring Firm Hire | ed by Building C | wner (8) | | ASCM | No. | | Name | of Abate | ment Con | tractor (| 9) MERICA | | | | |
| ENVIRONMENTAL TA | CTICS | | | 0045 | | | 100000000000000000000000000000000000000 | Address | Programme Programme | OF A | IVIERICA | 1 | - | | |
| Street Address 64 BROAD STREET | | | | | | | | | HEAD A | VE. | | | | | |
| City, State, Zip Code | | | | | | | | State, Zip | | | | | | | |
| MATAWAN, NJ 07747 | | | | | | | | | /ER, NJ | 08882 | 2 | | | | |
| Project Manager for Monitorin | ng Firm | | | Telephor | ne No. | | 1000 | none No. | | | License No |). | | | |
| TOM GEIGER | | | | 732-29 | 0-2217 | | 732- | 432-83 | 50 | | 01111 | | | | |
| Start Date (10) | | Schedule | / | / | | | | | A Monitor | 05 4 | MEDICA | | | | |
| 8/8/2016 | | | 30 | 00/2011 | | | | | | SUFF | MERICA | | | | |
| Occupancy Status During Ab | | | | Street Address 396 WHITEHEA | | | | | | AVE | | | | | |
| Facility Closed/Vacated Abatement Performed C | During Entire P | eriod of A | batem | nent | | | | State, Zip | | | | .0 | | | |
| Other – Describe: <u>du</u> | T Doo RS | al Facility | Hours | | | _ | | 100 | VER, N. | 0888 | 2 | | | | |
| Scope of Work (Check All Th | at Apply) | | | | | | | | | | | | 7-25 | | |
| ≥3 sf or ≥3 lf | | ☑ R | enova | tion | | | | Full | Containme | ent with | Negative P | ressur | е | | |
| ≥160 sf or ≥260 lf | | | emolit | | | | F | Mini | -Enclosure rebag Prod | 9 | | | | | |
| | | | | | | | 2 | ≤ Non | -Exempted | d (*) and | l Non-Friabl | e Prod | cedur | e | |
| | | le | Locati | ion | | | | | | | | | | ment | |
| Location of | | N | lormal | lly | | De | scription | n of | | | | | ıy | pe | |
| Asbestos-Containing Mat | | | d Sole ntenai | | Asbesto | s Con | taining I | Material ns insulat | (ACM) | | mount pecify | 70 | _ | Enc | щ |
| TO BE ABATE In Facility | <u>D</u> | 0.0007320707070 | odial S | | | surfa | cing, VA | AT, or | 1011, | | or LF) | Remova | Repair | Encapsulate | Enclosure |
| (13) | | | (12) | , | | other r | niscella | neous) | | | | val | air | ulat | sure |
| | | Yes | No | N/A | | | | | | | | | | (D) | |
| OUTDOORS | 2 | | X | u l | P;PE | 5 | omi | 4 57 | ic | 2 | 00 LF | X | | | |
| DUTDOOKS | <u> </u> | | | 1 | , , , , _ | | | | | | | | | | |
| | | | | | | | 21 - Paris | | | | | | | | |
| | | - | | - | | | | | | | | | - | | |
| | | | | 11000 | loots | Cubic | Varda | | Name of | Registo | red Landfill | | | | |
| Name of Registered Waste F | | | 100 | NJDEP W Hauler ID | | of Wa | : Yards iste | | GROW | 202 Jane | | | | | |
| WASTE MANAGEMEN | 1 | | | 1125 | | pp> | | 5 | | | VIII | | | | |
| City, State | | | | | 1 | | sal Dat | | City, Sta MORR | | F PA | | | | |
| ELIZABETH, NJ | | T'11- | | | | | Signatur | | MOINI | . U V I L L | Da | ite | 1 | , | |
| CAROL RAIMO | | Title OFFI | CE N | /ANAG | ER | | Jan Company | , 1 | Pa. | | 5 / | 21 | 19, | 25 | 11 |

11

| | | | | | , | | | 150 1 | 1 - | | -11 | | |
|---|---|------------------|---------------------------|---------------------------------------|--|--|--------------------------------------|------------------|--------|---------------------|--|--|--|
| Date of Notification (1) | | | Name PSE | of Building Owne G | r/Operator (2 |) | M neo | 0.7 | 00 | 10 | China and an annual control of the China and | | |
| Agencies Notified Type Notificatio | n , | | | Address HADLEY RO | AD | A CONTRACTOR OF THE CONTRACTOR | H LI HEC | 2 7 | 20 | 10 | | | |
| DEP Amended Amendmen | | | | state, Zip Code TH PLAINFIE | ID NIO70 | ASBESTOS CONTROL LICENSING | | | | | | | |
| □ Emergence □ justification □ DCA □ Cancellation | 1) | g | Name | of Contact | | | Telephone Number | | | | | | |
| Name of Facility Where Abatement is Taki | | | FAC | HN M | | TE_ | | | | | | | |
| PSETG-LO | CA | (3) | 01 | 12 | | ype of Facility School (K- | | | | | | | |
| 14-23 3R | | | | | | Subchapte | r 8 (Other than K private & comme | -12) rcial bu | ilding | s, hon | nes, | | |
| City (5) FAIR LAW | | | | • | S | quare Feet | # of Floors | | 100 | Age | | | |
| County (6) DERGEN | | | County (STATE | Code (7) USE ONLY) | С | | ior if being demol | ished) | V/ | A | | | |
| Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS | Owner (8 |) | ASC 004 | M No. | Name of | Abatement Co | ntractor (9) S OF AMERIO | 20 | | | | | |
| Street Address 64 BROAD STREET | | | | | Street Ad | E I | | JA | | | | | |
| City State, Zip Code MATAWAN, NJ 07747 | _ | | | | City, State | , Zip Code | | | | | | | |
| Project Manager for Monitoring Firm TOM GEIGER | | | | one No. | Telephone | | J 08882 License | No. | | | | | |
| Start Date (10) | | | | 90-2217 Pate (11) | | OSHA Monitor | | - | | 6. | | | |
| Occupancy Status During Abatement (Che | ck Only Or | né) | 31/ | 16 | UNIQUI | | S OF AMERIC | CA | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norr | nal Facility | Abater / Hour | ment s | | 396 WH | ITEHEAD A | AVE. | | | | | | |
| Other - Describe: Other - Describe: Scope of Work (Check All That Apply) | -2- | | | | | RIVER, N. | J 08882 | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova Demoli | | | | Mini-Enclosure Glovebag Proc | edure | | | | | | |
| Location of | 4 2322 | Locat Iormal | | | | NOTI-EXEMPLE | (*) and Non-Fria | DIE Pro | Abat | re tement ype | t | | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Used Solely by Maintenance/ Custodial Staff? (12) | | | Asbestos Cor (i.e. therma surfa | escription of ataining Mate I systems ins acing, VAT, o miscellaneou | ulation, | Amount (Specify SF or LF) | Remova | Repair | Encapsulate | Enclosure | | |
| | Yes | No | N/A | Other | швсенапеоц | S) | | oval | air | sulate | sure | | |
| OUTDOORS | | X | | Pipe s | OMAST | · ia | 200 LP | × | | | | | |
| | | | | | | | _ | | | | | | |
| Name of Registered Waste Hauler VASTE MANAGEMENT | | H | JDEP W auler ID 125 | No. of Wa | Yards ste | 1 1 1 | Registered Landfil | Acres | | | | | |
| Dity, State LIZABETH, NJ | | | | Dispos | sal Date | City, State | SVILLE, PA | | | | | | |
| Completed by AROL RAIMO | Title OFFI(| CE M | GR | | Signature | -1 | . Da | ate 7/2 | 200 | 1,1 | , | | |
| | 1 | | | | C-UNS | rae | mo | 1/0 | 3/ | 16 | | | |

| 2 | | | | State of New Jer | 201 | | UF | 'EIN IN | | FIC | AT | 101 | | | |
|---|------------|------------------|-------------------|-------------------------------------|---|--|------------------|--|----------------|--------|-------------|-----------|--|--|--|
| 10 CK | | NO | TIFICAT (Pursu | TION OF ASBESTO ant to NJAC 8:60 | SABAT | EMENT 20) | | EC | | | W | E | | | |
| Date of Notification (1) | | | Nam PSI | e of Building Owne E&G | r/Operato | or (2) | | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | C 2 | 27 | 2016 | 0 000 | | | |
| Agencies Notified Type Notificat | ion | | Stree | et Address | | | hest | 11 11 | 0 4 | | _ U i v | | | | |
| EPA Initial | | | | 0 HADLEY RO | AD | | | To company | | | | | | | |
| DEP Amende | 4 | | | State, Zip Code | | | | ASSES | TOS | 00 | VITR | OL 8 | | | |
| X DOL Amendm | ent#/ | | | JTH PLAINFIE | D NII | 07090 | Name of the last | ASBESTOS CONTROL & LICENSING | | | | | | | |
| × DOH Emerger | | e of Contact | _D, 145 | 07060 | 1 | | | | | | | | | | |
| DOH justificati | | | TValle | | 110- | TTE | Į_T | elephone N | umbe | г | | | | | |
| | | | 120 | | | TIE | | | | | | | | | |
| Name of Facility Where Abatement is Ta | king Place | (3) | | CILITY INFORMA | TION | Type of Facilit | | | | | | | | | |
| PSEX G-12 | MAT | - 1 | N | 12 | | 1 | 10.500 | | | | | | | | |
| Street Address | CAT/ | 10 | 0 | 15 | | School (F | (-12) | | 1000 | | | | | | |
| 15-19 PAV | 00 - | | . 8 | ~7 | | Other (i.e | er 8 (Ut | her than K- & commer | 12) cial bi | ildina | | | | | |
| City (5) | 11101 | OD |) (| 5/. | | etc.) | . p | w comme | ciai bi | manig | 5, 1101 | mes, | | | |
| LAIDIA |) | | | | | Square Feet | # | of Floors | | Bldg. | Age | | | | |
| County (6) | 110 | | | | | NA | | NIA | | N, | A | | | | |
| REDC | 10 | | (STAT | y Code (7) E USE ONLY) | | Current Use (F | rior if be | ing demoli | shed) | | 7.0 | | | | |
| Name of Monitoring Firm Hired by Buildir | 5/0 | (0) | | | | 1 |) / | A | | | | | | | |
| ENVIRONMENTAL TACTICS | ig Owner (| (8) | 004 | CM No. | Name | of Abatement C | ontracto | (9) | | | | | | | |
| Street Address | | | 002 | +5 | UNIC | QUE SYSTEM | 1S OF | AMERIC | A | | | | | | |
| 64 BROAD STREET | | | | | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 | Address | 20000000 | | | | | | | | |
| City, State, Zip Code | | | | | A CONTRACTOR | WHITEHEAD | AVE. | | | | | | | | |
| MATAWAN, NJ 07747 | | | | | City, S | tate, Zip Code | | | | | | | | | |
| | | | | | SOU | TH RIVER, N | J 0888 | 32 | | | | | | | |
| | | | | one No. | Teleph | one No. | | | | | | | | | |
| | | | | 290-2217 | 732-4 | 132-8350 | | 01111 | | | | | | | |
| Start Date (10) 8 / 2016 | Schedu | ıled Co | / | Date (11) | | of OSHA Monito | | | | | - 1/2 TA | | | | |
| 101200 | 6 | 13 | 0/0 | 2017 | UNIQ | UE SYSTEM | S OF | AMERIC. | Д | | | | | | |
| Occupancy Status During Abatement (Che | | | transier. | | | Address | | | | | | - | | | |
| Facility Closed/Vacated During Entire | Period of | Abater | ment | | 396 V | VHITEHEAD | AVE. | | | | | | | | |
| Abatement Performed Outside of Nor Other - Describe: Our Dook | mal Facili | ty Hour | S | | | ate, Zip Code | | | | | | | | | |
| | | | | SOUTH RIVER, NJ 08882 | | | | | | | | | | | |
| Scope of Work (Check All That Apply) | | 5. 5. 5. 5. 6. | | | | | | | | | | | | | |
| ≥3 sf or ≥3 If ≥160 sf or ≥260 If | | Renova Demoli | ation tion | | | Full Containm Mini-Enclosur Glovebag Pro | е | Negative F | ressu | ire | | | | | |
| | | | _ | | K | Non-Exempte | d (*) and | Non-Friab | le Pro | cedur | e | | | | |
| 1222 | 10 0000 | S Locati | | | | | | | Abatement | | | | | | |
| Location of Normal Asbestos-Containing Material (ACM) Used Sole | | | - | Des | escription of | | | | | Ту | pe | , | | | |
| TO BE ABATED | Ma | aintenar | nce/ | Asbestos Cont (i.e. thermal | aining Ma | iterial (ACM) | 170.00 | Amount (Specify SF or LF) | | | m | | | | |
| In Facility | Cus | todial S (12) | Staff? | surfac | ing, VAT | or | | | | Re | Encapsulate | Enclosure | | | |
| (13) | | (12) | | | iscellane | | O. | OI LI / | Remova | Repair | psu | losu | | | |
| | Yes | No | N/A | | | | | | <u>a</u> | - | late | li'e | | | |
| OUTDOORS. | | 1 | | D. 0 = = | | ort 1 | | | 1 / | | | | | | |
| | | | | PIPE S | a MA | 3/,0 | 20 | 00 LF | X | | | | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | I NI | IDEP W | acta O | /I | | | | | | | | | | |
| WASTE MANAGEMENT | | | auler ID | | CONTRACTOR OF THE PROPERTY OF | E CALL | | ed Landfill | | | | | | | |
| | | 1. | 125 | APPX | | GROWS | NOR | TH | | | | | | | |
| City, State ELIZABETH, NJ | | | | Disposa | I Date | City, State | | | | | | _ | | | |
| | | | | TA | 1 | MORRIS | | E, PA | | | | | | | |
| Completed by CAROL RAIMO | Title | - | | Sic | nature | 1 | ð | Date | | 1 | , | | | | |
| O/ I/OL IVAIIVIO | OFFIC | CEMA | ANAGE | ER / | 111 | 0 %. | | 1 | 9/ | 01 | 201 | - | | | |
| | | | | Y | 11/100 | ~ Nul | MC) | 10 | 11 | 7/0 | 1010 | 5 | | | |

| OPEN | NOTIFICATION |
|--------|--------------|
| (11.11 | |

| Date of Notification (1) | | | | | | | 1 | | | | | | | |
|---|-------------------------|--------------------------------|---------------------|--------------------|----------------|--|---|-------------------------------|---------|-------------------|-------------|-----------|--|--|
| 7/25/16 | | | Name of PSEG | | Owner/ | Operator (2 | 2) | | DEC | 2 | 20 | 18 | | |
| Agencies Notified Type Notification | n | | Street Ad 4000 F | ddress HADLE | Y ROA | .D | | ASBE | ESTC | SO | ONT | ROL | | |
| DEP Amended Amendme | City, State, Zip Code | | | | | | Table | | LIC | ENS | SING | | | |
| Emergend | y (including | | H PLAI Contact | | D, NJ 07 | 068 | | | | | | | | |
| DOH justificatio | n) on | | - | Contact H N | | Ro7 | <u></u> | Telephone N | umbei | | | | | |
| Name of Facility Where Abatement is Tak | ing Place (2) | | | ITY INF | ORMAT | ION | 1/E | | | | | | | |
| PSEXC. L | OCA | Ti | PAT | 1 á | 2 | | ype of Facility | | | | | | | |
| Street Address | | | | | | | School (K Subchapt | er 8 (Other than K- | 12) | | | | | |
| City (5) | I Mo. | NI | 2 | SIR | EE7 | | Other (i.e etc.) | . private & commer | cial bu | ilding | s, hon | nes, | | |
| FAIR LA | WN | | | | | S | Square Feet | # of Floors | | Bldg. | | | | |
| County (6) | | C | ounty C | ode (7) SE ONLY | | C | 1 1 63 | rior if being demolis | shed) | 7 | A | | | |
| SERGEN Name of Monitoring Firm Hired by Building | Owner (8) | - 1 | ASCM | | | | N | 1A | | | | | | |
| ENVIRONMENTAL TACTICS | , 0111101 (0) | | 0045 | 140. | | UNIQU | Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA | | | | | | | |
| Street Address 64 BROAD STREET | | | | | | Street Ad | dress | | | | | | | |
| City, State, Zip Code | | | | - | | | TEHEAD e, Zip Code | AVE. | | | | | | |
| MATAWAN, NJ 07747 | | | | | | SOUTH | RIVER, N | J 08882 | | | | 1.5 | | |
| Project Manager for Monitoring Firm TOM GEIGER | | | | | | e No. | License N | Vo. | | | | | | |
| Start Date (10) | Scheduled | Compl | etion Da | ate (11) | | 732-432-8350 01111 Name of QSHA Monitor | | | | | | | | |
| Occupancy Status During Abatement (Che | 31, | 1/16 UNIQUE SYSTEMS OF AMERICA | | | | | | | | | | | | |
| Facility Closed/Vacated During Entire | Period of Ah | ntomor | | | | Street Add | dress HTEHEAD | Δ\/E | | | | | | |
| Abatement Performed Outside of Normal Facility Ho Other – Describe: | | | IL | | - | City, State, Zip Code | | | | | | | | |
| Scope of Work (Check All That Apply) | 2.7 | | | | _ | SOUTH | RIVER, N | J 08882 | | | | | | |
| ≥3 sf or ≥3 lf | Re | novatio | n | | | Full Containment with No 19 2 | | | | | | | | |
| ≥160 sf or ≥260 lf | ☐ De | molition | | | | - | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure | | | | | | | |
| | | | | | | | Non-Exempte | cedure d (*) and Non-Friab | le Pro | cedu | re | | | |
| Location of | Is Location Normally | | | | D | | | | | Abatement Type | | | | |
| Asbestos-Containing Material (ACM) TO BE ABATED | Maint | Solely because | el Asbestos Conta | | | cription of ining Mate | erial (ACM) | Amount | | | | | | |
| In Facility (13) | | dial Staf 12) | f? | | surfaci | ystems ins | Ē I | (Specify SF or LF) | Remova | Repair | incar | End | | |
| | Yes | No I | N/A | | other mi | scellaneou | s) | 2 | loval | pair | Encapsulate | Enclosure | | |
| OUTDOORS | | X | |) | _ | | | | 1 | | e | | | |
| | 1 1 | 7 | - 1 | 1 12 | 20 | MAST | 10 | 200 LF | 1 | | | | | |
| | | | | | | | - C | | | | | _ | | |
| Name of Desistant III | | | | | | | | | | | | - | | |
| Name of Registered Waste Hauler WASTE MANAGEMENT | | | P Wast | | Cubic Ya | | 111 | Registered Landfill | 1 | | | _ | | |
| City, State | | 112 | | 20 | APPX | 15 | | SNORTH | | | | | | |
| ELIZABETH, NJ | | | | | Disposal TA | | City, State | SVILLE, PA | | | | | | |
| Completed by CAROL RAIMO | Title | - 0.00 | | | | nature | 1 | | e_ / | , | - | | | |
| 77.7 | OFFICE | IVIGH | | | 1 | Ar | I Xas | and | 7/2 | 51 | 16 | | | |