NOCK

| Date of Notification (1)                                    |                      |           |                    | Name   | of Buildin  | g Owner/Operator (   | 2)                                    | J                                       |           |        |             |           |
|---|----------------------|-----------|--------------------|--|-------------|--|---------------------------------------|---|-----------|--------|-------------|-----------|
| 12/23/  | 14                   | _         |                    | s  | outhern     | Regional School  | District / Jo                         | b #1410-4832                            | Check     | #67    | 30          |           |
| Agencies Notified Type Not                                  | ification            |           |                    | Street   | Address     | ,  | 1,1                                   | L. DEL                                  | 19.       | Q  4   | į           | -         |
| ⊠ EPA ☐ Initial   |                      |           |                    | 90 (   | Cedar Br    | idge Rd.   | , , , , , , , , , , , , , , , , , , , | 1                                       |           |        | 1           |           |
| ☑ DOLWD ☑ Amen  |                      |           | 9                  |  | tate, Zip ( | A TOTAL CONTRACTOR OF THE PARTY |                                       | A 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 |           |        |             |           |
|   | dment #3             | 150 00000 |                    | 8  | 45          | n, NJ 08050  |                                       | ASBESTOS<br>LICE                        | ENSIN     |        | - %         |           |
| DCA Emerging DCA USAC 5:23-8) Ustific                       | gency (in<br>cation) | cluding   | 1                  |  | of Contac   | -27  | - Line                                | Telephone Num                           |           |        |             |           |
| Canci   |                      |           |                    | NATITION OF THE PARTY OF THE PA | n Adam      |  |                                       |   | -         |        |             |           |
|   |                      |           |                    | EAG  | NI ITV IA   | FORMATION  |                                       |   |           |        |             |           |
| Name of Facility Where Abstract                             | is Toking            | - Dlago   | (2)                | rAu  | JILIII II   | FORMATION  | Type of Facility (                    | A)                                      | <u> </u>  | -      |             |           |
| Name of Facility Where Abatement                            | is raking            | Place     | (3)                |  |             |  | School (K-12)                         |   |           | 794    |             |           |
| Southern Regional MS  |                      |           |                    |  |             |  | ☐ Subchapter 8                        | (Other than K-12                        |           |        |             |           |
| Street Address  |                      |           |                    |  |             |  |                                       | ivate and comme                         | rcial bu  | ilding | s,          |           |
| 75 Cedar Bridge Rd.   | <u> </u>             |           |                    |  |             |  | homes, etc.)                          | 4 - 5                                   | [ DI      | J- A   |             |           |
| City (5)  |                      |           |                    |  |             |  | Square Feet                           | # of Floors                             | BIG       | dg. Ag | je          |           |
| Manahawkin  | <u> </u>             |           |                    |  |             |  |                                       | 161 1 1 1                               | - I I     |        |             |           |
| County (6)  |                      |           |                    | Cour   | ity Code (  | 7)(STATE USE ONLY)   | continue and the second               | or if being demoli                      | shed)     |        |             |           |
| Ocean   |                      |           |                    |  |             |  | School                                |   |           |        |             |           |
| Name of Monitoring Firm Hired by E                          | Building (           | Owner     | (8)                | ASCM   | No.         | Name of Abateme  |                                       |   |           |        |             |           |
| PARS Environmental  |                      |           |                    |  |             | AbateTech, I   | nc.                                   |   |           |        |             |           |
| Street Address  | Ī                    |           |                    |  |             | Street Address   |                                       |   |           |        |             |           |
| 500 Horizon Drive, Suite 540                                | 0                    |           |                    |  |             | 30 Maple Ave   | e. PO Box 25                          |   |           |        |             |           |
| City, State, Zip Code                                       |                      |           |                    |  |             | City, State, Zip Co  | ode                                   |   |           |        |             |           |
| Robbinsville, NJ 08691                                      |                      |           |                    |  |             | Lumberton, I   | NJ 08048                              |   |           |        | 117520      |           |
| Project Manager for Monitoring Fire                         | n                    |           | Tele               | phone  | No.         | Telephone No.  |                                       | License No.                             |           |        |             |           |
| Rafael Torres   |                      |           | 60                 | 09-890   | -7-27-7     | 609-265-2107   |                                       | 00529                                   |           |        |             |           |
| Start Date (10)   |                      |           |                    | tion Da  |             | Name of OSHA M   |                                       |   |           |        | 27.4%       |           |
| _11 / _17 / _14   | _                    | 1/        | 30                 | _ / _  |             | / EMSL Analyt  | ical                                  |   |           |        |             |           |
| Occupancy Status During Abateme                             | nt (Chec             | c only    | one)               |  |             | Street Address   |                                       |   |           |        |             |           |
| ☐ Facility Closed/Vacated During                            |                      |           |                    |  |             | 200 Route 13   | 0 North                               |   |           |        |             |           |
|   |                      |           |                    |  | cribe       | City, State, Zip Co  | ode                                   |   |           |        |             |           |
| Time of Abatement:AM-                                       | PI                   | W/3PM     | -11:3              | UAM  |             | Cinnaminsor  | n, NJ 08077                           |   |           |        |             |           |
| Scope of Work (Check all that apply                         | y)                   |           |                    |  |             |  | N. S. Barris May 1998                 | 1000 000                                |           |        |             |           |
| T.2-f2/f  |                      | ⊠ n-      |                    |  |             | ☐ Full Con<br>☐ Mini-End   | tainment with Neg                     | ative Pressure                          |           |        |             |           |
| <ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul> |                      |           | enovat<br>emolitic |  |             |  | g Procedure                           |   |           |        |             |           |
|   |                      |           |                    |  |             |  | mpted (*) and No                      | n-Friable Procedu                       | ıre       |        |             |           |
|   |                      | 1         | Loca               |  |             | 3801   |                                       |   | Ab        | atem   | ent T       | ype       |
| Location of   | neces v              |           | Norma<br>ed Sole   |  |             | Description of   |                                       |   | R         | Re     | Щ           | 四四        |
| Asbestos-Containing Material (A<br>TO BE ABATED             | ACM)                 |           | intena             |  | Asbe        | estos Containing Ma<br>e., thermal systems   | insulation.                           | Amount<br>(Specify                      | Removal   | Repair | cap         | Enclosure |
| IN Facility   |                      | Cus       |                    | Staff?   | ,           | surfacing, VAT   | , or                                  | SF or LF)                               | <u>×a</u> | "      | Encapsulate | ure       |
| (13)  |                      |           | (12)               | 1  | -           | other miscellane   | ous)                                  |   |           |        | ate         |           |
|   |                      | Yes       | No                 | N/A  | Mar de      |  |                                       | 220 CE                                  |           | П      |             |           |
| Throughout  |                      |           |                    |  | Windo       | w glazing  |                                       | 320 SF                                  |           | 片      |             |           |
|   |                      |           |                    |  |             |  |                                       |   |           |        | ᆜ           | 닏         |
|   |                      |           |                    |  |             |  |                                       |   |           |        | Ш           | Ш         |
|   |                      |           |                    |  |             |  |                                       |   |           |        |             |           |
| Name of Registered Waste Hauler                             |                      |           | 1000               | JDEP \   |             | Cubic Yards of   | Name of Regis                         | tered Landfill                          |           |        |             |           |
| AbateTech, Inc.   |                      |           | H                  | lauler II  |             | Waste 12   | G.R.O.W.S                             | . Landfill                              |           |        |             |           |
| City, State   |                      |           |                    | 18750  | J           | Disposal Date  | City, State                           |   |           |        |             |           |
| Lumberton, NJ   |                      |           |                    |  |             | 1/30/15  | Tullytown,                            | PA                                      |           |        |             |           |
| Completed By (Print or Type)                                | Title                |           |                    |  |             | Signature  | 1                                     |   | ate       |        |             |           |
|   | 114                  |           | iona               | C00-d  | inato-      | Signature  | 211                                   |   | 121       | 9.0    | . 1.        |           |
| Gwendolyn Trumbetti   | 1                    | perat     | IONS               | Coord  | inator      | 1 01   | W                                     |   | 10        | de     | 11          | 4         |
| ASB-41<br>MAY 11  | *                    | Do not    | use ti             | his form   | for asbes   | tos licensure exem   | oted activities.                      |   | ŀ         |        | 1           | *         |

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

|                             |                                |  |                 | NOI     |          |                      |              | AC 8:60 and 5:1                          |                                 |  | Ç, E      |        | 147         |           |
|-----------------------------|--------------------------------|--|-----------------|---------|----------|----------------------|--------------|--|---------------------------------|--|-----------|--------|-------------|-----------|
| Date of Noti                | ification (1)                  |  |                 |         | -27-77-2 | Name                 | of Buildin   | g Owner/Operator (                       | (2)                             | A STATE OF THE STA | off Spire | - 64   | 236         | 1200      |
|                             | 12 /                           | 23 /                                   | 14              |         |          | 1                    |              | ob #1310-4703                            | A 60                            |  | FC o      | -      | new v       |           |
| Agencies N                  | otified                        | Type Notific                           | cation          |         |          | Stree                | t Address    |  |                                 | 1 21   | FL 2      | 9      | 2111A       |           |
| ⊠ EPA                       |                                | ☐ Initial                              |                 |         |          | 80                   | Park Plaz    | za                                       |                                 |  |           |        |             |           |
|                             |                                |  |                 |         |          | City. S              | State, Zip ( | Code                                     |                                 | ASDE   | 8108      | r Vari | FUC         | 1 0       |
| ☑ DHSS                      |                                | Amendr                                 |                 | 79      |          | 1                    | wark, NJ     |  |                                 |  | LICEN     | Silve  | 3           | - 3       |
| DCA<br>(NJAC 5)             | ·23_8/                         | ☐ Emerge justifica                     |                 | cluding | 9        |                      | of Contac    |  |                                 | Telephone Nu   | mher      |        |             |           |
| (NUAC 3                     | .23-0)                         | ☐ Cancella                             | SOUTH PROPERTY. |         |          |                      | w Shuda      |  |                                 | relephone Na   | ~         |        |             |           |
|                             |                                |  |                 |         |          |                      |              | NFORMATION                               |                                 | ! ————   | -         |        | - 75        |           |
| lame of Fa                  | cility Where A                 | batement is                            | Taking          | Place   | (3)      | - ' '                | OILI I II    | II ORIMATION                             | Type of Facility                | (4)  |           |        |             |           |
|                             | Camden Sv                      |  |                 |         |          |                      |              |  | School (K-12                    | i i  |           |        |             |           |
| Street Addre                |                                |  |                 |         | -        |                      |              |  | Subchapter 8                    | Other than K-  |           |        |             |           |
|                             | Crescent B                     | lvd                                    |                 |         |          |                      |              |  | Other (i.e., pr<br>homes, etc.) |  | ercial b  | uildin | gs,         |           |
| City (5)                    |                                |  |                 |         |          |                      |              |  | Square Feet                     | # of Floors  | I R       | ldg. A | na.         |           |
| Pennsau                     | ıken                           |  |                 |         |          |                      |              |  | Oquale i cet                    | # 01 1 10013   |           | iug. A | ige         |           |
| County (6)                  | - 1 7 h f                      |  |                 | - 10-   |          | Cour                 | nty Code (   | 7)(STATE USE ONLY)                       | Current Use (Pri                | or if being demo   | lished)   |        |             |           |
| Camden                      |                                |  |                 |         |          | Jour                 | , 5046 (/    | NOTHINE GOL ONE!                         | Substation                      | o. II boing doill  | moniou)   |        |             |           |
|                             | nitoring Firm                  | Hired by Bui                           | ildina C        | )wner   | (8)      | ASCM                 | No           | Name of Abatem                           | ent Contractor (9)              |  |           |        |             | 100       |
|                             | Safety Ser                     |  | a.iig C         |         | (5)      | , toolvi             |              | AbateTech, I                             | 3.05                            |  |           |        |             |           |
| Street Addre                |                                |  |                 |         |          |                      |              | Street Address                           |                                 |  |           |        |             |           |
| 318 12 <sup>th</sup>        |                                |  |                 |         |          |                      |              | 30 Maple Ave                             | PO Box 25                       |  |           |        |             |           |
| City, State, 2              |                                |  | -               |         |          |                      |              | City, State, Zip Co                      |                                 |  |           |        | -           |           |
|                             | nton, NJ 08                    | 037                                    |                 |         |          |                      |              | Lumberton, N                             |                                 |  |           |        |             |           |
|                             | ager for Moni                  |  |                 |         | Tele     | ephone               | No           | Telephone No.                            | 10 000 10                       | License No.  | -         |        |             |           |
| Jim Prod                    |                                | <b>3</b>                               |                 |         | 1        | 09-704               |              | 609-265-2107                             | 7                               | 00529  |           |        |             |           |
| Start Date (1               | 10)                            |  | Sched           | uled C  | -        | tion Da              |              | Name of OSHA N                           |                                 |  |           |        | _           | -         |
| *                           | / _ 3 /                        |  | -               |         |          | ) /                  |              | EMSL Analyt                              | V) (C+26)                       |  |           |        |             |           |
|                             | Status During                  | (                                      | -               |         |          |                      |              | Street Address                           |                                 |  |           |        |             | -         |
|                             | losed/Vacate                   |  |                 | -       |          | ment                 |              | 200 Route 13                             | 0 North                         |  |           |        |             |           |
|                             | ent Performed                  |  |                 |         |          |                      | cribe        | City, State, Zip Co                      |                                 |  |           |        |             |           |
|                             | Abatement: _                   |  |                 |         |          |                      |              | Cinnaminson                              |                                 |  |           |        |             |           |
| Scope of Wo                 | ork (Check all                 | that apply)                            |                 |         |          |                      |              | Ommaninison                              | 1, 140 00077                    |  |           |        |             | _         |
|                             |                                | mar apply)                             |                 |         |          |                      |              |  | tainment with Neg               | ative Pressure   |           |        |             |           |
| ⊒ ≥3 sf or ≥<br>⊠ ≥160 sf o | ≥3 lf<br>or >260 lf            |  |                 | ⊠ Re    | novat    |                      |              | ☐ Mini-Enc                               | closure<br>g Procedure          |  |           |        |             |           |
| <u> </u>                    | 71 <u>-</u> 200 II             |  |                 | □ ре    | HIOHU    | J11                  |              |  | empted (*) and Nor              | n-Friable Proced   | lure      |        |             |           |
| 77                          |                                | ************************************** |                 | 5 275   | Locat    | 1000000              |              |  |                                 |  | Ab        | atem   | ent T       | ype       |
|                             | Location                       |  |                 |         | Norma    | illy<br>ely by       |              | Description o                            |                                 | 1122 18  |           |        | 1           | T         |
| Asbestos                    | S-Containing N<br>TO BE ABA    |  | M)              |         | intena   |                      |              | stos Containing Ma<br>., thermal systems |                                 | Amount (Specify  | Removal   | Repair | nca         | ncic      |
|                             | IN Facilit                     |  |                 |         | todial   | Staff?               | (1.6         | surfacing, VAT,                          | , or                            | SF or LF)  | oval      | 1 =    | Encapsulate | Enclosure |
|                             | (13)                           |  |                 | V-      | (12)     | 9                    | -            | other miscellane                         | eous)                           |  |           |        | ate         | a         |
|                             |                                |  |                 | Yes     | No       | N/A                  |              |  | -                               | SCHOOL SHOUL   |           | _      |             | _         |
| andhole \                   | Walls 220-3                    |  |                 |         |          |                      | Transite     | e Conduit                                |                                 | 800 LF   |           |        |             | L         |
|                             |                                |  |                 |         | $\Box$ . |                      |              |  |                                 |  |           |        |             |           |
|                             |                                |  |                 | П       | П        | TIT                  |              |  |                                 |  | П         | П      | П           | Г         |
|                             |                                |  |                 |         |          | 1                    |              |  |                                 |  | 廾廾        |        |             | _         |
|                             | -1-1                           | _ 111                                  |                 |         |          | ПП                   | 01           |  | In the                          | 11   |           |        | Ш           | L         |
|                             | gistered Wast                  |  |                 |         | 14 1323  | IJDEP \<br>lauler ID |              | Cubic Yards of<br>Waste                  | Name of Regist                  |  |           |        |             |           |
|                             | anagement                      |  |                 |         |          | 17273                |              | 10                                       | G.R.O.W.S.                      | Landfill   |           |        |             |           |
| ity, State                  |                                |  |                 |         |          |                      |              | Disposal Date                            | City, State                     |  |           |        |             |           |
|                             | , NJ                           |  |                 |         |          | 80                   |              | 4/30/15                                  | Morrisville,                    | PA   |           |        |             |           |
| Camden,                     |                                |  |                 |         |          |                      |              |  |                                 |  |           |        |             |           |
| ompleted B                  | By (Print or Ty<br>lyn Trumbet | ******                                 | Title           |         |          | Coordi               | ر            | Signature                                | 7 . 1                           |  | Date      | 200    |             |           |

ASB-41 MAY 11

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#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

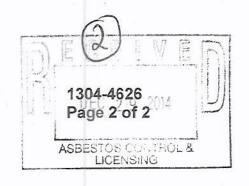
| Date of Notification (1) / / / /   | 14         |              |   |   |                     | Owner/Operator (2<br>epartment of Tre  | -/                                   | #1408-4808   |                   | 681       | 3           |           |
|--|------------|--------------|---|---|---------------------|--|--------------------------------------|--|-------------------|-----------|-------------|-----------|
| Agencies Notified  |            |              |   |   | Address<br>Vest Sta | te Street Floor 9  |                                      | DEC 29   | 2014              |           | 圳           |           |
| ☐ DOLWD ☐ Amended ☐ DHSS Amended   |            |              |   | City, S                                 | tate, Zip C         | ode  | 1 4                                  | Maria and the state of the stat |                   |           | -           |           |
| □ DCA □ Emergen  |            | • 2          |   |   | nton, NJ            | and the same of th | AS                                   | BESTOS CO.   | THOLE             | Ž.        | $\perp$     |           |
| (NJAC 5:23-8) justification  | on)        |              |   |   | of Contact          |  |                                      | Telephone Nu   | mber              |           |             |           |
| ☐ Cancellat  | ion        |              |   | Catl                                    | herine D            | ouglas   |                                      | L  |                   |           |             |           |
|  |            |              |   | FAC                                     | ILITY IN            | FORMATION  |                                      |  |                   |           |             |           |
| Name of Facility Where Abatement is T  | aking      | Place        | (3)   |   | U                   | _  | Type of Facility (                   | 4)   |                   |           |             |           |
| Trenton Psychiatric -Lincoln B   | uildi      | ng           |   |   |                     |  | School (K-12)                        |  | 10)               |           |             |           |
| Street Address   |            |              |   |   |                     |  | ☐ Subchapter 8 ☐ Other (i.e., pri    | Other than K-  | 12)<br>nercial bu | ildina    | S.          |           |
| 100 Sullivan Way   |            |              |   |   |                     | 35   | homes, etc.)                         |  |                   |           |             |           |
| City (5)   |            |              |   |   |                     |  | Square Feet                          | # of Floors  | Blo               | g. Ag     | je          |           |
| West Trenton   |            |              |   |   |                     | *  |                                      |  |                   |           |             |           |
| County (6)   | - 5305     |              |   | Coun                                    | ty Code (7          | )(STATE USE ONLY)  | Current Use (Price                   | or if being demo   | olished)          |           |             |           |
| Mercer   |            |              |   |   |                     |  | Hospital                             |  |                   |           |             |           |
| Name of Monitoring Firm Hired by Build   | ding C     | wner (       | 8)  | ASCM                                    | No.                 | Name of Abateme  | ent Contractor (9)                   |  |                   |           |             |           |
| Brinkerhoff Environmental  |            |              |   |   |                     | AbateTech, I   | nc.                                  |  |                   |           |             |           |
| Street Address   |            |              |   |   |                     | Street Address   |                                      |  |                   |           |             |           |
| 1913 Atlantic Ave.   |            |              |   |   |                     | 30 Maple Ave   | e. PO Box 25                         |  |                   |           |             |           |
| City, State, Zip Code  |            |              |   | 111111111111111111111111111111111111111 |                     | City, State, Zip Co  | ode                                  |  | -                 |           |             |           |
| Manasquan, NJ 08736  |            |              |   |   |                     | Lumberton, h   | NJ 08048                             |  |                   |           |             |           |
| Project Manager for Monitoring Firm  |            |              | Tele  | phone i                                 | No.                 | Telephone No.  |                                      | License No.  |                   |           |             |           |
| Jason Hooper   |            |              | 73  | 2-223                                   | -2225_              | 609-265-2107   |                                      | 00529  |                   |           |             |           |
| Start Date (10)  | Sched      | uled-C       | omple                                       | tion Da                                 | te (11)             | Name of OSHA N   | Monitor                              | 1  |                   |           |             |           |
| 12 /15 /14   | /          | 1_/          | 30  | _ /                                     | 15                  | EMSL Analyt  | ical                                 |  |                   |           |             |           |
| Occupancy Status During Abatement  | Check      | only_c       | ne)-  |   |                     | Street Address   |                                      |  |                   |           |             |           |
| ☐ Facility Closed/Vacated During Enti  | ennelline. |              |   | nent                                    |                     | 200 Route 13   | 0 North                              |  |                   |           |             |           |
| Abatement Performed Outside of Nortime of Abatement:AM                             | ormal      | Facility     | / Hour                                      | s - Des                                 |                     | City, State, Zip Co  |                                      |  |                   |           |             |           |
| Scope of Work (Check all that apply)   |            |              |   |   |                     |  | tainment with Neg                    | ative Pressure   |                   | 1-10-1-11 | -           |           |
| <ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>                        |            | ⊠ Re<br>□ De |   |   |                     | ☐ Mini-End<br>☐ Gloveba  |                                      |  | dura              |           |             |           |
|  |            | I a          | Locat                                       | ion                                     |                     | ⊠ Non-Exe  | impled ( ) and No                    | I-I Hable I Toce   |                   | atem      | ont T       | VD0       |
| Location of Asbestos-Containing Material (ACM <u>TO BE ABATED</u> IN Facility (13) | Л)         | Use<br>Ma    | Norma<br>d Sole<br>intena<br>(dial)<br>(12) | lly<br>ely by<br>nce/                   |                     | Description of<br>stos Containing Ma<br>., thermal systems<br>surfacing, VAT<br>other miscellane   | iterial (ACM)<br>insulation,<br>, or | Amount<br>(Specify<br>SF or LF)  | Removal           | Repair    | Encapsulate | Enclosure |
| Room 109 Office  |            |              | ×   |   | Floor ti            | le & Mastic  |                                      | 9 SF   |                   |           |             |           |
| 1 <sup>st</sup> Floor  |            |              |   |   | Black F             | ire Electrical Pa  | inel                                 | 2 SF   |                   |           |             |           |
|  |            |              |   |   | -                   |  |                                      |  |                   |           |             |           |
|  |            |              |   | Ш                                       |                     |  |                                      |  |                   | 브         |             | ᆜ         |
|  |            |              |   |   |                     |  |                                      |  |                   |           | Ш           |           |
| Name of Registered Waste Hauler AbateTech, Inc.                                    |            |              | 233   | JDEP Vauler III                         | O No.               | Cubic Yards of<br>Waste<br>2   | Name of Regist<br>G.R.O.W.S.         |  |                   |           |             |           |
| City, State<br>Lumberton, NJ   |            |              | -   |   |                     | Disposal Date 1/30/15  | City, State<br>Tullytown,            | PA   |                   |           |             |           |
| Completed By (Print or Type)   | Title      | )            |   |   | K                   | Signature  |                                      |  | Date              | 1         |             |           |
| Gwendolyn Trumbetti  | 0          | perati       | ons (                                       | Coordi                                  | inator              | 1 ch   | w                                    |  | 12/23             | 3/14      | _           |           |

MAY 11

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

|    | 777 |    | 7  | 12   | 10.77 | 7,03 | -    |
|----|-----|----|----|------|-------|------|------|
| 1  | 150 | 1. | 1. | 13   | 11.7  | 13:3 | 1 1  |
| 11 | -   |    |    | ij., |       | 1112 | 1: 1 |

| Date of Notification (1)  12 /                      | 23 /                        | 14           |                           |   |                     | g Owner/Operator (<br>Princeton   | 2)<br>/ Job #13  | 04-4626 Che                     | ck #676     | 5          | -           | ال         |
|---|-----------------------------|--------------|---------------------------|---|---------------------|---|--|---------------------------------|-------------|------------|-------------|------------|
| Agencies Notified  ⊠ EPA                            | Type Notifica ☐ Initial     | ation        |                           | 0.50                                    | Address<br>stees of | Princeton Unive   | rsity E.A. MacI  | Millan Bldg.                    | CUAIR       | (OL &      | <u>.</u>    |            |
| □ DOLWD   |                             |              |                           |   | tate, Zip C         |   | -  | 4 47.5                          | HOHIO       |            |             |            |
| ☑ DHSS  | Amendme                     |              |                           |   |                     | IJ 08544  |  |                                 |             |            |             |            |
| DCA   | ☐ Emergend<br>justification | cy (includir | ng                        | 1                                       | of Contac           |   |  | Telephone Nur                   | nber        |            |             |            |
| (NJAC 5:23-8)                                       | ☐ Cancellat                 |              |                           | 100000000000000000000000000000000000000 | ert Orte            |   |  | l copilone itali                |             |            |             |            |
|   | □ Cancellat                 | 1011         |                           | 1                                       | -                   |   |  |                                 |             |            |             | _          |
|   | 350                         |              | U                         | FAC                                     | CILITY IN           | IFORMATION  | - (E 10)   | (4)                             |             |            |             |            |
| Name of Facility Where                              |                             | aking Plac   | ce (3)                    |   |                     |   | Type of Facility (   |                                 |             |            |             |            |
| 20 Washington Ro                                    | ad                          |              |                           |   |                     |   | School (K-12   |                                 | 2)          |            |             |            |
| Street Address                                      |                             |              |                           |   | **                  |   | Other (i.e., pr  | rivate and comm                 | ercial bui  | Idings     | ,           |            |
| 20 Washington Ro                                    | ad, Princeto                | n Univer     | sity M                    | ain Car                                 | npus                |   | homes, etc.)   |                                 |             | 15-53      |             |            |
| City (5)  |                             |              |                           | 20                                      |                     |   | Square Feet  | # of Floors                     | Bld         | g. Ag      | Э           |            |
| Princeton   |                             |              |                           |   |                     |   | 1,000,000  | 5                               | 8           | 5          |             |            |
| County (6)  |                             |              |                           | Coun                                    | ty Code (7          | )(STATE USE ONLY)   | Current Use (Pri   | or if being demo                | lished)     |            |             |            |
| Mercer  |                             |              |                           |   |                     |   | University L   | .ibrary                         |             |            |             |            |
| Name of Monitoring Firm                             | Hired by Build              | ding Owne    | r (8)                     | ASCM                                    | No.                 | Name of Abateme   | 100  |                                 |             |            |             |            |
| ATC Associates                                      |                             |              | (-)                       | 0009                                    |                     | AbateTech, I  |  |                                 |             |            |             |            |
| Street Address                                      |                             |              |                           | 0000                                    |                     | Street Address  |  |                                 |             |            |             |            |
| 3 Terri Lane  |                             |              |                           |   |                     | 30 Maple Ave  | PO Boy 25  |                                 | 17          |            |             |            |
|   |                             |              |                           | -                                       |                     |   |  |                                 |             | -          |             | _          |
| City, State, Zip Code                               |                             |              |                           |   |                     | City, State, Zip C  |  |                                 |             |            |             |            |
| Burlington, NJ 080                                  |                             |              |                           |   |                     | Lumberton, I  | NJ 08048   | Tr. N                           |             |            |             |            |
| Project Manager for Mor                             | nitoring Firm               |              |                           | ephone                                  |                     | Telephone No.   |  | License No.                     |             |            |             |            |
| Michael R. Keehn                                    |                             |              | _                         | 09-386                                  |                     | 609-265-2107  |  | 00529                           |             |            | 00000       |            |
| Start Date (10)<br>3 / 24 /                         | 9 1992                      | Scheduled 1  |                           | etion Da<br>0 /                         |                     | Name of OSHA N<br>EMSL Analyt   |  |                                 |             |            |             |            |
|   | - X                         | Chaok only   |                           |   |                     | Street Address  |  |                                 | -           | 12 T - V.C |             | -          |
| Occupancy Status Durin  Facility Closed/Vacat       | ed During Entir             | re Period (  | of Abate                  |   |                     | 200 Route 13  | 0 North  |                                 |             |            |             |            |
| Abatement Performed Time of Abatement:              |                             |              |                           |   | cribe               | City, State, Zip C  |  |                                 |             |            |             |            |
| Scope of Work (Check a                              | Il that apply)              |              |                           |   | -                   |   | a vo occident day  | .11                             |             |            |             |            |
| ☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf               |                             |              | Renova<br>Demolit         |   | es.                 | ☐ Mini-End  | tainment with Neg<br>closure<br>g Procedure<br>empted (*) and No |                                 | lure        |            |             |            |
|   |                             |              | Is Loca                   | ation                                   | T                   |   |  |                                 |             | ateme      | nt T        | ype        |
| Location Asbestos-Containing TO BE AB IN Facil (13) | Material (ACN<br>ATED       | 1) U         | Norm<br>sed So<br>nainten | ally<br>lely by<br>ance/<br>l Staff?    |                     | Description of estos Containing Ma<br>e., thermal systems<br>surfacing, VAT<br>other miscellane | aterial (ACM)<br>insulation,<br>, or                             | Amount<br>(Specify<br>SF or LF) | Removal     |            | Encapsulate | Eliciosure |
|   |                             | Ye           | s No                      | N/A                                     | 1.                  |   |  |                                 |             |            |             |            |
| Room 227A   |                             |              | $\boxtimes$               |   | Floor T             | ile & Mastic  |  | 400 SF                          |             |            |             |            |
| Abandon Exterior St                                 | eam Tunnel                  | ı 🔲          |                           |   | Cut & V             | Wrap  |  | 300 LF                          | $\boxtimes$ |            |             |            |
| Auditorium Roof                                     |                             |              |                           | $\boxtimes$                             | Roof F              | lashing   | N.   | 714 LF                          | $\boxtimes$ |            |             | Г          |
| 1st Fl. Column C-D b                                | etween 5&6                  |              | $\boxtimes$               |   | Double              | layer Floor tile  | & Mastic   | 270 SF                          |             |            |             |            |
| Name of Registered Was                              | ste Hauler                  |              | 100                       | NJDEP                                   |                     | Cubic Yards of  | Name of Regis  | stered Landfill                 |             |            |             |            |
| AbateTech, Inc.                                     |                             |              |                           | Hauler II                               |                     | Waste<br>40   | G.R.O.W.S  | . Landfill                      |             |            |             |            |
| City, State   |                             |              |                           | 18750                                   | ,                   | Disposal Date   | City, State  |                                 |             |            |             |            |
| Lumberton, NJ                                       |                             |              |                           |   | _                   | 1/30/15   | Tullytown,   | PA                              |             |            |             |            |
|   | (vno)                       | Title        |                           |   | (<                  | Signature   |  |                                 | Date ,      |            |             | _          |
| Completed By (Print or T<br>Gwendolyn Trumb         | 31.10 P                     |              | ations                    | Coord                                   | inator              | Orginature  | rut  |                                 | 12/2        | 3          | 14          |            |
| ASB-41  |                             |              |                           | - W-400-51                              |                     |   |  |                                 |             | i          | -           |            |



| Location of  | 1000000 | s Lo                  |              |                               | Description of   | Amount                | Aba         | atem   | ent T       | уре       |
|--|---------|-----------------------|--------------|-------------------------------|--|-----------------------|-------------|--------|-------------|-----------|
| Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) | Ma      | Sole<br>inter<br>stod | ely t<br>nan | Jsed<br>by<br>ce or<br>Staff? | Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) | (Specify<br>SF or LF) | Removal     | Repair | Encapsulate | Enclosure |
|  | Ye      | s 1                   | Vo           | N/A                           |  |                       |             |        | (O          |           |
| Light Court TAR Shaft  |         |                       |              |                               | Tar/Rope Packing assoc w/ terra cotta & glass duct/pipe  | 20 each               |             |        |             |           |
| Heritage Glass TAR Shaft   |         |                       | ן            |                               | Tar/Rope Packing assoc w/ terra cotta & glass duct/pipe  | 20 each               | $\boxtimes$ |        |             |           |
| Basement   |         |                       |              | X                             | Exterior Perimeter Window Caulk  | 80 LF                 |             |        |             |           |
| Basement   |         |                       |              |                               | Exterior Window Glazing  | 300 LF                |             |        |             |           |
| Ground Floor Transformer Room                                    |         |                       |              |                               | Debris clean up  | 100 SF                |             | П      |             |           |
| Ground Floor Transformer Room                                    |         |                       |              |                               | Pipe Insulation (wrap & cut)   | 24 LF                 | N           |        |             |           |
| Ground Floor Transformer Room                                    |         |                       |              |                               | Floor tile & Mastic  | 986 SF                | N           |        | П           | П         |
| Ground Floor Transformer Room                                    |         | 1                     |              |                               | Tar/Rope Packing assoc w/ terra cotta & glass duct/pipe  | 15 each               |             |        |             |           |
| 1964 Addition  |         |                       |              |                               | Waterproofing Mastic   | 2,700 SF              |             |        |             |           |

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| U  | I | ١. |
|    | 1 | 1  |

| Date of Notification (1)  12 / 23  | 14         |          |                            |                                   |  | Owner/Operator (<br>very, Projects &  |   | / Job #1411                     | 4841 Ch  | eck    | #676        | 57          |
|--|------------|----------|----------------------------|-----------------------------------|--|---|---|---------------------------------|----------|--------|-------------|-------------|
| Agencies Notified  |            |          |                            |                                   | Address<br>Park Plaz   | a   |   | L<br>ASBES                      | sTOS Us  | , ((1) | <br>V.L     | ر<br>د<br>د |
| ☑ DOLWD ☑ Amen   |            | ,        |                            | City, S                           | tate, Zip C  | ode   |   |                                 | LICENS   | تالانا |             |             |
|  | dment #    |          |                            | New                               | vark, NJ   | 07101   |   |                                 | -        |        |             |             |
|  | cation)    | Gluding  |                            | Name                              | of Contact   |   |   | Telephone Nu                    | mber     | 00     |             |             |
| ☐ Cance  |            |          |                            | Larr                              | y Edding   | ger   |   |                                 |          |        |             |             |
|  | -          | - 37-2   |                            | FAC                               | ILITY IN   | FORMATION   |   |                                 |          |        |             |             |
| Name of Facility Where Abatement   | is Taking  | Place    | (3)                        |                                   |  |   | Type of Facility  | (4)                             |          |        | 11110       |             |
| PSE&G Plainfield Substatio   |            |          |                            |                                   |  |   | School (K-12  | Other than K-                   | 12)      |        |             |             |
| Street Address<br>241 W. 2 <sup>nd</sup> Street  |            | 20.25.00 |                            |                                   | -  |   | Other (i.e., p<br>homes, etc.)                                    | 60                              |          |        |             |             |
| City (5)   |            |          |                            |                                   |  |   | Square Feet   | # of Floors                     | Bic      | ig. Ag | e           |             |
| Plainfield   |            |          |                            | 112                               |  |   |   |                                 |          |        |             |             |
| County (6)<br>Union  | 100        |          |                            | Coun                              | ty Code (7   | )(STATE USE ONLY)   | Current Use (Pr<br>Utility  | ior if being demo               | olished) |        |             |             |
| Name of Monitoring Firm Hired by I   | Building ( | Owner    | (8)                        | ASCM                              | No.  | Name of Abatem  | ent Contractor (9)  | PA                              |          |        |             |             |
| Health & Safety Services   |            |          |                            |                                   |  | AbateTech, I  | nc.   |                                 |          |        |             |             |
| Street Address   | 1-22-0     |          |                            |                                   |  | Street Address  |   |                                 |          |        |             | -0          |
| 318 12 <sup>th</sup> Street  |            |          |                            |                                   |  | 30 Maple Ave  | e. PO Box 25  |                                 |          |        |             |             |
| City, State, Zip Code  |            |          |                            |                                   |  | City, State, Zip C  | ode   |                                 |          |        |             |             |
| Hammonton, NJ 08037  |            |          |                            |                                   |  | Lumberton,  | NJ 08048  |                                 |          |        |             |             |
| Project Manager for Monitoring Firr  | n          | -        | Tele                       | phone                             | No.  | Telephone No.   |   | License No.                     |          |        |             |             |
| Jim Proctor  |            |          | 1                          | 29-704                            |  | 609-265-2107  | 7   | 00529                           |          |        |             |             |
| Start Date (10)  | Sched      | duled C  | 1                          | tion Da                           |  | Name of OSHA  | Monitor ,   |                                 |          |        |             |             |
| 12 / 1 / 14  | /          |          |                            | ) /                               |  | EMSL Analy  |   |                                 |          |        |             |             |
| Occupancy Status During Abateme  | /          |          |                            |                                   | SECTION AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED I | Street Address  |   |                                 | -        |        |             |             |
| ☐ Facility Closed/Vacated During   | Entire Pe  | ried of  | Abate                      |                                   |  | 200 Route 13  |   |                                 |          |        |             |             |
| Abatement Performed Outside of Time of Abatement:AM-   |            |          |                            |                                   |  | City, State, Zip C  |   |                                 |          |        |             |             |
| Scope of Work (Check all that appl   | y)         |          |                            |                                   |  |   |   | _                               |          |        |             |             |
| ☐ ≥3 sf or ≥3 lf<br>☑ ≥160 sf or ≥260 lf   |            |          | enovat<br>emoliti          |                                   |  | ☐ Mini-End☐ Gloveba   | atainment with Ne<br>closure<br>ag Procedure<br>empted (*) and No |                                 | dure     |        |             |             |
| and the second s |            | 1        | Loca                       | tion                              |  |   | ,,  |                                 |          | atem   | ent T       | ype         |
| Location of Asbestos-Containing Material (A  TO BE ABATED IN Facility (13)   | ACM)       | Use      | Norma<br>ed Sola<br>intena | ally<br>ely by<br>ance/<br>Staff? |  | Description estos Containing Manager, thermal systems surfacing, VAT other miscelland | aterial (ACM)<br>insulation,<br>r, or                             | Amount<br>(Specify<br>SF or LF) | Removal  | Repair | Encapsulate | Enclosure   |
| Control House  |            | Yes      | N₀<br>⊠                    | N/A                               | Transit  | e floor panels  |   | 60 SF                           |          |        |             |             |
| Office & Bathroom Areas  | 1          | 뉴        |                            | +                                 | Floor ti   | •   |   | 200 SF                          |          |        |             |             |
| Throughout   |            | H        |                            | +-                                |  | w caulk   |   | 100 SF                          |          |        |             |             |
|  |            |          | 1_                         |                                   | Poofin   | a Matariala   |   | 1,500 SF                        |          | П      | П           | П           |
| Exterior   |            |          | Щ.                         |                                   |  | g Materials   | Name of Dog   | stered Landfill                 | ] ES     |        | ш           |             |
| Name of Registered Waste Hauler Waste Management   |            |          |                            | JDEP I                            |  | Cubic Yards of<br>Waste   | G.R.O.W.S   |                                 |          |        |             |             |
| City, State  |            |          |                            | 1125                              |  | Disposal Date   | City, State   |                                 |          |        |             |             |
| Camden, NJ   | 11         |          |                            |                                   | ,  | 1/30/15   | Tullytown   | , PA                            |          |        |             |             |
| Completed By (Print or Type)   | Titl       | e        |                            |                                   |  | Signature   |   |                                 | Date ,   |        | 1           | 100         |
| Gwendolyn Trumbetti  |            |          | ions                       | Coord                             | inator   |   | mut   |                                 | 12       | 23     | 3/1         | 4           |
| ASB-41<br>MAY 11   | *          | Do no    | t use t                    | his form                          | for asbes  | tos licensure exem  | ped activities.   |                                 |          |        |             |             |

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

| Data of Natification (1)   |                  |                                       |                 |                   |                    |             | AC 8:60 and 5:10                           |                               | <u> </u>        |                   |          |             |           |
|--|------------------|---------------------------------------|-----------------|-------------------|--------------------|-------------|--|-------------------------------|-----------------|-------------------|----------|-------------|-----------|
| Date of Notification (1)   | 23 /             | 14                                    |                 | 100               |                    |             | g Owner/Operator ( ivery, Projects &       |                               | / Job #1411     | -4843 C           | heck     | #67         | 6Z)       |
| Agencies Notified  | Type Notific     | ation                                 | 195             | St                | reet /             | Address     |  |                               |                 | T-1-5-            | 24       | 1           |           |
| ⊠ EPA  | ☐ Initial        |                                       |                 |                   | 80 P               | ark Pla     | za   |                               | ASBESTO<br>LIC  | Minder.           | HOL      | *           |           |
| ⊠ DOLWD  |                  |                                       |                 | Ci                | ty, St             | tate, Zip ( | Code                                       |                               | LIC.            | ENSING            |          | •           |           |
| ☑ DHSS<br>□ DCA  | Amendm ☐ Emerger |                                       | ina             |                   | New                | ark, NJ     | 07101                                      |                               |                 |                   |          |             |           |
| (NJAC 5:23-8)  | justificat       |                                       | ing             | Na                | ame d              | of Contac   | et   |                               | Telephone N     | umber             |          |             |           |
|  | ☐ Cancella       |                                       |                 |                   | Larr               | y Eddin     | ger  |                               |                 |                   |          |             |           |
|  |                  | 50.                                   |                 |                   | FAC                | ILITY IN    | FORMATION                                  |                               |                 |                   |          |             |           |
| Name of Facility Where A   |                  | Taking Pla                            | ace (3)         | )                 |                    |             |  | Type of Facility (            | 93              |                   |          |             |           |
| PSE&G Plainfield S   | Substation       |                                       |                 |                   |                    |             | * *  | School (K-12)                 |                 | 10)               |          |             |           |
| Street Address   |                  |                                       |                 |                   |                    |             |  | Subchapter 8 Other (i.e., pri | Other than K    | -12)<br>mercial b | uilding  | is.         |           |
| 241 W. 2 <sup>nd</sup> Street  |                  |                                       |                 |                   |                    |             |  | homes, etc.)                  | ivato ana oom   | moroidi D         |          | , ,         |           |
| City (5)   |                  |                                       |                 |                   |                    |             | ***************************************    | Square Feet                   | # of Floors     | В                 | dg. A    | ge          |           |
| Plainfield   |                  |                                       |                 |                   |                    |             |  |                               |                 |                   |          |             |           |
| County (6)   |                  |                                       |                 | (                 | Count              | y Code (    | 7)(STATE USE ONLY)                         | Current Use (Prid             | or if being dem | nolished)         |          |             | 7         |
| Union  |                  |                                       |                 |                   |                    |             |  | Utility                       |                 |                   |          |             |           |
| Name of Monitoring Firm  | Hired by Buil    | ding Own                              | er (8)          | AS                | CM N               | No.         | Name of Abateme                            | ent Contractor (9)            |                 |                   |          |             |           |
| Health & Safety Ser  | rvices           |                                       |                 |                   |                    |             | AbateTech, I                               | nc.                           |                 |                   |          |             |           |
| Street Address   |                  |                                       | 7               |                   |                    | 4           | Street Address                             |                               |                 |                   |          |             |           |
| 318 12 <sup>th</sup> Street  |                  |                                       |                 |                   |                    |             | 30 Maple Ave                               | e. PO Box 25                  |                 |                   |          |             |           |
| City, State, Zip Code  |                  |                                       |                 |                   |                    |             | City, State, Zip Co                        | ode                           |                 |                   |          |             |           |
| Hammonton, NJ 08   | 037              |                                       |                 |                   |                    |             | Lumberton, N                               | NJ 08048                      |                 |                   |          |             |           |
| Project Manager for Mon  | itoring Firm     | VI.                                   | T               | elepho            | one N              | No.         | Telephone No.                              |                               | License No.     |                   |          |             |           |
| Jim Proctor  |                  |                                       |                 | 609-              | 704-               | 8850        | 609-265-2107                               | M.                            | 00529           |                   |          |             |           |
| Start Date (10)  |                  | Scheduled                             | -eom            | pletion           | Date               | e (11)      | Name of OSHA M                             | 1onitor                       |                 |                   |          |             |           |
| 12 /1 /  | 14               | 1                                     | . / _           | 30_               | 1_                 | 15)         | EMSL Analyt                                | ical                          |                 |                   |          |             |           |
| Occupancy Status During  | Abatement (      | Check on                              | ly one          | )                 |                    |             | Street Address                             |                               | 7.07.000        |                   |          |             | 8         |
| ☐ Facility Closed/Vacate   |                  |                                       |                 |                   |                    |             | 200 Route 13                               | 0 North                       |                 |                   |          |             |           |
| ☐ Abatement Performed  |                  |                                       |                 |                   |                    |             | City, State, Zip Co                        | ode                           |                 |                   |          |             |           |
| Time of Abatement: _   | AM               | PM/                                   |                 | -M                | ^                  | M           | Cinnaminson                                | , NJ 08077                    |                 |                   |          |             |           |
| Scope of Work (Check al  | I that apply)    |                                       |                 |                   |                    | 27          |  |                               |                 |                   |          |             |           |
| ≥3 sf or ≥3 lf   |                  | П                                     | Renov           | vation            |                    |             | ☐ Full Cont                                | tainment with Neg             | ative Pressure  |                   |          |             |           |
| ≥160 sf or ≥260 lf   |                  |                                       | Demo            |                   |                    |             | Glovebag                                   | g Procedure                   |                 |                   |          |             |           |
| N=22500 11 CF   152.5<br>  152.5 |                  |                                       | - 7             | 10.               |                    |             | Non-Exe                                    | mpted (*) and Nor             | n-Friable Proce | edure             |          |             |           |
|  |                  |                                       | 11/2/2015/04/04 | cation            |                    |             |  |                               |                 | Al                | atem     | ent T       | уре       |
| Location   |                  |                                       |                 | mally<br>Solely b | ov.                | 0 - 1       | Description o                              |                               | A               | R                 | Re       | m           | m         |
| Asbestos-Containing<br>TO BE ABA   |                  | "                                     | Mainte          | enance            | e/                 |             | estos Containing Ma<br>e., thermal systems |                               | Amount (Specify | Removal           | Repair   | cap         | clos      |
| IN Facili  |                  | C                                     |                 | ial Sta           | ff?                | (           | surfacing, VAT,                            | , or                          | SF or LF)       | val               | -        | Encapsulate | Enclosure |
| (13)   |                  | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |                 | 12)               | 110                |             | other miscellane                           | ous)                          |                 |                   |          | ate         |           |
| Control House  |                  | Ye                                    | s r             |                   | N/A                | Fire Do     | nore                                       |                               | 6 each          |                   | $\vdash$ |             |           |
|  |                  |                                       |                 |                   |                    | THE DE      | .010                                       |                               | 0 00011         |                   |          |             |           |
|  |                  |                                       |                 |                   | 1                  |             |  |                               |                 |                   | 닏        | Ш           | Ш         |
| i i  | D=               |                                       |                 | ] [               | J                  |             |  |                               |                 |                   |          |             |           |
|  |                  |                                       |                 | ]   [             |                    |             |  |                               |                 |                   |          |             |           |
| Name of Registered Was   | te Hauler        |                                       |                 | 10.00             |                    | /aste       | Cubic Yards of                             | Name of Regist                | ered Landfill   |                   |          |             |           |
| Waste Management   | t                |                                       |                 |                   | er ID<br><b>25</b> | No.         | Waste<br>10                                | G.R.O.W.S.                    | Landfill        |                   |          |             |           |
| City, State  |                  |                                       | -               | 1 11              | 20                 |             | Disposal Date                              | City, State                   |                 |                   |          | 1           |           |
| Camden, NJ   |                  |                                       |                 |                   |                    |             | 1/30/15                                    | Tullytown,                    | PA              |                   |          |             |           |
| Completed By (Print or Ty  | /pe)             | Title                                 |                 |                   | -                  | (           | Signature                                  |                               |                 | Date              |          | 1           |           |
| Gwendolyn Trumbo   |                  | 11335550                              | ation           | c Co              | ~ rd:-             | nato=       | 0  |                               |                 |                   | 73       | LIU         |           |

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

ASB-41

MAY 11

CK 10199

| Date of Notification (1)                     |                               |                    |                    |                        |                    |                                       |  | LUIT           |   |                  | 11      | W             | 15          | 7         |
|--|-------------------------------|--------------------|--------------------|------------------------|--------------------|---------------------------------------|--|----------------|---|------------------|---------|---------------|-------------|-----------|
| 5/9/13                                       |                               |                    |                    |                        |                    | Operator (2<br>Marcus H               | )<br>look Refine                               | ry             | חרי                                     | 0                |         |               |             |           |
|  | lotification                  | 1                  | Street A<br>Blueba | ddress                 | and Po             | st Rd.                                | ĺ  | ĺ              | UE                                      | <del>3 2</del> ; | y       | ZU14          |             | LU        |
| ∑ DEP ☐ A                                    | itial<br>mended<br>mendment # |                    |                    | ite, Zip Co<br>s Hook, |                    | 061                                   |  | A.             | SBEST                                   | 08 C             |         |               | 1 0         | 1         |
|  | mergency (including           |                    |                    | f Contact              | PA 19              | 1 001                                 | L.   | -              |   | 05110            | HVL     | i             | <u>- a</u>  |           |
|  | stification)<br>ancellation   |                    | Mark S             |                        |                    |                                       |  | Tel            | ephone                                  | Numbe            | er      |               |             |           |
| Name of Facility Where Abateme               | nt is Taking Place (3         | )                  | FACI               | LITY INFO              | ORMATI             |                                       | ype of Facility                                | (4)            | 2-73-12-0-0-0-0-                        |                  | _       |               |             |           |
| Sunoco Eagle Point Refine                    |                               |                    |                    |                        |                    | F                                     | School (K-                                     | 31000          |   |                  |         |               |             |           |
| Street Address US Highway 130 South          |                               | 19                 |                    |                        |                    |                                       | Subchapte<br>Other (i.e.                       | er 8 (Oth      |   |                  | ouilo   | lings,        | hom         | es,       |
| City (5)<br>Westville                        |                               |                    |                    |                        |                    | 100                                   | etc.)<br>Square Feet<br>11,000                 | 10000000       | f Floors<br>tside w                     | vork             | B<br>6  | ldg. <i>A</i> | ge          |           |
| County (6)<br>Gloucester                     |                               |                    |                    | Code (7)<br>JSE ONLY,  | )                  |                                       | Current Use (Pi                                |                |   |                  | 100     |               | 312         |           |
| Name of Monitoring Firm Hired by VERTEX      | y Building Owner (8)          |                    | ASCM               | No.                    |                    | Name of                               | Abatement Co<br>e Environm                     |                |   | s Inc            |         |               | -           |           |
| Street Address<br>700 Turner Industrial High | way Suito 105                 |                    |                    |                        |                    | Street Ad                             |  |                | ysterri                                 | 15, 1110         | •       |               |             |           |
| City, State, Zip Code                        | way, Suite 105                |                    |                    |                        |                    |                                       | te, Zip Code                                   | •              |   |                  |         |               |             |           |
| Aston, PA 19014                              |                               |                    |                    | -                      |                    | West C                                | Chester, PA                                    | 19382          |   |                  |         |               |             |           |
| Project Manager for Monitoring F<br>Don Heim | 31 2                          | Telephoi<br>610-55 | ne No.<br>58-8902  |                        | Telephor<br>610-70 | ne No.<br>11-9000                     |  | Licens<br>0050 | 100000000000000000000000000000000000000 |                  |         |               |             |           |
| Start Date (10)<br>1/12/15                   | tart Date (10) Schedul        |                    |                    | Date (11)              |                    | Name of<br>AET                        | OSHA Monitor                                   | r              |   |                  |         |               |             |           |
| Occupancy Status During Abaten               | nent (Check Only On           | e)                 |                    |                        |                    | Street Ac                             |  |                |   |                  |         |               |             |           |
| Facility Closed/Vacated Duri                 | ing Entire Period of A        | batem              | ent                |                        |                    |                                       | nell Rd.                                       |                |   |                  |         |               |             |           |
| Abatement Performed Outsi Other – Describe:  |                               | Hours              |                    |                        |                    | C C C C C C C C C C C C C C C C C C C | e, Zip Code<br>PA 19063                        |                |   |                  |         |               |             |           |
| Scope of Work (Check All That A              | pply)                         |                    | **W                | ORK D                  | ESCR               | IPTIO                                 | N ON AT  | TACH           | ED S                                    | HEE'             | Γ       |               |             |           |
| ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf           | BUTTON.                       | enovat<br>emoliti  |                    |                        |                    | ×                                     | Full Containn<br>Mini-Enclosus<br>Glovebag Pro | re<br>ocedure  |   |                  |         |               |             |           |
|  | le le                         | Locatio            | nn.                |                        |                    |                                       | Non-Exempte                                    | u ( ) an       | u Non-r                                 | Tiable I         |         | Abate         |             | t         |
| Location of                                  | N N                           | lormali            | у                  |                        | Des                | scription of                          |  |                |   |                  |         | Ту            | ре          |           |
| Asbestos-Containing Material TO BE ABATED    | (ACIVI) Mai                   | d Solei<br>ntenan  | ice/               |                        |                    | aining Mat<br>systems ir              | erial (ACM)                                    |                | mount<br>Specify                        |                  | 77      |               | Ē           | m         |
| In Facility<br>(13)                          | Cust                          | odial S<br>(12)    | taff?              | (                      | surfac             | cing, VAT,                            | or   |                | or LF)                                  |                  | Removal | Repair        | Encapsulate | Enclosure |
| (10)   | Yes                           | No                 | N/A                |                        | other n            | miscellaneo                           | ous)   |                |   |                  | val     | ₩.            | ulate       | sure      |
| Quonset Hut                                  |                               |                    | X                  |                        | Pipe               | Insulatio                             | on   | 2              | 0 LF                                    | X                |         |               |             |           |
| Quonset Hut                                  |                               |                    | Х                  |                        | Li                 | noleum                                |  | 40             | 00 SF                                   | X                |         |               |             |           |
| Quonset Hut                                  |                               |                    | Х                  |                        | W                  | /indows                               |  | 1              | 5 EA                                    | X                |         |               |             |           |
| CRU Unit                                     |                               |                    | Х                  |                        | Pipe               | Insulatio                             | on   | 4              | 0 LF                                    | x                |         |               |             |           |
| Name of Registered Waste Haule               |                               | 1000000            | JDEP W             |                        | Cubic              |                                       | Name of  | Registe        | ered Lan                                | dfill            |         |               | RE          |           |
| Waste Management Of Car                      | nden                          |                    | auler ID<br>273    | NO.                    | of Was<br>400      | sie                                   | Grows  | Landfi         | II                                      |                  |         |               |             |           |
| City, State<br>Camden, NJ                    |                               |                    | -                  |                        | Dispos<br>TBD      | sal Date                              | City, Sta<br>Tullyto                           |                | ١ .                                     |                  |         | =             |             |           |
| Completed by                                 | Title                         | No. 1989           |                    |                        |                    | ignature                              | dil  |                |   | Date             |         |               |             |           |
| Mark Griffin Project M                       |                               |                    | nager              |                        |                    |                                       | VIII   |                |   | 12/2             | 3/1     | 4             |             |           |

| Location of Asbestos-Containing Material (ACM) TO BE ABATED |            | Decription of Asbestos-Containing Material (ACM) | Amount<br>(Specify SF or LF) | Removal | Encapsulate | Enclosure |
|---|------------|--|------------------------------|---------|-------------|-----------|
| IN Facility   | YES NO N/A | <b>\</b>   | DEC 2                        |         | te          | Te.       |
| CRU Unit  |            | VAT/Mastic                                       | 2000 SF                      | X       |             | 位         |
| CRU Unit  |            | Roofing  | ASBESTOS C<br>2400 SFCEN     | X       |             |           |
|   |            |  |                              | X       |             | 白         |
|   |            |  |                              | X       |             |           |
|   |            |  |                              | X       |             |           |
|   |            |  |                              | X       |             |           |
|   |            |  |                              | X       |             |           |
|   |            |  |                              | X       |             |           |
|   |            |  |                              | X       |             |           |
|   |            |  |                              | X       |             |           |
|   |            |  |                              | X       |             |           |
|   |            | 2  |                              | X       |             |           |
|   |            |  |                              | X       |             |           |
|   |            |  |                              | X       |             |           |
|   |            |  |                              | X       |             |           |
|   |            |  |                              | X       | 加           |           |
|   |            | 1  |                              | X       |             |           |
|   |            |  |                              | X       |             |           |
|   |            | ļ  |                              | X       |             |           |
|   |            |  |                              | X       |             |           |
|   |            |  |                              | X       |             |           |
|   |            | <del> </del>                                     |                              | X       |             |           |
|   |            |  |                              | X       |             |           |
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|   |            | <del> </del>                                     |                              | X       |             | 一         |
|   |            |  |                              | X       |             |           |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                     |            |  |                              | X       |             | 一         |

Page 2 - Notification - 1/4/13

|  | Form |  |
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| Ch  | eck#1  | 371 |
| LI  | OCK TT | 2/1 |

| Date of Notification (1)  | 202                   |                 |                      | Building (            |                   |  | <b>/</b> ←/        |   | חר           | 2 0 0                    | 0011          |               |           |     |
|---|-----------------------|-----------------|----------------------|-----------------------|-------------------|--|--------------------|---|--------------|--------------------------|---------------|---------------|-----------|-----|
| 12-18-14 Agencies Notified Type Notification  |                       | 5               | Street Ad            | dress                 |                   |  | ,                  |   | עבו          | 2 2 9                    | 71)1 <u>4</u> | -             | -         |     |
| EPA Initial   |                       |                 | Acres Contractions   | ng Valle<br>e, Zip Co |                   | a  | į                  | AS                                      |              | TUS GELL                 |               | <u>l</u><br>& | - 1       |     |
| DEP Amended Amendment #_  |                       |                 |                      | le, NJ (              |                   |  | L                  | and the statement                       |              | ICENSIN                  | <u>G</u>      |               |           |     |
|   | luding                | - 83 33         | Name of o            |                       |                   |  |                    |   | Tele         | ephone Nu                | mber          |               |           |     |
|   |                       |                 | FACIL                | ITY INFO              | DRMATI            | ON   |                    |   |              |                          |               |               |           |     |
| Name of Facility Where Abatement is Taking P<br>Montvale Fieldstone MS<br>Street Address          | lace (3)              |                 |                      |                       |                   |  | ⊠ Sc<br>□ St       | Facility (4<br>chool (K-12<br>ubchapter | 2)<br>8 (Oth | er than K-1<br>3 commerc | 2)            | inge          | home      | ae. |
| 47 Spring Valley Rd   |                       |                 |                      |                       |                   |  | et et              | c.)                                     |              |                          |               |               |           | 5,  |
| City (5)<br>Montvale  |                       |                 |                      |                       |                   |  | Square<br>40,00    | 0 +                                     | 1            | f Floors                 | 50            | dg. A<br>0+   | ge<br>    |     |
| County (6)<br>Bergen  |                       |                 | County C<br>(STATE U | ode (7)<br>SE ONLY    |                   |  | Curren<br>School   |   | or if bei    | ng demolis               | shed)         |               |           |     |
| Name of Monitoring Firm Hired by Building Ow Karl & Associates                                    | ner (8)               |                 | ASCM                 | No.                   |                   | 100000000000000000000000000000000000000  | of Abate<br>Group, | ment Con<br>Inc                         | tractor      | (9)                      |               |               |           |     |
| Street Address<br>20 Lauck Road   |                       |                 |                      |                       |                   |  | Address<br>Hambu   | rg Tpke                                 |              |                          |               |               |           |     |
| City, State, Zip Code   |                       |                 |                      |                       |                   | City, S  | State, Zip         | Code                                    | -            |                          |               |               |           |     |
| Mohnton, PA 19540   |                       |                 |                      |                       |                   |  |                    | ale, NJ 0                               | 7403         | License                  | No            |               | -         |     |
| Project Manager for Monitoring Firm Michael Krischer  |                       |                 | Telephon<br>(610) 2  | ne No.<br>23-183      | 2                 |  | hone No<br>)710-9  |   |              | 01084                    | INO.          |               |           |     |
| 1   | cheduled              |                 | npletion D           | Date (11)             |                   | 3.0 an V.37  | of OSH<br>Group,   | A Monitor<br>Inc                        |              |                          |               |               |           |     |
| Occupancy Status During Abatement (Check C  | Only One              | e)              |                      |                       |                   | 0401440400   | t Address          | s<br>urg Tpke                           |              |                          |               |               |           |     |
| Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: | riod of A<br>Facility | baterr<br>Hours | nent                 |                       |                   | City,  | State, Zip         |   |              | 3                        |               |               |           |     |
| Scope of Work (Check All That Apply)  |                       |                 |                      |                       |                   |  |                    |   |              |                          |               |               |           |     |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf   |                       | enova<br>emolit |                      |                       |                   | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure |                    |   |              |                          |               |               |           |     |
|   | le                    | Locati          | ion                  |                       |                   |  |                    | -LX0IIIptot                             | 4 ( ) (1)    | id Holl I lik            |               | Abate         | ement     | t   |
| Location of   | N                     | ormal<br>d Sole | ly ·                 |                       |                   | escriptio  |                    |   |              |                          | -             | 13            | rpe<br>T  | -   |
| Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)                                 | Mai                   | ntena           |                      |                       | . therma<br>surfa | Containing Material (ACM) rmal systems insulation, surfacing, VAT, or her miscellaneous)  Amount (Specify SF or LF)  |                    |   |              |                          | Repair        | Encapsulate   | Enclosure |     |
| Asst. Principal's Office, Kitchen, Copy Rm  | 100                   | X               | 107                  |                       | Cove              | base   | mastic             |   | 1            | 50 SF                    | X             |               |           |     |
| Asst. Principal's Office, Kilchell, Copy Kill   |                       |                 |                      |                       |                   |  |                    |   |              |                          |               |               |           |     |
|   |                       |                 |                      |                       |                   | -  |                    |   |              |                          |               |               |           |     |
| Name of Registered Waste Hauler   |                       | - I N           | JDEP W               | /aste                 | Cubic             | c Yards  |                    | Name of                                 | Regis        | tered Land               | fill          |               |           |     |
| GL Group, Inc   |                       | H               | lauler ID<br>033034  | No.                   | of Wa             | of Waste GROWS   |                    |   |              |                          |               |               |           |     |
| City, State<br>Bloomingdale, NJ   | Disposal Da<br>TBD    |                 |                      |                       |                   | Morrisville, PA  |                    |   |              |                          |               |               |           |     |
| Completed by<br>Elena Solakov   | Sign                  |                 |                      |                       |                   | Elanes Soular Date 12-18-14  |                    |   |              |                          |               |               |           |     |

|  |                                     | NOT           |  |                        |                         | BESTOS ABAT<br>AC 8:60 and 5:16  | T TOWNS                              | TEGE                                   | n n     | 7 Te       | 3 ,         |           |
|--|-------------------------------------|---------------|--|------------------------|-------------------------|--|--------------------------------------|--|---------|------------|-------------|-----------|
| Date of Notification (1)                                   |                                     |               |  | Name                   | of Buildin              | g Owner/Operator (2  | 2) [] [                              |  | 11 15   | / <u> </u> |             | 1         |
| 01 /   | 15 /                                | 14            |  |                        |                         | niversity-Office   |                                      | Construction                           |         |            |             | 111       |
| Agencies Notified  EPA  DOLWD                              | Type Notification                   |               |  | Street<br>200          | Address<br>Elm Dr.      |  |                                      | L DEC 29                               |         | 4          |             | #         |
| ☑ DOLWD  | Amendmen                            | t #24         |  |                        | State, Zip (            |  |                                      | ASSESTOE CO                            | TA.     | DL &       | u.ł         | -         |
| ☐ DCA  | 12/23/14                            |               |  |                        |                         | NJ 08544   |                                      | LICENS!                                | NG      |            |             | $\perp$   |
| (NJAC 5:23-8)  | ☐ Emergency justification           |               | Į.   |                        | of Contact<br>pert Orte |  |                                      | relephone Numb                         | er      |            |             |           |
|  | Johnson                             | ,             |  |                        |                         | <b>Y</b>   |                                      |  | -       |            | _           |           |
| Name of Facility Where                                     | Abatement is Tal                    | king Place    | (3)  | FAC                    | JILII T IP              | FORMATION  | Type of Facility                     | (4)                                    |         |            |             |           |
| Princeton Univers  |                                     | dana a source | (0)  |                        |                         |  | School (K-12                         |  |         |            |             |           |
| Street Address   | ,                                   |               | -  |                        |                         |  | Subchapter 8                         | (Other than K-12)                      |         |            |             |           |
| Washington Rd  |                                     |               |  |                        |                         |  | Other (i.e., p<br>homes, etc.)       | rivate and commerc                     | cial bu | ilding     | s,          |           |
| City (5)   |                                     |               | -  |                        |                         |  | Square Feet                          | # of Floors                            | Blo     | dg. Ag     | ge          | -         |
| Princeton  |                                     |               |  |                        |                         |  |                                      |  |         | (SE) (S    |             |           |
| County (6)   |                                     |               |  | Cour                   | nty Code (              | 7)(STATE USE ONLY)   | Current Use (Pr                      | ior if being demolis                   | hed)    |            |             | 70        |
| MERCER   |                                     |               |  |                        |                         |  | Library                              |  |         |            |             |           |
| Name of Monitoring Fire                                    | m Hired by Buildin                  | g Owner       | (8)  | ASCM                   | No.                     | Name of Abateme  | ent Contractor (9)                   |  |         |            |             |           |
| ATC Associates In  | nc.                                 |               |  |                        |                         | BRISTOL EN   | VIRONMENTA                           | L, INC.                                |         |            |             |           |
| Street Address   |                                     |               |  |                        |                         | Street Address   |                                      |  | - 23    |            |             |           |
| Three Terri Cente  | r                                   |               | - FG   |                        |                         | 1123 BEAVE   | R STREET                             |  |         |            |             |           |
| City, State, Zip Code                                      |                                     |               |  |                        |                         | City, State, Zip Co  |                                      |  |         |            |             |           |
| Burlington, NJ 08  |                                     |               |  |                        |                         | BRISTOL, PA  | 19007                                |  |         |            |             |           |
| Project Manager for Mo                                     | nitoring Firm                       |               |  | phone                  |                         | Telephone No.  |                                      | License No.                            |         |            |             |           |
| Michael Keehn  |                                     |               |  | 9-386                  |                         | 215-788-6040   |                                      | 00509                                  |         |            |             |           |
| Start Date (10) / 5  | 200 March 1995                      | heduled C     |  |                        |                         | Name of OSHA M<br>BRISTOL EN   | ionitor<br>VIRONMENTA                | L, INC.                                |         |            |             |           |
| Occupancy Status Duri                                      | ng Abatement (Ch                    | neck only     | one)   |                        |                         | Street Address   |                                      |  |         |            |             | -         |
| ☐ Facility Closed/Vaca                                     |                                     |               |  |                        | 0.001                   | 1123 BEAVE   | R STREET                             |  |         |            |             |           |
| Abatement Performe   |                                     |               |  |                        | scribe                  | City, State, Zip Co  |                                      |  |         |            |             |           |
| Scope of Work (Check                                       | all that apply)                     |               |  |                        |                         |  |                                      |  |         |            |             |           |
| ☐ ≥3 sf or ≥3 if<br>☑ ≥160 sf or ≥260 if                   |                                     |               | novati<br>molitic                            |                        |                         | Mini-End     Gloveba   | g Procedure                          | gative Pressure<br>on-Friable Procedur | ъ       |            |             |           |
|  |                                     | ls ls         | Locat  | ion                    | T                       | M MOII-EXC   | impled ( ) and Ne                    | I Habie i roccadi                      |         | atem       | ent T       | vne       |
| Locatic<br>Asbestos-Containin<br>TO BE AF<br>IN Fac<br>(13 | g Material (ACM)<br>BATED<br>illity | Use<br>Ma     | Norma<br>ed Sole<br>intena<br>todial<br>(12) | lly<br>ely by<br>ince/ |                         | Description of<br>estos Containing Ma<br>e., thermal systems<br>surfacing, VAT<br>other miscellane   | iterial (ACM)<br>insulation,<br>, or | Amount<br>(Specify<br>SF or LF)        | Removal | Repair     | Encapsulate | Enclosure |
|  |                                     | Yes           | No   | N/A                    |                         | A STATE OF THE STA | × 1                                  |  |         |            | CD          | _         |
| Throughout Levels  | C, B and A                          |               |  |                        | Floor t                 | ile and mastic   |                                      | 1,465 SF                               |         |            |             |           |
| Office A-7J  |                                     | $\boxtimes$   |  |                        | Windo                   | w Caulk  |                                      | 96 LF                                  |         |            |             |           |
| Throughout Levels  | C, B and A                          |               |  |                        | Duct W                  | Vork   |                                      | 1775 SF                                |         |            |             |           |
| 1st Floor Level 1  |                                     |               |  |                        | Pipe In                 | sulation (Wrap 8   |                                      | 72 LF                                  |         |            |             |           |
| Name of Registered War                                     |                                     | NC            | 10.0   | IJDEP<br>lauler II     | D No.                   | Cubic Yards of<br>Waste  | Name of Regi                         | stered Landfill  S. NORTH LAND         | FILL    |            |             |           |
| City, State  |                                     |               |  | 20990                  | J                       | Disposal Date  | City, State                          |  |         |            |             |           |
| NEW CASTLE, DE   |                                     |               |  |                        |                         |  | and a second                         | ILLE, PA 19067                         |         |            |             |           |
| Completed By (Print or                                     |                                     | Title         |  |                        |                         | Signature  |                                      | Da                                     | ite     | ,          | 7           |           |
| Brian Scafiro  | .,,,,                               | Estima        | tor  |                        |                         | Dur  | Scafu (0)                            |  | 12/     | 23         | 114         |           |
| ASB-41<br>MAY 11   |                                     | * Do no       | use tl                                       | nis form               | for asbes               | stos licensure exemp   | oted activities.                     |  |         |            |             |           |

NOCK

| Date of Notification (1)                                    |                              |              |                   | Name               | of Building  | g Owner/Operator (2                   | 2)   |                                       | Home and Contact of |        | 711         | 111       |
|---|------------------------------|--------------|-------------------|--------------------|--------------|---------------------------------------|--|---------------------------------------|---------------------|--------|-------------|-----------|
| 01 / 15   | _ /14                        |              |                   | Prin               | nceton U     | niversity-Office                      | of Design and  | Construction                          | 1 654               |        |             | Ш         |
|   | Notification                 |              |                   | Street             | Address      |                                       |  | 1                                     | 2 2014              |        | Z           | 1         |
| □ EPA □ Ir  |                              |              |                   | 200                | Elm Dr.      | •                                     |  |                                       |                     | i      |             | 1         |
| 1   | mended                       |              |                   | City, S            | state, Zip ( | Code                                  | i  | ASDESTOS DO                           | 20190               | 10     |             | 1         |
|   | mendment # <u>2</u><br>:3/14 | 4-           |                   | Prin               | nceton, N    | J 08544                               |  | LICENS                                | NG                  | Lox    |             | 1         |
|   | mergency (in                 | cluding      |                   | Name               | of Contac    | t                                     |  | Telephone Nun                         | nber                | -      | -           | å –       |
|   | ustification)                | oluuling     |                   | Rob                | ert Orte     | ga                                    |  |                                       |                     |        |             |           |
|   |                              |              | riter .           | FAC                | CILITY IN    | FORMATION                             |  |                                       |                     |        |             |           |
| Name of Facility Where Abater                               | nent is Taking               | Place        | (3)               |                    |              |                                       | Type of Facility   | (4)                                   |                     | 57     |             |           |
| Princeton University-Fir                                    | estone Libr                  | ary          |                   |                    |              |                                       | School (K-12   |                                       |                     |        |             |           |
| Street Address  |                              |              | 7                 |                    |              |                                       |  | 8 (Other than K-1<br>rivate and comme |                     | ildina |             |           |
| Washington Rd   |                              |              |                   |                    |              | · v                                   | homes, etc.)   |                                       | erciai bu           | nang   | 5,          |           |
| City (5)  |                              |              |                   |                    |              | CONT.                                 | Square Feet  | # of Floors                           | Bio                 | dg. Ag | ie          |           |
| Princeton   |                              |              |                   |                    |              |                                       | oquare r our   |                                       |                     | -93    |             |           |
|   |                              |              |                   | T Cour             | tu Cada /    | 7)(STATE USE ONLY)                    | Current Line (Pr   | ior if being demol                    | ishod)              |        |             |           |
| County (6)  |                              |              |                   | Cour               | ity Code (   | (STATE USE UNLT)                      |  | for it being demoi                    | isiieu)             |        |             |           |
| MERCER  |                              |              |                   | 1                  |              |                                       | Library  |                                       |                     |        |             |           |
| Name of Monitoring Firm Hired                               | by Building C                | )wner        | (8)               | ASCM               | No.          | Name of Abateme                       |  |                                       |                     |        |             |           |
| ATC Associates Inc.   |                              |              |                   |                    |              |                                       | VIRONMENTA   | L, INC.                               | 10000               |        |             |           |
| Street Address  |                              |              |                   |                    |              | Street Address                        |  |                                       |                     |        |             |           |
| Three Terri Center  |                              |              |                   |                    |              | 1123 BEAVE                            | R STREET   |                                       |                     |        |             |           |
| City, State, Zip Code                                       |                              |              |                   |                    |              | City, State, Zip Co                   | ode  |                                       |                     |        | 3-1-503     |           |
| Burlington, NJ 08016  |                              |              |                   |                    |              | BRISTOL, PA                           | 19007  |                                       |                     |        |             |           |
| Project Manager for Monitoring                              | Firm                         |              | Tele              | ephone             | No.          | Telephone No.                         |  | License No.                           | <del></del>         |        |             |           |
| Michael Keehn   |                              |              | 6                 | 09-386             | -8800        | 215-788-6040                          | )  | 00509                                 |                     |        |             |           |
| Start Date (10)   | Sched                        | luled C      | omple             | etion Da           | te (11)      | Name of OSHA M                        | 1onitor  |                                       |                     |        |             |           |
| _ 2 / _ 5 / _ 14  |                              |              | (BENEVIN) (설명     |                    | 15           | BRISTOL EN                            | VIRONMENTA   | L, INC.                               |                     |        |             |           |
| Occupancy Status During Abat                                | ement (Checl                 | k only (     | one)              |                    |              | Street Address                        |  |                                       |                     |        |             |           |
| ☐ Facility Closed/Vacated Du                                | ing Entire Pe                | riod of      | Abate             | ment               |              | 1123 BEAVE                            | R STREET   |                                       |                     |        |             |           |
| ☐ Abatement Performed Outs                                  | ide of Normal                | Facilit      | y Hou             | rs - Des           | cribe        | City, State, Zip Co                   |  |                                       | 805 T W.            |        |             |           |
| Time of Abatement:  | AM- <u>5:00</u> PM/          |              | PM-1              | :30AM              |              | BRISTOL, PA                           |  |                                       |                     |        |             |           |
| Scope of Work (Check all that                               | apply)                       |              |                   |                    |              | L                                     | The same and the s |                                       |                     |        |             |           |
|   |                              | <b>5</b> 7.0 |                   | *********          |              |                                       | tainment with Ne   | gative Pressure                       |                     |        |             |           |
| <ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul> |                              |              | enovat<br>emoliti |                    |              | Mini-End     Gloveba                  | losure<br>g Procedure  |                                       |                     |        |             |           |
| ⊠ ≥100 si di ≥200 ii  |                              |              | ii joliti         | OIT                |              |                                       |  | on-Friable Proced                     | ure                 |        |             |           |
|   |                              | ls           | Loca              | tion               |              |                                       |  |                                       | Ab                  | atem   | ent T       | vpe       |
| Location of   |                              | 100          | Norma             |                    |              | Description of                        | of   |                                       |                     | _      |             | T         |
| Asbestos-Containing Mater                                   | ial (ACM)                    |              | ed Sol            | ely by             |              | estos Containing Ma                   |  | Amount                                | em                  | Repair | nce         | ncl       |
| TO BE ABATED IN Facility                                    |                              | 4000         | 777436            | Staff?             | (i.e         | e., thermal systems<br>surfacing, VAT |  | (Specify<br>SF or LF)                 | Remova              | =      | psu         | Enclosure |
| (13)  |                              |              | (12)              | )                  |              | other miscellane                      |  | GI GI EI )                            | -                   |        | Encapsulate | 9         |
|   |                              | Yes          | No                | N/A                |              |                                       |  |                                       |                     |        | (D          |           |
| B Level   |                              | $\boxtimes$  |                   |                    | Floor t      | ile and mastic                        |  | 40 SF                                 | $\boxtimes$         |        |             |           |
| B Level   |                              |              |                   |                    | Pipe In      | sulation (Wrap &                      | & Cut)   | 2 LF                                  |                     |        |             |           |
| Delong Reading Level  |                              | $\boxtimes$  |                   |                    | +            | sulation (Wrap &                      |  | 30 LF                                 | $\boxtimes$         |        |             |           |
| C Level Near Vault  |                              | $\boxtimes$  |                   |                    | Floor T      | ile & Mastic                          |  | 700 SF                                |                     |        |             |           |
| Name of Registered Waste Ha                                 | uler                         |              |                   | NJDEP '            | Waste        | Cubic Yards of                        | Name of Regi   | stered Landfill                       | -                   |        |             | 1         |
| SERVICE TRANSPORT   |                              | :            | 100               | dauler II<br>20990 | D No.        | Waste                                 |  | S. NORTH LAN                          | DFILL               |        |             |           |
| City, State   |                              |              |                   | 2033(              | <i></i>      | Disposal Date                         | City, State  |                                       |                     |        |             |           |
| NEW CASTLE, DE  |                              |              |                   |                    |              |                                       |  | ILLE, PA 1906                         | 7                   |        |             |           |
| Completed By (Print or Type)                                | Title                        | =            |                   | 1                  |              | Signature.                            | - 10   |                                       | Date                | /      | 1           |           |
| Brian Scafiro   | 1,000                        | stima        | tor               |                    |              | Ria                                   | Vertica  | ()                                    | 121                 | 23     | 114         | -         |
|   |                              |              |                   |                    |              | 18m                                   | 1-1-6  |                                       |                     | _/     |             | -         |
| ASB-41<br>MAY 11  | •                            | Do no        | use t             | his form           | for asbes    | tos licensure exemp                   | oted activities.   |                                       |                     |        | ŧ.          |           |

NO CK

| fication  ded diment #2 ency (incation)  s Taking ne Libr | 24-<br>cluding                            |   | Street 200 City, S Prin  | t Address D Elm Dr. State, Zip ( nceton, N e of Contact bert Orte  | Code<br><b>NJ 08544</b><br>ct              | of Design and   | ASBEST                                  | H - V.C.   |   | 14  | The second  |  |  |  |  |
|---|---|---|--|--|--|---|---|--|---|---|---|--|--|--|--|
| fication  ded  dment #2 ency (inc ation)  s Taking        | 24-<br>cluding                            |   | Street 200 City, S Prii  | t Address D Elm Dr. State, Zip ( nceton, N e of Contact bert Orte  | Code<br>NJ 08544                           |   | ASBEST                                  | OS CL  |   |   |   |  |  |  |  |
| ded dment #2 ency (incation) s Taking                     | cluding                                   |   | City, S<br>Prin<br>Name<br>Rol   | DEIm Dr.<br>State, Zip (<br>nceton, P<br>of Contact<br>bert Orte   | Code<br><b>NJ 08544</b><br>ct              |   | ASBEST                                  | OS CL  |   |   |   |  |  |  |  |
| ency (incation) s Taking                                  | cluding                                   |   | City, S<br>Prin<br>Name<br>Rol   | State, Zip (<br>nceton, N<br>of Contact<br>bert Orte   | Code<br><b>NJ 08544</b><br>ct              |   | ASBEST                                  | OS CL  |   |   |   |  |  |  |  |
| ency (incation) s Taking                                  | cluding                                   |   | Prin<br>Name<br>Rol  | of Contact<br>bert Orte  | NJ 08544<br>ct                             |   |   | H - V.C.   | IVIE<br>No  | OL 8  | - 1   |  |  |  |  |
| ency (ind<br>ation)<br>s Taking                           | cluding                                   |   | Name   | of Contact<br>bert Orte  | ct   |   |   | H - V.C.   | NG.   | OL 8  | 1   |  |  |  |  |
| ency (indation)  s Taking                                 | g Place                                   |   | Name   | of Contact<br>bert Orte  | ct   |   |   | Telephone Number   |   |   |   |  |  |  |  |
| ation)<br>s Taking<br>ne Libr                             | g Place                                   |   | Rol  | bert Orte  |  |   | receptione real                         | Thor   |   |   | -   |  |  |  |  |
| ne Libr   |   | (3)   | FA   | CILITY IN  |  |   |   | riber  |   |   |   |  |  |  |  |
| ne Libr   |   | (3)   |  |  | NFORMATION                                 |   |   |  |   |   |   |  |  |  |  |
|   | rary                                      |   |  |  |  | Type of Facility (  | 4)                                      |  |   |   |   |  |  |  |  |
| uilding C   |   |   |  |  |  | School (K-12  | j                                       |  |   |   |   |  |  |  |  |
| ıilding O   |   |   |  |  |  | ☐ Subchapter 8  |   |  |   |   |   |  |  |  |  |
| uilding O   | 5.5                                       |   |  |  |  | Other (i.e., pr   | vate and comm                           | ercial bu  | uilding   | js,   |   |  |  |  |  |
| uilding O   |   |   |  |  |  | homes, etc.)  | T                                       | - 1  |   |   |   |  |  |  |  |
| uilding O   |   |   |  |  |  | Square Feet   | # of Floors                             | BI   | ldg. A  | ge  |   |  |  |  |  |
| uilding O   |   |   | Cour   | nty Code (7  | 7)(STATE USE ONLY)                         | Current Use (Pri  | or if being demo                        | lished)  |   |   |   |  |  |  |  |
| uilding O   |   |   |  | 1  |  | Library   |   | 1  |   |   |   |  |  |  |  |
| uniy O  | )wner (                                   | (8)   | ASCM   | No.  | Name of Abateme                            | ent Contractor (9)  |   |  |   | -   |   |  |  |  |  |
|   |   |   |  |  | The contraction of the contract            | VIRONMENTAL   | ., INC.                                 |  |   |   |   |  |  |  |  |
|   | -   |   |  |  | Street Address                             |   |   | -  |   |   | _   |  |  |  |  |
|   |   |   |  |  | parameter seems on the seems of            | PSTPEET   |   |  |   |   |   |  |  |  |  |
|   |   |   |  | -  |  |   |   |  |   |   |   |  |  |  |  |
|   |   |   |  |  |  |   |   |  |   |   |   |  |  |  |  |
|   |   | 1   |  |  |  | 19007   |   |  |   |   | _   |  |  |  |  |
|   |   | 10000   |  |  | And any of the contract of the contract of |   | 0.0000000000000000000000000000000000000 |  |   |   |   |  |  |  |  |
|   |   |   |  | NO PARTOTOTO   |  |   | 00509                                   |  |   |   |   |  |  |  |  |
| 1,000   |   | 100   |  |  |  |   |   |  |   | -316-57   |   |  |  |  |  |
| 1   | 2 /                                       | _2  | 4 /  | 14   | BRISTOL EN                                 | VIRONMENTAL   | ., INC.                                 |  |   |   |   |  |  |  |  |
| t (Check  | only o                                    | ne)   | -  |  | Street Address                             | 133747-075  | *************************************** |  |   |   |   |  |  |  |  |
|   |   |   |  |  | 1123 BEAVER                                | R STREET  |   |  |   |   |   |  |  |  |  |
| Normal  | Facility                                  | / Hou   | ırs - Des  | scribe   | City State Zin Co                          | ode   |   |  |   | Z. C.   | - 11.7  |  |  |  |  |
| :00PM/_   |   | PM-1  | :30AM  |  | 그를 보고 있었다. 그렇게 얼마나 맛이 하고 그렇다               |   |   |  |   |   |   |  |  |  |  |
|   |   |   |  |  |  |   |   |  |   |   |   |  |  |  |  |
|   |   |   | 52   |  |  |   | ative Pressure                          |  |   |   |   |  |  |  |  |
|   |   |   |  |  |  |   |   |  |   |   |   |  |  |  |  |
|   | ∐ De                                      | molit   | on   |  |  |   | -Friable Proced                         | lure   |   |   |   |  |  |  |  |
|   | le  | Loca  | ation  | T  | NOIPEXE                                    | ripted ( ) and Nor  | I-I Hable I Toced                       |  |   |   | 080000  |  |  |  |  |
|   |   |   |  |  | Description                                |   |   | AD   |   | _   |   |  |  |  |  |
| CM)   |   |   |  | Ashe   |  |   | Amount                                  | Re   | Re  | E E   | E   |  |  |  |  |
| ,   | W. C. |   |  |  |  |   | (Specify                                | mo   | pai   | cap   | clos  |  |  |  |  |
|   | Cust                                      |   |  |  |  |   | SF or LF)                               | <u>a</u>   |   | sul   | Enclosure   |  |  |  |  |
|   | Vac                                       | _   | · T  | -  | other miscellaned                          | ous)  |   |  |   | ate   |   |  |  |  |  |
|   |   | _   | +  | FLOOR  | TILE/MASTIC                                |   | 240 SE                                  |  | $\vdash$  | П   |   |  |  |  |  |
|   |   |   |  | -  |  |   |   |  | 1   |   | 1   |  |  |  |  |
|   | Δ.  |   | ᆜ  | PIPE IN  | ISULATION                                  |   | 30 LF                                   |  |   |   | L   |  |  |  |  |
|   |   |   |  |  |  |   |   |  |   |   |   |  |  |  |  |
|   |   |   |  |  |  |   |   |  |   |   |   |  |  |  |  |
| -   |   |   | NJDEP \  |  | Cubic Yards of                             | Name of Regist  | ered Landfill                           |  | _   |   |   |  |  |  |  |
|   |   |   | Hauler II<br>20990   |  | Waste                                      | G.R.O.W.S.  | NORTH LAN                               | DFILL  |   |   |   |  |  |  |  |
| JP INC  |   |   | 20330  |  | Disposal Date                              | City, State   |   |  | 255   |   |   |  |  |  |  |
| JP INC  |   |   |  |  |  |   |   |  |   |   |   |  |  |  |  |
| JP INC  |   |   |  |  |  | MORRISVIL   | LE, PA 19067                            | 7  |   |   |   |  |  |  |  |
| JP INC  |   | 0   |  |  | Signature                                  | MORRISVII   |   |  |   |   | _   |  |  |  |  |
| Title   | stimat                                    | 0.5   |  | 6:- J  | Signature.                                 | MORRISVII   |   | 7<br>Date<br>12/   | 12  | 114   | _   |  |  |  |  |
| )   | t (Check<br>ntire Per<br>Normal<br>:00PM/ | Scheduled C  12 /  It (Check only contine Period of Normal Facility:00PM/    Re | Scheduled Complete 12 / 2  Int (Check only one) Intire Period of Abate Normal Facility House Scheduled Complete Is Local Normal Used Sol Mainten Custodial (12) Yes No | Scheduled Completion Da  12 / 24 /  Int (Check only one) Intire Period of Abatement  Normal Facility Hours - Des  1:00 PM/ PM-1:30 AM  Renovation Demolition  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A | Scheduled Completion Date (11)  12         | Telephone No. 609-386-8800  Scheduled Completion Date (11) 12 | Scheduled Completion Date (11)  12      | City, State, Zip Code BRISTOL, PA 19007  Telephone No. 609-386-8800 215-788-6040 00509  Scheduled Completion Date (11) 12 / 24 / 14 BRISTOL ENVIRONMENTAL, INC.  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Street Address 1123 BEAVER STREET  City, State, Zip Code BRISTOL, PA 19007  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Proced  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A  FLOOR TILE/MASTIC 240 SF  PIPE INSULATION 30 LF | City, State, Zip Code   BRISTOL, PA 19007     Telephone No.   609-386-8800   215-788-6040   00509     Scheduled Completion Date (11)   12 | City, State, Zip Code   BRISTOL, PA 19007   Telephone No.   609-386-8800   215-788-6040   00509 | Telephone No.   Telephone No.   G09-386-8800   215-788-6040   00509 |  |  |  |  |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

| Date of Notification |                                      |                  |             |                    | Owner / Operator |        | one                         | DEC 2     | 0 2             | 117 1              |          | 1 111                                 |        |             |           |
|----------------------|--------------------------------------|------------------|-------------|--------------------|------------------|--------|-----------------------------|-----------|-----------------|--------------------|----------|---------------------------------------|--------|-------------|-----------|
| A N-45-d             | 12/23/14                             | tion             | -           | treet              | -                | -      | artment of Cor              | recu      | 0115            | /                  | <u> </u> | -1/                                   |        | 91          |           |
| Agencies Notified    | Type Notifica                        | tion             | 1.5         | O Bo               |                  |        |                             |           | <u> </u>        |                    |          |                                       |        | _           |           |
| ☐ EPA                | N 1-:4:-1                            |                  | 100         |                    |                  | Zip C  | odo                         |           | ASBE            | STOT               | • • • •  | · · · · · · · · · · · · · · · · · · · |        | -1          |           |
| ☐ DEP                | │ │ │ │ │ Amer                       |                  |             |                    |                  |        |                             |           |                 | LICEN              | Silve    |                                       | *      | 1           |           |
| ⊠ DOL                | 1 —                                  |                  | Service     |                    |                  | NJ 08  | 020                         |           |                 |                    | -        | phor                                  | e Mr   | mbe         | r         |
| □ DOH     □          |                                      | gency            |             |                    |                  | ntact  |                             |           |                 |                    | 1010     | prior                                 | ic rec | iiiibc      |           |
| ☐ DCA                | Canc                                 | ellation         | P           | Man                | Cies             | IIK    |                             |           |                 |                    | 1        |                                       |        |             |           |
|                      |                                      |                  |             |                    | CILIT            | Y INF  | ORMATION                    |           |                 |                    |          |                                       |        |             |           |
| Name of Facility W   |                                      |                  | ace (3)     | )                  |                  |        | Type of Facilit             |           |                 |                    |          |                                       |        |             |           |
| Mountainview C       | orrectional                          | Facilty-         |             |                    |                  |        | School (K                   |           | 011 11 16 4     | ٥,                 |          |                                       |        |             |           |
| Street Address       |                                      |                  |             |                    |                  |        | Subchapt                    | er 8 (    | Other than K-1  | ۷)<br>: السنام     | 1        |                                       |        | - \         |           |
| 31 Petticoat Lan     | ie                                   |                  |             |                    |                  |        |                             | . priva   | ate & commerc   | iai bullo          |          |                                       |        | G.)         |           |
|                      |                                      | Market and the   |             | ent hose           |                  |        | Square Feet                 |           | # of Floors     |                    | Bldg     | . Age                                 |        |             |           |
| City (5)             |                                      | County (6)       | Cou         | unty C             | Code             | (7)    | 20000                       |           | 2               |                    |          |                                       | 30+    |             |           |
| Annadale             |                                      | Hunderton        |             |                    |                  |        |                             |           | f being demolis | shed)              |          |                                       |        |             |           |
|                      |                                      |                  |             |                    |                  |        | Correctiona                 |           |                 |                    |          |                                       |        |             |           |
| Name of Monitoring   | g Firm Hired b                       | y Building Own   | er (8)      |                    | AS               | CM No. |                             |           | t Contractor (9 | )                  |          |                                       |        |             |           |
| Environmental (      | Connection                           |                  | 332, 1345   |                    |                  |        | Bristol Envi                | ronn      | nental, Inc.    |                    |          | 115553                                |        |             |           |
| Street Address       |                                      |                  |             |                    |                  |        | Street Addres               |           |                 |                    |          |                                       |        |             |           |
| 120 N. Warren S      | St                                   |                  |             |                    |                  |        | 1123 Beave                  |           |                 |                    |          |                                       | W-82   |             |           |
| City, State & Zip C  |                                      |                  |             |                    |                  |        | City, State & Z             |           |                 |                    |          |                                       |        |             |           |
| Trenton, NJ 086      |                                      | •                | Telep       | hana               | Nicon            | hor    | Bristol, PA                 |           |                 | License            | e Num    | her                                   |        |             | _         |
| Rollie Jones         |                                      |                  |             |                    | 4200             | Del    | (215)788-60                 |           |                 | 00509              |          |                                       |        | -22110      |           |
|                      | heduled Start Date (10) Scheduled Co |                  |             |                    |                  | )      | Name of OSH                 |           | nitor           |                    |          |                                       |        |             |           |
|                      | 1/12/15                              |                  |             |                    | 80               | **     | Bristol Envi                | ironn     | nental Inc.     |                    |          |                                       |        |             |           |
| Occupancy Status     | During Abater                        | ment (Check on   | ly one      | 2)                 |                  |        | Street Addres               |           |                 |                    |          |                                       |        |             |           |
|                      |                                      | During Entire Pe |             |                    |                  |        | 1123 Beave                  |           |                 |                    |          |                                       |        |             |           |
| Abatement            | Performed O                          | utside of Norma  | al Hou      | ırs – 7            | 7am t            | o 3pm  | City, State & 2             |           |                 |                    |          |                                       |        |             |           |
| Describe:            | 7AM to 3:                            | 30 PM            |             |                    |                  |        | Bristol, PA                 | 1900      | 7               |                    |          |                                       |        |             |           |
| Facility Oc          | cupied During                        | Abatement        |             | -                  |                  |        |                             |           |                 |                    |          |                                       |        |             |           |
| Scope of Work (Ch    | neck all that ap                     | oply)            |             |                    |                  |        |                             |           | Full Containm   | ant with           | h Nog    | ativo                                 | Droc   | cure        |           |
|                      |                                      |                  | _           |                    |                  |        |                             | $\vdash$  | Mini-Enclosur   |                    | niveg    | auve                                  | ries   | Suit        |           |
| ≥3 sf or ≥3          |                                      |                  | $\boxtimes$ |                    | novati           |        |                             | Ц         |                 | 1070               |          |                                       |        |             |           |
| ≥160 sf ≥2           | 60 If                                |                  |             | Der                | nolitio          | on     |                             | $\bowtie$ | Glove Bag Pr    |                    |          | ملطمة                                 | Dro    | and u       | ro        |
|                      |                                      |                  |             |                    |                  | -      |                             | بِـــ     | Non-Exempte     |                    |          |                                       | teme   |             |           |
|                      | Location of                          |                  |             | Locat              |                  |        | Description                 |           | 2               | Amount<br>(Specify |          | Aba                                   | iteine | 51111       | ype       |
|                      | stos-Containir                       | ng               |             | nally l<br>olely l |                  |        | Asbestos-Con<br>Material (A |           | SF or LF        |                    |          |                                       | ш      | _           |           |
|                      | aterial (ACM) BE ABATED              |                  | N 85795     | itenan             |                  |        | (i.e., thermal sy           |           |                 | J, O. L.           | ,        | Re                                    | R      | nca         | nc        |
| 10                   | in Facility                          |                  |             | odial :            |                  |        | insulation, surface         |           |                 |                    |          | Remova                                | Repair | psu         | Enclsoure |
|                      | (13)                                 |                  | 0.00        | (12)               |                  |        | or other miscella           |           |                 |                    |          | /al                                   | Ξ.     | Encapsulate | Te        |
|                      |                                      |                  | Yes         | No                 | N/A              |        |                             |           |                 |                    |          |                                       |        |             |           |
| Pipe Chases          |                                      |                  |             |                    |                  |        | Pipe Insula                 | ation     |                 | 250 LF             | =        | $\boxtimes$                           |        |             |           |
|                      |                                      |                  | П           | П                  |                  |        |                             |           |                 |                    |          |                                       |        |             | Ш         |
|                      |                                      |                  |             |                    |                  |        |                             |           |                 |                    |          |                                       |        | Ш           | Ц         |
|                      |                                      |                  | П           | П                  | In               |        |                             |           |                 |                    |          |                                       |        |             | Ш         |
|                      |                                      |                  | Ħ           | П                  |                  |        |                             | 1000000   |                 |                    |          |                                       |        |             |           |
|                      |                                      |                  | n           |                    |                  |        | MD YELL YELL                | =====     |                 |                    |          |                                       |        |             |           |
| Name of Registere    | ed Waste Hau                         | ler              |             | N.                 | JDEP             | Waste  | Cubic Yards                 | Nam       | ne of Registere | d Landf            | fill     |                                       |        |             |           |
| 3.2.3.               |                                      |                  |             | 3533               |                  | ID No. | of Waste                    |           |                 |                    |          |                                       |        |             |           |
| Service Transp       | ort Inc.                             |                  |             | 20                 | 0990             |        | 4 Cu yd                     |           | erva Landfil    | l                  |          | 1                                     |        |             |           |
| City, State          |                                      |                  |             |                    |                  |        | Disposal Date               |           | , State         |                    |          |                                       |        |             |           |
| New Castle, DE       |                                      | 80 J             |             |                    |                  |        | 1/16/15                     | Way       | ynesboro, O     | Н                  |          | - ·                                   |        |             |           |
| Completed By (Pri    | int or Type)                         |                  |             | 20000              | tle              |        | Signature                   | 1         |                 |                    | 1.5      | Date                                  | 214    | A           |           |
| Gino Pizzigo         | ni                                   |                  |             |                    | rojec            |        | of 1                        | /         | 1               |                    | 1        | 12/2                                  | 3/1    | 4           |           |
|                      | no i izzigoni                        |                  |             |                    |                  | ger    | Swixe!                      |           |                 |                    |          |                                       |        |             |           |

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

CK 2748

| Date of Notification (1)  |  |               | Name o       | of Building  | Owner/Operator (2                               | 2)                           |                          |                       |        |             |           |
|---|--|---------------|--------------|--------------|---|------------------------------|--------------------------|-----------------------|--------|-------------|-----------|
|   | 14   |               | Veriz        | zon Com      | nmunications                                    |                              | iii ii ne                | 0 2 5                 | 200    | 1.6         |           |
| Agencies Notified Type Notificati   | ion  |               | 1-11/00/2013 | Address      |   |                              |                          | ·                     | , LV   | 1-7         | 1         |
| ☐ EPA ☐ Initial   |  |               |              | Summit       |   |                              |                          |                       |        |             |           |
| <ul><li>☑ DOLWD</li><li>☑ Amended</li><li>☑ DHSS</li><li>Amendmer</li></ul> | at #   |               | City, St     | ate, Zip C   | ode   |                              | ASBES                    | TOS CO<br>JCENS       |        | HOL         | &         |
| □ DCA □ Emergency   |  | 1             | Jers         | ey City,     | NJ  |                              |                          |                       | alvo   |             |           |
| (NJAC 5:23-8) justification   | Section of the sectio | ,             | Name o       | of Contact   |   |                              | Telephone Numb           | ber                   |        |             |           |
| ☐ Cancellation  | on   |               | Alex         | Baylor       | 750   |                              |                          |                       |        |             |           |
|   |  |               | FAC          | ILITY IN     | FORMATION                                       |                              |                          |                       |        |             |           |
| Name of Facility Where Abatement is Ta                                      | king Place   | (3)           |              |              |   | Type of Facility             |                          |                       |        |             |           |
| Verizon Jersey City Central Offi  | ce   |               |              |              |   | School (K-12                 | 2)<br>3 (Other than K-12 | N.                    |        |             |           |
| Street Address  |  |               |              |              |   | Other (i.e., p               | rivate and commer        | <i>ı</i><br>rcial bui | ldings | ς,          |           |
| 773 Summitt Avenue  |  |               |              |              |   | homes, etc.)                 |                          |                       |        |             |           |
| City (5)  |  |               |              |              |   | Square Feet                  | # of Floors              | Bld                   | g. Ag  | е           |           |
| Jersey City   |  |               |              |              |   | 8000                         | 3                        | 9                     | 0+     |             |           |
| County (6)  |  |               | Count        | ty Code (7   | )(STATE USE ONLY)                               | Current Use (Pr              | ior if being demolis     | shed)                 |        |             |           |
| Hudson  |  |               |              | ,            |   | Hospital                     |                          |                       |        |             |           |
| Name of Monitoring Firm Hired by Buildi                                     | na Owner   | (8)           | ASCM N       | No.          | Name of Abateme                                 |                              | 1                        |                       |        |             |           |
| USA Environmental Inc.  | ing Owner  | (0)           | / 100iii 1   | 10.          |   | VIRONMENTA                   |                          |                       |        |             |           |
|   |  |               |              |              | Street Address                                  |                              |                          |                       |        | _           |           |
| Street Address  |  |               |              |              | 1123 BEAVE                                      | PSTREET                      |                          |                       |        |             |           |
| 8436 Enterprise Ave.  |  |               |              |              | City, State, Zip C                              |                              |                          |                       | ***    |             |           |
| City, State, Zip Code   |  |               |              |              |   |                              |                          |                       |        |             |           |
| Philadelphia, PA 19153  |  | -             |              |              | BRISTOL, PA                                     | 4 19007                      | I Licenso No             |                       |        | +           |           |
| Project Manager for Monitoring Firm   |  |               | ephone I     |              | Telephone No.                                   |                              | License No.              |                       |        |             |           |
| Mark Jenkins  |  |               | 15-365       |              | 215-788-6040                                    |                              | 00509                    |                       |        |             |           |
| Start Date (10) S   | cheduled (   | Transmis 18   |              |              | Name of OSHA N                                  | Monitor<br>IVIRONMENTA       | L, INC.                  |                       |        |             |           |
| Occupancy Status During Abatement (C  |  |               |              |              | Street Address                                  |                              |                          |                       |        |             | _         |
| Facility Closed/Vacated During Entire                                       |  |               | ement        |              | 1123 BEAVE                                      | R STREET                     |                          |                       |        |             |           |
| Abatement Performed Outside of No   |  |               |              | cribe        | City, State, Zip C                              |                              |                          |                       |        |             | _         |
| Time of Abatement:AM-5:00   |  |               |              | m.t.n.m.m    | BRISTOL, PA                                     |                              |                          |                       |        |             |           |
| Scope of Work (Check all that apply)  |  |               |              |              |   |                              |                          |                       |        | : 100       | -         |
|   | ⊠R   | enova         | ition        |              | ☐ Full Cor<br>☑ Mini-En                         | ntainment with Ne<br>closure | gative Pressure          |                       |        |             |           |
| ☐ ≥160 sf or ≥260 lf  | -  | emolit        |              |              | Gloveba   | g Procedure                  |                          | W025A                 |        |             |           |
|   |  |               |              |              | ☐ Non-Exe                                       | empted (*) and No            | on-Friable Procedu       |                       |        |             |           |
|   |  | s Loca        |              |              |   |                              |                          |                       | ateme  |             |           |
| Location of<br>Asbestos-Containing Material (ACM                            | Us   | Norm<br>ed So | lely by      | Ach          | Description<br>estos Containing M               |                              | Amount                   | Removal               | Repair | Encapsulate | Enclosure |
| TO BE ABATED  | M  |               | nance/       | (i.e         | e., thermal systems                             | insulation,                  | (Specify                 | Von                   | air    | aps         | losu      |
| IN Facility   | Cu   | stodia<br>(12 | l Staff?     |              | surfacing, VAT                                  |                              | SF or LF)                | <u> 8</u>             |        | ulat        | Гe        |
| (13)  | Yes  | 1             | 1            |              | otner miscellani                                | eous)                        |                          |                       |        | Œ           |           |
| Second Floor outside AC room  | $\boxtimes$  |               |              | Floor t      | ile and mastic                                  |                              | 12 SF                    |                       |        |             |           |
| Second Floor next to return fan   |  |               | П            | Floor t      | ile and mastic                                  |                              | 21 SF                    |                       |        |             |           |
| October 1001 Horizon Total Hall   |  |               |              |              | 20,000 ST (2000 DO TA) (TA) (TA) (TA) (TA) (TA) |                              |                          |                       |        |             |           |
|   | -  | H             | +-           | <del> </del> |   |                              |                          |                       | П      |             |           |
| Name of Registered Waste Hauler   |  | ᆜ             | NJDEP '      | Waste        | Cubic Yards of                                  | Name of Reg                  | istered Landfill         |                       |        |             |           |
| SERVICE TRANSPORT GROUP   | , INC.   |               | Hauler II    | D No.        | Waste 2   | Minerva L                    |                          |                       |        |             |           |
| City, State   |  |               | 20990        |              | Disposal Date                                   | City, State                  |                          |                       |        |             |           |
| NEW CASTLE, DE 19720  |  |               |              |              | 7/3/14  | Waynesb                      | urg, OH                  |                       |        |             |           |
|   | T T:No   |               |              |              |   |                              | ate                      |                       |        |             |           |
| Completed By (Print or Type)  | Title  |               |              |              | Signature                                       | 0.10                         |                          | 12/2                  | 2/1    | f.          |           |
| Patrick T. DeCaro   | Estim  | ator          |              |              | gall  | 2 reing                      | D                        | 010                   | 2/10   | 1           |           |

OR 10198

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

| Agencies Notified  EPA  DOLWD  DHSS  DCA (NJAC 5:23-8)  Name of Facility Where Abatement is Tellisburg Shopping Center  Street Address Route 70 & Chapel Ave. | ent # <u>0</u><br>cy (incl<br>on)<br>ion |              |        | City, St                  | East Je<br>ate, Zip C<br>cville, Mil<br>of Contact | ode  | 17.0   | L DEC 2                               | 9 20      | /)4    |              |           |  |  |  |  |  |  |  |
|---|--|--------------|--------|---------------------------|--|--|--|---------------------------------------|-----------|--------|--------------|-----------|--|--|--|--|--|--|--|
| □ DHSS  | ent # <u>0</u><br>cy (incl<br>on)<br>ion |              |        | Rock<br>Name o            | cville, MI   |  | 1626 East Jerrerson St.  City, State, Zip Code  Rockville, MD 20852  ASBESTOS COLUMB & LICENSE AND L & |                                       |           |        |              |           |  |  |  |  |  |  |  |
| Name of Facility Where Abatement is T Ellisburg Shopping Center Street Address Route 70 & Chapel Ave.   | on)<br>ion                               |              |        |                           |  |  |  | LICEN                                 | CHAIR.    | TUL    | 실            |           |  |  |  |  |  |  |  |
| Name of Facility Where Abatement is T Ellisburg Shopping Center Street Address Route 70 & Chapel Ave.   | - 100                                    | Place        |        | Ric \                     | AI II -  |  |  | Telephone Numb                        | er        |        |              | _         |  |  |  |  |  |  |  |
| Ellisburg Shopping Center Street Address Route 70 & Chapel Ave.   | aking (                                  | Place        |        |                           | voodie   |  |  |                                       | _         |        |              | _         |  |  |  |  |  |  |  |
| Ellisburg Shopping Center Street Address Route 70 & Chapel Ave.   | aking (                                  | Place        |        | FAC                       | ILITY IN   | FORMATION  | 7  |                                       | - 1       |        |              |           |  |  |  |  |  |  |  |
| Street Address Route 70 & Chapel Ave.   |  |              | (3)    |                           |  |  | Type of Facility (   |                                       |           |        |              |           |  |  |  |  |  |  |  |
| Route 70 & Chapel Ave.  |  |              |        |                           |  |  | School (K-12)  | (Other than K-12)                     |           |        |              |           |  |  |  |  |  |  |  |
|   |  |              |        |                           | tar (ta  |  | Other (i.e., pr<br>homes, etc.)  | ivate and commercial                  | cial buil | ldings | ,            |           |  |  |  |  |  |  |  |
| 0.1, (0)  |  |              | -      |                           |  | -  | Square Feet  | # of Floors                           | Bld       | g. Ag  | е            |           |  |  |  |  |  |  |  |
| Cherry Hill, NJ 08034   |  |              |        |                           |  |  | 200,000+   | 1                                     | 4         | 5+     |              |           |  |  |  |  |  |  |  |
| County (6)  |  |              | TELL . | Count                     | y Code (7)   | (STATE USE ONLY)   | Current Use (Pri   | or if being demolis                   | hed)      |        |              |           |  |  |  |  |  |  |  |
| Camden  |  |              |        |                           |  |  | Vacant Reta  | il                                    |           |        |              |           |  |  |  |  |  |  |  |
| Name of Monitoring Firm Hired by Build  | ding Ov                                  | wner (8      | 3)     | ASCM N                    | lo.  | Name of Abateme  | ent Contractor (9)   |                                       |           |        |              |           |  |  |  |  |  |  |  |
| VERTEX  |  |              |        | NA                        |  | Alliance Env   | ironmental Sys   | tems                                  |           |        |              |           |  |  |  |  |  |  |  |
| Street Address  |  |              |        |                           |  | Street Address   |  |                                       |           |        |              |           |  |  |  |  |  |  |  |
| 700 Turner Way  |  |              |        |                           |  | 550 East Uni   | on St.   |                                       |           |        |              |           |  |  |  |  |  |  |  |
| City, State, Zip Code   |  |              |        |                           |  | City, State, Zip C   | ode  |                                       | 9         |        |              |           |  |  |  |  |  |  |  |
| Aston, PA 19014   |  |              |        |                           |  | West Cheste  | r, PA 19382  |                                       |           |        | y 1 page 200 |           |  |  |  |  |  |  |  |
| Project Manager for Monitoring Firm   |  |              | Tele   | phone !                   | No.  | Telephone No.  |  | License No.                           |           |        |              |           |  |  |  |  |  |  |  |
| Don Heim  |  |              | 61     | 0-558-                    | 8902   | 610-701-9000   |  | 00508                                 |           |        |              |           |  |  |  |  |  |  |  |
| Start Date (10)  1  |  |              | 3.0    | tion Dat                  |  | Name of OSHA N<br>AET  | Monitor  |                                       |           |        |              |           |  |  |  |  |  |  |  |
| Occupancy Status During Abatement (   | Check                                    | only o       | ne)    |                           |  | Street Address   |  |                                       |           | -      |              |           |  |  |  |  |  |  |  |
| □ Facility Closed/Vacated During Ent  |  |              |        | ment                      |  | 28 N. Pennel   | Road   |                                       |           |        |              |           |  |  |  |  |  |  |  |
| Abatement Performed Outside of N<br>Time of Abatement: 7AMP   | ormal l                                  | Facility     | Hour   | s - Des                   | cribe  | City, State, Zip C<br>Media, PA 19   |  |                                       |           |        |              |           |  |  |  |  |  |  |  |
| Scope of Work (Check all that apply)  |  |              |        |                           |  |  |  |                                       |           |        |              |           |  |  |  |  |  |  |  |
| ☐ ≥3 sf or ≥3 lf<br>☑ ≥160 sf or ≥260 lf  |  | ⊠ Re<br>□ De |        |                           |  | ☐ Mini-End   | g Procedure  | gative Pressure<br>n-Friable Procedu  | re        |        |              |           |  |  |  |  |  |  |  |
|   |  | V 115-05     | Loca   |                           |  |  |  |                                       | Ab        | ateme  | ent Ty       | /pe       |  |  |  |  |  |  |  |
| Location of Asbestos-Containing Material (ACI TO BE ABATED IN Facility (13)   | vI)                                      | Use<br>Ma    | intena | ely by<br>ance/<br>Staff? |  | Description estos Containing M e., thermal systems surfacing, VAT other miscelland | aterial (ACM)<br>insulation,<br>Γ, or  | Amount<br>(Specify<br>SF or LF)       | Removal   | Repair | Encapsulate  | Enclosure |  |  |  |  |  |  |  |
| (10)  |  | Yes          | No     | N/A                       |  |  |  |                                       |           |        |              |           |  |  |  |  |  |  |  |
| Space #26   |  |              |        | $\boxtimes$               | VAT / N  | Mastic   |  | 6000                                  |           |        |              |           |  |  |  |  |  |  |  |
|   | -  |              |        |                           |  | 100 mg   |  |                                       |           |        |              |           |  |  |  |  |  |  |  |
|   |  |              | П      |                           |  |  |  |                                       |           |        |              |           |  |  |  |  |  |  |  |
|   |  |              |        | 1=                        |  |  | -  |                                       | П         | П      | П            | П         |  |  |  |  |  |  |  |
| Name of Registered Waste Hauler   |  |              |        | NJDEP '<br>Hauler I       |  | Cubic Yards of<br>Waste  | Name of Regi   | L<br>stered Landfill<br>Berks Communi | tv Lar    | ndfill |              |           |  |  |  |  |  |  |  |
| David Geppert Recycling   |  |              |        |                           |  | 30   |  |                                       | ,         |        |              | -         |  |  |  |  |  |  |  |
| City, State<br>Hatfield, PA   |  |              |        |                           |  | Disposal Date<br>TBD   | City, State<br>Birdcboro   | , PA                                  |           |        |              |           |  |  |  |  |  |  |  |
| Completed By (Print or Type) Mark Griffin   | Title                                    | stima        | itor   |                           |  | Signature  | 111  | D                                     | ate 2/    | 72     | 1.           | 4         |  |  |  |  |  |  |  |

ASB-41 MAY 11

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

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12) Name of Building Owner/Operator (2) Date of Notification (1): 12/09/2014 Paramount Assets DEC 29 PM 10: 12 Agencies Type Notification Street Address: Notified 142 Broad Street ☐ Initial City. State, Zip Code: M Amended CI EPA Elizabeth, NJ 07208 Amendment#: @ DEP Telephone Number: Name of Contact: □ Emergency 2 DOL (including Javier Vara justification) **₽**DOH □ Cancellation **LI DCA FACILITY INFORMATION** Type of Facility (4): Name of Facility 199 Market Street ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private & commercial buildings, homes, etc.) County Code (7): County (6): City/ (5) 07505 Passaic Paterson Square Feet: # of Floors: Bldg. Age Current Use: ASCM No.: Name of Abatement Contractor (9): Name of Monitoring Firm Hired by Building Owner Turningpoint Contracting Corporation Apex Development, Inc. Street Address: Street Address: 51 Berkeley Terrace 658 Rutgers Place City, State, Zip Code: City, State. Zip Code: Paramus, NJ 07652 Irvington, NJ 07111 License No.: Telephone No.: Telephone No.: Project Manager for Monitoring Firm: 201-927-6225 Emeka Okeke 01215 (973) 350-0101 Name of OSHA Monitor: Start Date (10): Scheduled Completion Date (11): Metro Analytical Laboratories 12/10/14 12/30/14 Street Address: Occupancy Status During Abatement (Check only one) 255 West 36th Street, Suite 203 ☐ Facility Closed/vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours City, State, Zip Code: Describe: New York, New York, 10018 □ Other Describe: Scope of Work (Check all that apply): [] Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Renovation  $\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$  $\square \ge 160 \text{ sf or } \ge 260 \text{ lf}$ ☐ Glovebag Procedure □ Demolition Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Description of Normally Location of Asbestos Containing Material (ACM) Used Solely by Asbestos-Containing Material (i.e., thermal systems insulation, surfacing, VAT, or Encapsula Enclosure Maintenance/ Remova (ACM) Amount Repair Custodial/ TO BE ABATED other miscellaneous) (Specify Staff? IN Facility SF or LF) (12)(13)Yes N/A No 2<sup>ND</sup> FLOOR 1250 SF X Floor Tile Cubic Yards NJDEP Waste Hauler ID No.: Name of Registered Waste Hauler: 2A456 of Waste: 30 TRI-STATE TRANSFER ASSOC., INC. City, State: Disposal Date: City, State: Waynesburg, OH 44688 Bronx, NY 10474

Signature:

Title:

President

Completed By:

Sylvester Oraegbunam

Date:

12/09/2014

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

| Date of No.                        | otification (1):                       |  | Name of     |                   |             | ner/Operator (2)   |                     |                    |                        | ā                      |                 |             |            |              |
|------------------------------------|--|--|-------------|-------------------|-------------|--|---------------------|--------------------|------------------------|------------------------|-----------------|-------------|------------|--------------|
| Agencies<br>Notified               | Type Notification                      | on                                       | Street A    | Addres            | s:          | Court Control Control (Color Color) Annual A |                     |                    |                        | DEC                    | 29              | PMI         | ): i       | 2            |
| □EPA                               | Amended                                | T  | City, S     | tate, Zi          | p Code:     |  |                     |                    |                        | 1050                   | Dies            |             | ******     |              |
| □DEP                               | Amendment#:                            | -  | Elizabe     |                   |             |  |                     |                    | T 1 1 N                |                        |                 |             |            |              |
| Ø DOL                              | ☐ Emergency<br>(including              |  | Name Javier |                   | lact:       |  |                     | ļ                  | Telephone N            | umber:                 |                 |             |            |              |
| □ DCA                              | justification) ☐ Cancellation          |  |             |                   |             |  |                     |                    |                        |                        |                 |             |            |              |
| e<br>Se norwenske maar ee          |  |  |             |                   |             | FACILITY INFO  | RMAT                | TION               |                        |                        |                 |             |            |              |
| Name of I                          | Facility 146 Ma                        | in Ave                                   | nue         |                   |             |  | Туре                | of Facility        | (4):                   |                        |                 |             |            |              |
|                                    |  |  |             |                   |             |  |                     | ool (K-12)         | Other than K-12        | <b>\</b>               |                 |             |            |              |
| City/ (5)                          |  | County                                   | (6)         |                   | County      | y Code (7):  |                     |                    | vate & commerci        |                        | nes, et         | c.)         |            |              |
| Paterson                           |  | Passaio                                  | 50 10       |                   | 07505       | y code (7).  | 1                   | re Feet:           |                        | # of Floors            |                 |             |            |              |
|                                    |  |  |             |                   |             |  | 3                   |                    |                        | # 01 1 1001;           | ٥.              |             |            |              |
|                                    |  |  |             | 18                |             |  | Bldg.               |                    |                        |                        |                 |             |            |              |
| Name of I                          | Monitoring Firm                        | Hired                                    | by Bui      | Iding (           | )wner       | ASCM No.:  |                     | ent Use :          | ement Contract         | or (9):                |                 |             |            |              |
|                                    | oint Contracting                       |  |             | ium's c           | , , , i i i | 7 isem ite.  |                     |                    |                        | V. (2).                |                 |             |            |              |
| Street Ad                          | deaga                                  |  |             |                   |             | <u> </u>   |                     | t Address          | pment, Inc.            |                        |                 |             |            |              |
|                                    | ley Terrace                            |  |             |                   |             |  | Succ                | t Addiess          | •                      |                        |                 |             |            |              |
|                                    | •                                      |  |             |                   |             |  | 658                 | Rutge              | rs Place               |                        |                 |             |            |              |
| City, Stat                         | e, Zip Code:                           |  |             |                   |             |  | City,               | State, Zip         | Code:                  |                        |                 |             |            |              |
| Irvingtor                          | n, NJ 07111                            |  |             |                   |             |  | Para                | amus, N.           | J 07652                |                        |                 |             |            |              |
|                                    | lanager for Mon                        | itoring                                  | Firm:       |                   |             | Telephone No.:   | Telep               | ohone No.          | ;                      | License No.:           |                 |             |            |              |
| Emeka C                            | Okeke                                  |  |             |                   |             | 201-927-6225   | (973)               | 350-010            | 1                      | 01215                  |                 |             |            |              |
| Start Date                         | e (10):                                | S  | chedule     | d Com             | pletion     | Date (11):   |                     |                    | A Monitor:             |                        |                 |             |            | 5,00,000,000 |
| 12/10/14                           |  | 0.000                                    | 2/30/1      |                   |             |  |                     |                    | cal Laboratorie        | S                      |                 |             |            |              |
|                                    | y Status Duri <b>ng A</b> b            |  |             |                   |             |  |                     | Address            | :<br>Street, Suite 2   | 003                    |                 |             |            |              |
|                                    | Closed/vacated Du<br>ent Performed Out |  |             |                   |             | ţ  |                     | State, Zij         |                        | .03                    |                 |             |            |              |
| Describe:                          | cite i criorinea Out                   | inde or                                  | rvormu.     |                   | riouis      |  |                     |                    | ew York, 1001          | 8                      |                 |             |            |              |
| □ Other                            |  |  |             |                   |             |  |                     |                    |                        |                        |                 |             |            |              |
| Describe:                          |  |  |             | y                 |             |  |                     |                    |                        |                        |                 |             |            |              |
|                                    | Work (Check all th                     | at apply                                 | y):         |                   |             |  |                     |                    | Full Con               | tainment with          | Negat           | ive Pro     | essure     |              |
| $\square \ge 3 \text{ sf } \alpha$ |  |  |             |                   | ☐ Reno      |  |                     |                    | ☐ Mini-En              | closure<br>g Procedure |                 |             |            |              |
| 1121003                            | 2200 II                                |  |             |                   |             | , , , , , , , , , , , , , , , , , , ,  |                     |                    | □ Non-Exer             | npted (*) and N        | Commence of the |             |            |              |
|                                    | Iti C                                  |  | 20072       | Locati<br>Iormal  | 20200000    | г  | Descript            | tion of            |                        |                        |                 | Abate<br>Ty | ment<br>pe | ī.           |
| 1 18                               | Location of<br>-Containing Mat         | terial                                   |             | d Sole            |             | Asbestos Con   | ntaining            | g Materia          | al (ACM)               |                        |                 |             | <u> </u>   | Γ            |
|                                    | (ACM)                                  |  | Ma          | intena            | nce/        | (i.e., thern   | nai syst<br>facing, | VAT, or            | liation,               | Amount                 | Re              | R           | Encapsulat | Enclosure    |
| 1                                  | BE ABATED                              |  | C           | ustodi:<br>Staff? |             | othe   | r misce             | llaneous           | )                      | (Specify               | Removal         | Repair      | aps        | ios          |
|                                    | IN Facility<br>(13)                    |  |             | (12)              |             |  |                     |                    |                        | SF or LF)              | Val             | H.          | ulat       | ure          |
| 3 <sup>rd</sup>                    | d Floor                                |  |             |                   |             |  |                     |                    |                        | -                      |                 | -           |            |              |
|                                    | اء<br>anical Roor                      | management of                            |             | x                 |             | Duct Insulation  | 1                   |                    |                        | 120 SF                 | *               |             |            |              |
| 3rd Fl                             |  |  | -           | X                 |             | Duct Insulation  |                     |                    |                        | 35 LF                  | *               |             |            | -            |
|                                    | or Main Of                             | fice                                     |             | X                 | <b></b>     | Pipe Insulation  |                     |                    |                        |                        |                 |             |            |              |
|                                    |  | istered Waste Hauler: NJDEP Waste Hauler |             |                   |             |  |                     | Cubic Y            | ards                   | 12 21                  | 1               |             |            |              |
| TRI-STA                            | TRI-STATE TRANSFER ASSOC. INC. 2A456   |  |             |                   |             |  |                     | of Wast            | e: 30                  |                        |                 |             |            |              |
|                                    | City, State: Disposal Date:            |  |             |                   |             |  |                     | City, St<br>Waynes | ate:<br>sburg, OH 4468 | 38                     |                 |             |            |              |
| Complete                           | ed By:                                 | NORTH-THE                                |             |                   | Title:      |  | Signature: Date:    |                    |                        |                        |                 |             |            |              |
| Sylvester                          | r Oraegbunam                           |  |             |                   | Presid      | lent   | 12/09/2014          |                    |                        |                        |                 |             |            |              |

| 2/23/2014 09:3   | 37 Two Brothers (  | Contrac                 | cting                                    |                  |                 | C             |   | VE                                      | FAX                                     | 973 956 8811                         |                 |          | P.O          | 0   |
|--|--|-------------------------|--|------------------|-----------------|---------------|---|---|---|--------------------------------------|-----------------|----------|--------------|-----|
| . 27 1   | n (A)  |                         |  | K                |                 | reaching mage | *************************************** |   |   |                                      |                 |          | Prir         | 121 |
| 1976   | 60   | No                      | OTIPIC)<br>(Pur                          | ATION            | OF ASBE         | atob a        | BATEN                                   | MENT :                                  | 1                                       | DOL                                  | - 1()           | DA       | γ            | 7   |
| Date of Notification (1)<br>12/23/2014                     |  |                         | N  | ame of E         | SOCK B          | WherlOp       | of E                                    | DUCATI                                  | ON                                      | LA                                   | -1              |          |              | 1   |
| Agencies Notified  | Type Noilfication  |                         |  | reet Add         | RRISTO          | OWN R         | OAD                                     |   |   | - INVA                               | 1.              | مد       |              | -   |
| SPA<br>DEP<br>DOL  | Amended Amendment s  |                         |  |                  | Zip Coc         |               | <b>52</b>                               | 7.                                      |   | WAIVER                               | API             | 2130     | NF           |     |
| DOH DCA  | Justilication)  Cancellation                                   | oluding                 | N  | ame of G         | MARIN           | NOS           |   |   | -L                                      | Telephone N                          |                 |          |              |     |
| Name of Facility When                                      | s Abstamont le Taxing  | Place (3)               |  | Facil            | ITY INFO        | RNATIO        | SN _                                    | Type of Fe                              | collity (4)                             |                                      |                 |          | _            | _   |
| Street Address   | MAN ELEMENTAP  | RYSCH                   | IOOL                                     |                  |                 | ·             |   | 5ubc                                    | al (K-12<br>hapter 5<br>r (l.e. pri     | )<br>(Other than K-<br>valo & commer | 12)<br>Cal buil | dings,   | home         | 8,  |
| 100 PINELYNN R<br>City (8)<br>GLEN ROCK                    | OAD .  |                         |  |                  |                 |               |   | Square Fe                               | ot                                      | # of Floors                          | TE              | ildg. A  | rBe          |     |
| Sounty (6)<br>BERGEN                                       |  |                         |  | CUNTY O          | SE ONLY         |               |   | Gurrent U                               | es (PAs)                                | Bheing demol                         | (a.c.d)         | ~~~      |              | -   |
|  | m Hand by Building O   | wher (§)                |  | ABCM             | No.             |               | Name                                    | of Abalama<br>BROTH                     | ERS C                                   | ONTRACTI                             | NG. IN          | 1C.      |              |     |
| Street Address<br>P.O. BOX 645                             |  |                         |  |                  |                 |               | Street<br>250                           | Address<br>RUTHER                       | RFORD                                   | BLVD.                                |                 |          |              |     |
| Chy. Sime, Zip Code<br>SHILLINGTON, F                      | PA 19607   |                         |  |                  |                 |               | City, 5                                 | TON, N.                                 | ebc                                     |                                      |                 |          |              |     |
| Project Manager for M<br>MICHAEL KRISH                     | ionitoring Film  |                         |  | alaphon          | e Na.<br>8-7700 |               | Telspi                                  | 956-870                                 |   | Licansu<br>QD494                     |                 |          |              |     |
| Siant Date (10)  |  | 9 chedule<br>1/2/201    | d Com                                    |                  |                 |               | Name                                    | OF AS (B)                               | Aonilor                                 |                                      |                 |          | -            | -   |
| 12/26/2014<br>Occupsacy Status Du                          | ring Absternant (Check   |                         |  |                  |                 |               |   | Address                                 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                      |                 |          |              | -   |
| Abaisment Perfo  | acated During Entire P<br>rmed Qutade of Norm<br>7:90 AM START | and of A<br>al Facility | Hours                                    | ent              |                 | _             | City, &                                 | State, Zip C                            | ode                                     |                                      | -               |          | _            |     |
| Scope of Work (Chee<br>23 of or 23 if<br>2180 of or 2260 i | All That Apply)  | III R                   |  | len              |                 | 1             |   | Mini-Er                                 | nolosure                                |                                      |                 |          | fø.          |     |
|  |  |                         | Locatio                                  |                  |                 |               |   |   |   |                                      |                 | Abal     | Abe<br>jeweu | ١   |
| Asbesics-Centain<br>TO BE                                  | llon of<br>ing Medicini (ACM)<br>ABATED<br>acility<br>(3)      | UB9<br>Ma               | d Soleli<br>Internan<br>todial S<br>(12) | y by             | Asbas<br>(I.e.  | thermal       | ayatem<br>ing, VA                       | Meleriai (AC<br>le insulation<br>AT, ar | 3M)                                     | Amount<br>(Specky<br>SF or LF)       | Removal         | Regair   | Encapsudal   |     |
|  |  | Yes                     | No                                       | N/A              |                 |               |   |   | _                                       |                                      | - -             | $\vdash$ | 16           | -   |
| SEE AT   | TACHED   | -                       | X  |                  |                 |               |   |   | $\dashv$                                |                                      | _               |          |              | -   |
|  |  |                         |  |                  |                 |               |   |   |   |                                      |                 |          |              | F   |
| Name of Registered V                                       | Vaste Hauler   |                         |  | JDEP W           |                 |               | Yards                                   |   |   | Registered Lan                       |                 |          |              | 1   |
| TWO BROTHER  | S CONTRACTING  |                         | 17.23.23                                 | auler (5<br>8743 | nig.            | 10            |   |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | MANAGE                               | MENT            | G.R.     | Q.W.         | 8   |
| City, State  |  |                         |  |                  |                 | 1/2/2         | aal Day                                 |   | ity, Stat                               | ISVILLE, PA                          |                 |          |              |     |

Dec 23 2014 03:59PM NJ Asbestos Control 609.633.0664

12/23/2014 09:37 Two Brothers Contracting

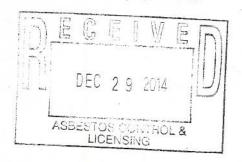
page 2

(FAX)973 956 8811

P.003/005

CK 19740

CLARA E. COLEMAN ELEMENTARY SCHOOL



SCOPE OF WORK

| LOCATION              | SCOPE OF WORK   | MATERIAL"  |
|-----------------------|---|------------|
| DIRT CRAWL SPACE AREA | CLEANUP DEBRIS AND GENERAL DECONTAMINATION                  | 15 Sq.Ft.  |
|                       | RAKE SOIL TO ENSURE THAT<br>ALL DEBRIS HAVE BEEN<br>REMOVED | 400 Sq.Ft. |
|                       | KNOWN AREAS OF<br>DEBRIS/REPAIR                             | 4          |
|                       | CAP SOIL  | 400 Sq.Ft. |

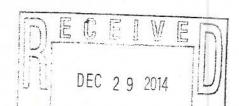
DOL - 10 DAY

WANER APPROVED

|  |  |                    |   |                             |                     | .ou and 1                |                 | 11,50   |              |                            | 11/ 1    | 51        | ווח         |           |
|--|--|--------------------|---|-----------------------------|---------------------|--------------------------|-----------------|---|--------------|----------------------------|----------|-----------|-------------|-----------|
| Date of Notification (1)<br>12/23/2014                         |  | *                  |   |                             |                     | owner/Ope<br>BOARD (     |                 | 2)<br>DUCATION  | DEC          | 202                        | 014      |           |             |           |
| Agencies Notified  | Type Notification                            |                    | 27 87   | Street Add                  |                     | OWN RC                   | DAD             |   |              |                            |          |           | 7           |           |
| EPA DEP DOL  | Initial Amended Amendment #_                 |                    |   |                             | e, Zip Coo<br>ROCK, | <sub>de</sub><br>NJ 0745 | 2               | AS  | BESTC<br>LIC | S COLLE<br>ENSING          | ROLS     | _J<br>k   |             |           |
| ☑ DOH DCA  | Emergency (in justification)  Cancellation   | cluding            |   | Name of 0                   | Contact<br>MARIN    | NOS                      |                 | **  | Tele         | nhana Nii-                 | - lê-    |           |             |           |
|  |  |                    |   | FACIL                       | ITY INFO            | RMATION                  | 1               |   |              |                            |          |           |             |           |
| Name of Facility Where CLARA E. COLEM                          | Abatement is Taking MAN ELEMENTAR            | Place (3)<br>Y SCH | OOL   |                             |                     |                          |                 | Type of Facility ( School (K-1 Subchapter                     | 2)           | r than K-12                | 2)       |           |             |           |
| Street Address 100 PINELYNN R                                  | OAD  |                    |   |                             | 1                   | n.                       |                 | Other (i.e. p   | orivate &    | commerci                   | al build | - 5000 k  |             | s,        |
| City (5)<br>GLEN ROCK  | -  |                    |   |                             |                     |                          |                 | Square Feet   |              | Floors                     |          | dg. A     | ge          |           |
| County (6)<br>BERGEN   |  |                    |   | County C<br>STATE U         | ode (7)<br>SE ONLY) |                          | _               | Current Use (Pri  | or if beir   | g demolish                 | ned)     |           |             |           |
| Name of Monitoring Fir<br>KARL & ASSOCIA                       |  | wner (8)           |   | ASCM                        | No.                 |                          |                 | of Abatement Cor<br>BROTHERS                                  |              |                            | G, IN    | C.        |             |           |
| Street Address<br>P.O. BOX 645                                 |  |                    |   |                             |                     |                          |                 | <sup>Address</sup><br>RUTHERFOR                               | D BLV        | D.                         |          |           |             |           |
| City, State, Zip Code<br>SHILLINGTON, P.                       | A 19607                                      |                    |   |                             |                     |                          | 510 5000        | tate, Zip Code<br>TON, NJ 070                                 | 14           |                            |          |           |             |           |
| Project Manager for Mo   | onitoring Firm                               |                    |   | Telephon                    |                     |                          |                 | one No.<br>956-8700   | ×            | License N<br>00494         | 0.       |           |             |           |
| Start Date (10)<br>12/26/2014                                  |  | Schedule           |   | npletion E                  | Date (11)           | 1                        |                 | of OSHA Monitor<br>IE AS (9) ABC                              | 257.050.XZ57 |                            |          | Section 1 |             |           |
| Occupancy Status Dur   |  |                    |   |                             |                     |                          |                 | Address   |              |                            |          |           |             |           |
| Facility Closed/Va   | acated During Entire Permed Outside of Norma | eriod of A         | batem   | ent                         |                     |                          | City, S         | tate, Zip Code  |              |                            |          |           |             |           |
| Scope of Work (Check   | All That Apply)                              |                    |   |                             |                     |                          | -               |   |              |                            |          |           |             |           |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf                           |  |                    | enova<br>emolit                               |                             |                     |                          |                 | Full Containm<br>Mini-Enclosur<br>Glovebag Pro<br>Non-Exempte | e<br>cedure  |                            |          |           | e           |           |
|  |  | ls                 | Locati  | ion                         |                     |                          |                 |   |              |                            |          | Abate     | ement       |           |
| Locati<br>Asbestos-Containii<br><u>TO BE A</u><br>In Fa<br>(1: | ng Material (ACM)<br>BATED<br>cility         | Use<br>Mai         | lormal<br>d Sole<br>intena<br>odial S<br>(12) | ly by<br>nce/               | Asbes<br>(i.e.      | tos Contai               | ystem<br>ng, VA | Material (ACM)<br>s insulation,<br>T, or                      | (5           | mount<br>specify<br>or LF) | Removal  | Repair    | Encapsulate | Enclosure |
|  |  | Yes                | No  | N/A                         |                     |                          | 1               |   |              |                            | -        |           |             |           |
| SEE ATT  | TACHED                                       |                    | X   |                             |                     |                          |                 |   |              |                            |          |           |             |           |
|  |  |                    |   |                             |                     |                          |                 | 400   |              |                            |          |           |             |           |
|  |  |                    |   |                             |                     |                          |                 | 7   |              |                            |          |           |             |           |
| Name of Registered W   |  | 198                | 1   | JDEP W<br>lauler ID<br>8743 |                     | of Wast                  |                 |   |              | red Landfi<br>NAGEM        |          | 9.R.0     | D.W.        | S.        |
| City, State<br>CLIFTON, NJ                                     |  | 277                |   |                             |                     | Disposa<br>1/2/20        |                 |   |              | LE, PA                     |          | -tv       |             |           |
| Completed by<br>VIVECA RAMOS                                   |  | Title<br>PRO       | tie ROJECT COORDINATOR William 12/23/2014     |                             |                     |                          |                 |   |              |                            |          |           |             |           |

CK 19760

#### CLARA E. COLEMAN ELEMENTARY SCHOOL



SCOPE OF WORK

| LOCATION              | SCOPE OF WORKSBESTO CO                                      | MATERIAL ** |
|-----------------------|---|-------------|
| DIRT CRAWL SPACE AREA | CLEANUP DEBRIS AND GENERAL DECONTAMINATION                  | 15 Sq.Ft.   |
|                       | RAKE SOIL TO ENSURE THAT<br>ALL DEBRIS HAVE BEEN<br>REMOVED | 400 Sq.Ft.  |
|                       | KNOWN AREAS OF<br>DEBRIS/REPAIR                             | 4           |
|                       | CAP SOIL  | 400 Sq.Ft.  |

CK 2180

| <b>○</b> .  |  |                     |             |                 |                     |                   | ESTOS ADA  |                                    | 马尾                             | r i        | 1       | à <i>n</i> | fr <sup>a</sup> f |
|---|--|---------------------|-------------|-----------------|---------------------|-------------------|--|------------------------------------|--------------------------------|------------|---------|------------|-------------------|
|   |  | (Purs               |             |                 |                     |                   | 2. 8:60 and 1  |                                    |                                | 10-15      |         | <i>y</i>   |                   |
| Date of Notification (  | (1)<br>12-23-2014  |                     |             |                 |                     |                   | Owner / Operator<br>lage Apartments  | (2)                                |                                | DEC 1      | n 1     | 04.4       | 1                 |
|   | Type Notifica  | ition               | S           | treet           | Add                 | dress<br>orest Dr |  |                                    | 124                            | D-0 Z      | 3 Z     | UT#        |                   |
|   | ☐ Initial  |                     |             |                 | market and a second | & Zip C           |  |                                    | 100                            | BESTOS     | 27.00   | 17.57.41   |                   |
| □ DOL   | The state of the s | ded-New Start Dat   |             |                 |                     | d, NJ 070         | 081  | 81                                 |                                |            |         |            |                   |
| ☐ DEP ☐ DOL ☐ DOH ☐ DCA   |  | gency<br>ellation   | 1000        | lame<br>Iaria   |                     | Contact<br>eu     |  |                                    | Bright and the man and an area | Telephe    | ne-ivi  | шье        |                   |
|   |  |                     | _           | F/              | ACIL                | ITY INFO          | ORMATION   |                                    |                                |            |         |            |                   |
| Name of Facility Wh<br>Short Hills Club Villa                         |  |                     | e (3        | )               |                     |                   | Type of Facility ☐ School (K-  |                                    |                                |            |         |            |                   |
| Street Address  | ge Apartinei   | 11.5                |             |                 |                     |                   |  | er 8 (Other than                   | K-12)                          |            |         |            |                   |
| 6 A Forest Drive  |  |                     |             |                 |                     |                   |  | private & comm                     |                                |            |         | (c.)       |                   |
| O: (E)  |  | (C)                 | 100         | 20              |                     |                   | Square Feet 2,200  | # of Floors                        | 3                              | Bldg. Ag   | e<br>64 |            |                   |
| City (5)<br>Springfield, NJ 0708                                      | 04   | County (6)<br>Union | Col         | County Code (7) |                     |                   | The state of the s | rior if being dem                  |                                |            | 04      | -          |                   |
| Springileia, NJ 0700  | ) [  |                     |             |                 |                     |                   |  | partment Buildin                   |                                |            |         |            |                   |
| Name of Monitoring  |  | y Building Owner    | (8)         |                 | 10000               | SCM No.           |  | ement Contractor<br>agement Group, |                                |            |         |            |                   |
|   | ealth & Safety Services, LLC.  |                     |             |                 |                     | 17                | Street Address   |                                    | ·                              |            |         |            |                   |
| P.O. Box 365  | 1  |                     |             |                 |                     |                   |  | Ave, Suite 202                     |                                |            |         |            |                   |
| City, State & Zip Code<br>Berlin, NJ 08009                            |  |                     |             |                 |                     |                   | City, State & Z<br>Trenton, NJ 08  |                                    |                                |            |         |            |                   |
| Project Manager for   | Monitoring F   |                     |             |                 |                     | mber              | Telephone Number Lic   |                                    |                                | Number     |         |            |                   |
| Mr. Jim Proctor   |  |                     |             | 52-1            |                     |                   | 609-977-6159   | (5) (5+                            |                                | 0118       | 35      |            |                   |
| Scheduled Start Date (10) Scheduled Comp<br>01-07-2015 Scheduled Comp |  |                     |             | on Da<br>2015   |                     | 11)               | Name of OSH  | a Monitor<br>ental Laboratorie     | es Inc                         |            |         |            |                   |
| Occupancy Status D  |  |                     |             |                 |                     |                   | Street Address   |                                    | 20, 11.0.                      |            |         |            | 1017              |
| Facility Clos   | sed/Vacated  | During Entire Per   | iod         | of Ab           | ater                | nent              | 2333 Route 22  |                                    |                                |            |         |            |                   |
|   |  | uring 1st Shift     |             |                 |                     |                   | City, State & Z<br>Union, NJ 070   |                                    |                                |            |         |            |                   |
|   | upied During   |                     |             |                 |                     |                   |  |                                    |                                |            |         |            |                   |
| Scope of Work (Che  | eck all that ap  | opiy)               |             |                 |                     |                   |  | ☐ Full Conta                       | inment with                    | n Negative | Pres    | sure       |                   |
|   | f  |                     | $\boxtimes$ | Rer             | nova                | ation             |  | ☐ Mini-Enclo                       | sure                           | 22.50.00   |         |            |                   |
| ≥160 sf ≥26   |  |                     |             | Der             | moli                | tion              | Example 1  |                                    | Procedure                      |            |         |            |                   |
|   |  |                     |             |                 |                     |                   |  |                                    | pted and N                     |            |         |            |                   |
|   | ocation of   |                     |             | Locat           |                     |                   | Description<br>Asbestos-Cont   |                                    | Amount<br>(Specify             |            | atem    | ent i      | ype               |
|   | tos-Containin<br>erial (ACM)   | ig i                |             | olely           |                     | iu                | Material (AC   |                                    | SF or LF                       | 2          |         | 血          | Е                 |
|   | BE ABATED  | N                   |             | tenar           |                     |                   | (i.e., thermal sy  | stems                              |                                | Remova     | Repair  | Encapsulat | Enclsoure         |
| ir  | n Facility   | 0                   | Cust        | odial           |                     |                   | insulation, surfaci  |                                    |                                | NO.        | pai     | nsq        | nos               |
| 20  | (13)   |                     | 'es         | (12)<br>No      | N                   |                   | or other miscella  | ineous)                            |                                | <u>m</u>   |         | at         | - G               |
| Basement  |  |                     |             | ×               |                     |                   | Pipe Insulat   | ion                                | 180 LF                         |            |         |            |                   |
| Dagomon   |  |                     |             |                 | E                   |                   |  | , ·                                |                                |            |         |            |                   |
|   |  |                     |             | 早               | 1                   |                   |  |                                    |                                | ᆜ님         | H       | H          | H                 |
|   |  |                     | <u>H</u>    | H               | +                   | -                 |  |                                    |                                | - 뉴        | H       | H          | H                 |
|   |  |                     | $\dashv$    | H               | +                   | -                 |  |                                    |                                | ᅥቨ         | T       | T          | d                 |
| Name of Registered  | d Waste Hau  | ler                 |             | N.              | JDE                 | P Waste           | Cubic Yards  | Name of Regist                     | ered Landf                     | ill        |         |            |                   |
| Resource Managen  |  |                     |             | 0.500           | aule                | r ID No.          | of Waste   | Grows Landfill                     |                                |            |         |            |                   |
|   | nent Group, I  |                     |             |                 |                     |                   | Disposal Date  | City, State                        |                                |            |         |            |                   |
| City, State<br>Trenton, NJ  |  |                     |             |                 |                     |                   | TBD TBD  | Morrisville, PA                    |                                |            |         |            |                   |
| Completed By (Print or Type)  |  |                     |             | 10000           | Title Signature     |                   |  | Date 12/23/2014                    |                                |            |         |            |                   |
| Mr. Brian J. Haney  |  |                     |             |                 | CSIC                | aciil '           |  | 14/44                              |                                | 1212       | J 0 1   |            |                   |

( CNECIC #)

| ( LNGCIC #   |                           |  |  |                       |
|--|---------------------------|--|--|-----------------------|
| 3953   |                           |  | SEMB   | D D/J (2)             |
| 2133   | . State of He             | ew neuzek  | A E G E                                      |                       |
|  | MOTIFICATION OF ASE       | BESTOS ABATEME   | WII.   |                       |
|  | (Pursuant to NJAC         | 8:60 and 12:12:01  | <b>\</b> \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |                       |
|  |                           |  |  | 1. 2014               |
|  | Name of Bullion           | no Omeroperatoril  | 20. UEL 2 C                                  | TRIACT NIG            |
| te of Nouncation (1)   | 1                         | ARTHIE   | CH CON                                       | TICACTION             |
| 12/24/19   | Sves! Address             |  | -  |                       |
| ences Nouther Type Nothcator   | 3/11.700                  | 55 RT  | A) SOESTOS O                                 | OLTROL &              |
| C.028  |                           |  | LIGENS                                       | rivo .                |
| ~ The rood   | City, State, Lip          | Come   | ELD N.                                       | 08 (50                |
| 1 1 me no me ni *  |                           | REEN E   |  | Jahne Humber          |
| : I E mar you c ;  | Name of Conta             | c:   | 74   |                       |
| DOH Justification:   | BRU                       |  | OMIG   |                       |
| X4   |                           |  |  |                       |
|  | FACILTY                   | UF OPENIA THOM   | 13-10-10                                     |                       |
|  | Since Si                  |  | Type of Facility (4)                         | 4                     |
| me of facility Where Abalement is Taking   | -016 /                    |  | □ Sch∞ (K-12)                                | 12.                   |
| PESIDENCE  | κ .                       |  | Suprapier & 10                               | ) (Net (nan hills)    |
|  | 1                         | İ  | nomed 6(C.)                                  | ie g commercia priond |
| ee: Address  | VEN AVOI                  |  | Square Foot                                  | FOFFICETS Blog        |
| 4 82-12-23 111   |                           |  | 54,50.1                                      | . 2 1 4               |
| (5) DUEAN CITY   | J                         |  | 1000   | Theing demoished)     |
| OCFAN CITY   | County Code               | T STATE  | Curent Use (Pnor                             | demoished)            |
|  | USE ONLY                  |  | VAC  | 1/17                  |
| CAPE MAY   |                           | -// 15/10/7  | eni Convector (9)                            |                       |
| CAPO 17X1  | Lines I ASCH No.          | Name of About  | CO INC                                       | /                     |
| The of Marioning Firm Hired by Building C  |                           |  |  |                       |
| NA   |                           | Sueel Address  | 5. SPRUC                                     | = AUC.                |
|  |                           | 369 5  | 7. 3 PILU C                                  |                       |
| ee. Address  |                           | Con State, Zip C   | .∞•  | 7 11.5                |
| 20 (-)   |                           | MAR  | , , CHAR                                     | NJ 03:3               |
| . State Zo Code  |                           |  | -  | License No            |
|  | SK MORESET I              | Taleprone Ho.  | 20 0477                                      | 10444                 |
| and Manager for Monitoring Firm  |                           | : 836-1  | 79-0472                                      |                       |
| 26: 45:46  |                           | Same of OSHA   | Hanna;                                       |                       |
| T Scher  | outed Completon Date (11) | TOSE   | PKKLEM                                       |                       |
| an Date 10.  | . / 1- ! 15               | The state of the s | 474  |                       |
|  |                           | Sue at Acore sa  | Sprice                                       | A 05                  |
| caupancy Status Ouring Abatement (Che  | ex only uses              | 3695   | >1 > PICOCO                                  |                       |
| coupanty 3.200 Do Juma Entre Pr  | ence of Abatemer.         | Cay State, Tup   | Code   | T nan                 |
| coupancy Status During Abatement of Normal Abatement Performed Outside of Normal Abatement Performed Outside of Normal | al Facility Hours         | MAP  | = SHADE                                      | :, N. J. 000          |
| Abalement Performed Outside of the   |                           |  |  |                       |
| 0/14 - 062006  |                           |  | ontanment with Hes                           | anve Piessuit         |
| cope of Hora (Check all mat apply)   |                           | F  | aciosure                                     |                       |
| cook of thour interval   | Renovation                | Glove  | pag Procedure                                | - Frank Procedure     |
| 7.53.51.01.23.11   | 10 Delucipo               | 7 120- 1   | remoted (,) sua Ho                           | A                     |
| ₹ 3 · 50 s · 3 · 2260 il   | -                         |  |  |                       |
|  | is cocation               |  |  |                       |
|  |                           | Descubson  | OI ACM                                       | Yumani                |
|  | Used Solety DY A          | y Source sois 200<br>y Su uienucs sois 200<br>yes cubsou   | COLUMNOO                                     | (Specify              |
| Location of  | Craices:                  | spessos Donders (4 m<br>e mormai system<br>sunspiny. Vi  |  | Specify Strough       |
| Aspestos - Containing Material (ACM)   | S.a.T.                    | suna ong. 17<br>omer myscella  | neas;  | į                     |
| 10 BE ADD TE   | (12)                      | 24/4: :: ( ) 00:   |  | 10                    |
| 131  |                           |  |  |                       |
| **************************************   | YES HO NIA                |  | ·  | 400 b x               |
|  |                           | TRADE  | 76   | -                     |
|  | ×                         |  |  | I                     |
| 5171NG   |                           |  |  |                       |
|  |                           |  |  | -                     |
|  |                           |  |  | l                     |
|  | =                         |  | I Name of Re                                 | gistered Landilli     |
|  | - JUSES W. #              | Cubic Yards  | Name of Ve                                   | , C, M.U.             |
| Unite!   | 1 NUU 11 NO               |  | C1/  | , 0 1                 |
| Name of Registered Waste Haulor  | 17907                     | 5  | City State                                   | _ 1:                  |
| KIEMCO INC.  |                           | Dsposal Da   | Woo  | DSINE                 |
|  | ~ 08052                   |  | - 1000                                       | Daie / - W            |
| C  | 一、スンノン                    |  |  |                       |

| Date of Notification (1) December 23, 201  | 4   |              |                 |                         | uilding Ow<br>Montgo      | ner/Operato<br>mery   | or (2)   | Check #                   | # 175         | <b>9</b> 0 20                   | 2017             |            |  |                |
|--|---|--------------|-----------------|-------------------------|---------------------------|---|--|---------------------------|---------------|---------------------------------|------------------|------------|--|----------------|
| Agencies Notified  | Type Notification                                       |              |                 | treet Addr<br>36 King   | ress<br>js Highv          | vay   | 25   |                           |               |                                 |                  | -          | ــــــــــــــــــــــــــــــــــــــ |                |
| EPA DEP DOL  | Initial Amended Amendment #_                            |              |                 |                         | Zip Code<br>oro, NJ (     |   |  |                           | NODE          | STUS CO<br>LICENSI              | NG<br>NG         | L &        | -1,                                    | and the second |
| ➤ DOH DCA  | Emergency (inc<br>justification)<br>Cancellation        | luding       | 1               | ame of C<br>Nichelle    | ontact<br>Montgo          | mery  |  |                           | Tele          | phone Nun                       | nber             |            |  |                |
| <u> </u>   |   |              |                 | FACILI                  | TY INFOR                  | MATION  |  |                           |               |                                 |                  |            |  |                |
| Name of Facility Where<br>Montgomery Resid<br>Street Address   | dence   | Place (3)    |                 |                         |                           |   | S S  | ther (i.e. pr             | 2)<br>8 (Othe | er than K-12<br>k commerci      | 2)<br>al buildir | ngs, h     | omes                                   | 3,             |
| 236 Kings Highwa City (5)  | у   |              |                 |                         |                           | 4   | Square<br>1,700                                    |                           | # of          | Floors                          | 12               | g. Ag<br>5 | е                                      |                |
| Clarksboro County (6)  |   |              |                 | County Co               |                           |   | Current Use (Prior if being demolished)  Residence |                           |               |                                 |                  |            |  |                |
| Gloucester  Name of Monitoring Fire  | m Hired by Building Ov                                  | mer (8)      |                 | ASCM !                  | No.                       |   | me of Abate  |                           |               |                                 |                  |            |  |                |
| Street Address   | nviro. Consulting S                                     | ervices      |                 |                         |                           | Stre  | eet Addres   | s                         |               |                                 |                  |            |  |                |
| PO Box 341 City, State, Zip Code   |   | City,        |                 |                         |                           | 623 Cutler Avenue City, State, Zip Code Maple Shade, NJ 08052 |  |                           |               |                                 |                  |            |  |                |
| Chesterfield, NJ 0 Project Manager for Man |   | Telephone    |                 | Tel                     | ephone No                 | ).  | 0002   | License N                 | No.           |                                 |                  |            |  |                |
| Bill Weisgarber Start Date (10)  |   | Scheduled    |                 | 609-298                 |                           | Na  | 6-755-00<br>me of OSH                              | A Monitor                 |               | 00042                           |                  |            |  | -              |
| January 12, 2015   | × 100   | January      |                 | 2015                    | 200                       |   | MSL Ana  |                           | ic.           |                                 |                  |            |  |                |
|  | ing Abatement (Check acated During Entire Pe            |              |                 | ent                     |                           |   | eet Addres<br>00 Route                             |                           | th            |                                 |                  |            |  |                |
| Facility Closed/Va     Abatement Perform     Other – Describe  | rmed Outside of Norma                                   | Facility     | Hours           |                         |                           |   | y, State, Zi<br>innamins                           |                           | 8077          |                                 |                  |            |  |                |
| Scope of Work (Check   | : All That Apply)                                       | -            |                 |                         |                           |   |  |                           |               |                                 |                  |            | ia .                                   |                |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 l  |   |              | enova<br>emolit | 50336                   |                           |   | × Mir  | ni-Enclosur<br>ovebag Pro | e<br>cedure   | h Negative<br>e<br>nd Non-Fria  |                  |            | a                                      |                |
|  |   | Τ -          |                 |                         |                           |   | L No   | n-Exemple                 | u()a          | IU INOII-I II                   |                  | Abate      |  | t              |
|  |   |              | Locati<br>ormal |                         |                           | 5   |  |                           |               |                                 |                  | Ту         | ре                                     |                |
| Asbestos-Contain<br>TO BE /  | ion of<br>ing Material (ACM)<br>ABATED<br>acility<br>3) | Used<br>Mair | d Sole          | ly by                   | Asbest<br>(i.e.           | os Containi<br>thermal sys                                    | tems insula<br>, VAT, or                           | I (ACM)<br>ation,         |               | Amount<br>(Specify<br>SF or LF) | Removal          | Repair     | Encapsulate                            | Enclosure      |
| Page   | ement   |              | XXX             | 200000                  | -                         | Pipe Ins  | sulation   |                           |               | 100 LF                          | х                |            |  |                |
| Dase   | ment  |              |                 |                         |                           |   |  |                           |               |                                 |                  |            |  |                |
|  |   |              |                 |                         |                           |   | NOTE NOTE OF THE PARTY.                            |                           |               |                                 |                  |            |  |                |
|  |   |              |                 |                         |                           |   |  | L                         |               |                                 | E (I             |            |  | _              |
| Name of Registered Waste Hauler  NJDEP Waste Hauler ID No.  Freehold Cartage  02265  |   |              |                 |                         |                           | of Waste  | rds  |                           |               | stered Land<br>erks Com         |                  | Lan        | dfill                                  |                |
| City, State  |   |              |                 |                         | Disposal<br>1/14/20       |   | City, Sta  |                           | PA            | -                               |                  | 10         |  |                |
| Freehold, NJ<br>Completed by   | npleted by Title  |              |                 |                         | Signature Date 12/23/2014 |   |  |                           |               | 24 20                           |                  |            |  |                |
| Christina Lynch  |   | Oper         | auui            | ions Manager 12/20/2014 |                           |   |  |                           |               | _                               | -                |            |  |                |

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

CK# 5420

| Date of Notification (1)    |                                       |             |  |                          | ner/Operator (                | 2)                               | DEC 2 9           | 3 2014                 |         | 7             |     |
|-----------------------------|---------------------------------------|-------------|--|--------------------------|-------------------------------|----------------------------------|-------------------|------------------------|---------|---------------|-----|
| 12)                         | 22/14                                 |             | MR   | - • • • •                | JOE N'                        | RUIZ                             |                   |                        |         |               | +   |
| Agency Notified             | Type Notification                     |             | Street Ac  | ddress                   |                               | _   L                            | A D P C T T C C   | ng par nan pagina ni n |         |               | 1   |
|                             | Z Initial                             |             | 7  | 6 SC                     | ung s                         | <b>→</b>                         | ASBESTOS O        |                        | . &     |               | +   |
| DEPA                        | ☐ Amended                             |             | City, Sta  | te, Zip Code             | · ,                           | . NJ.                            | 07003             | 711 7 5                |         |               | _   |
| DEP<br>DOL                  | Amendment#                            |             | Q,   | COON.                    | FI ELU                        | . MJ.                            | Tolonha "         |                        |         | -000          |     |
| <b>д</b> рон                | ☐ Emergency (including iustification) | 119         |  | Contact                  | _                             |                                  | IAL               |                        |         |               |     |
| DCA                         | ☐ Cancellation                        |             | MR   | (150)                    | 2                             |                                  |                   |                        |         | 73            |     |
|                             |                                       |             | FACILI   | ITY INFORM               | ATION                         |                                  |                   |                        |         |               |     |
| Name of Facility Where      | Abatement is Taking Pla               | ace (3)     |  |                          |                               | Type of Facility                 | (4)               |                        |         |               |     |
| 8                           | BSEMENT                               |             | -  |                          |                               | School (K-12                     | )                 | ο.                     |         |               |     |
| 5                           |                                       |             |  | **                       | 2                             | ☐ Subchapter 8 ☐ Other (i.e. pri | (Other than K-1   | 2)<br>jal building     | js,     |               |     |
| 76                          | SPRING S                              | 5           |  | 1.11                     | .,                            | homes, etc.)                     |                   |                        |         |               |     |
| City (5)                    |                                       |             |  | + /1.7                   |                               | Square Feet                      | # of Floors       | Bldg. A                |         | -1            | 11  |
| Bloom                       | MEIELD                                |             |  |                          | 1                             | 2700                             | 2                 |                        | 57      | P S           | 9 8 |
|                             | 1(1003                                |             | County   | Code (7) (ST             | ATE USE                       | Current Use (Pr                  | ior if being demo | olished)               |         |               |     |
| County (6)                  | ZX.                                   |             | ONLY)  | 1                        |                               | RES                              | sidence           |                        |         |               |     |
|                             | m Hired by Building Own               | er AS       | CM No.   | Na                       | me of Abatem                  | ent Contractor (S                | 9)                |                        |         |               |     |
| (8) Matter of Montenand Len |                                       |             | 000000000000000000000000000000000000000  | В                        | est Ren                       | noval In                         | С                 |                        |         |               |     |
| Street Address              |                                       |             |  | The second second second | reet Address                  |                                  | 2.                |                        |         | of            |     |
| Ortact Wildiass             |                                       |             | ¥0 =   | 4                        | 50 Sout                       | h River                          | St                |                        |         |               |     |
| City, State, Zip Code       |                                       |             |  | Ci                       | ty, State, Zip C              | ode                              |                   |                        |         |               |     |
| City, State, Lip Code       | 2                                     |             |  | H                        | ackensa                       | ack, N.J                         | . 07601           |                        |         |               |     |
| Project Manager for Mo      | onitoring Firm                        | Telep       | ohone No.  |                          | lephone No.                   |                                  | License No.       |                        |         |               |     |
| i iojeot indinger ior in    |                                       |             |  |                          | 23                            | -7444 ·                          | 00388             | <u> </u>               |         |               |     |
| Start Date (10)             | Scheduled (                           | Completion  | Date (11)  | N                        | ame of OSHA                   |                                  |                   |                        |         |               |     |
| Start Date (10)             | 1                                     | 19/1.       | 5  |                          |                               | Environm                         | ental             |                        |         |               |     |
| Occupancy Status Dur        | ing Abatement (Check o                | nly one)    |  | S                        | reet Address                  |                                  |                   |                        |         |               |     |
| D Facility Classed Name     | ited During Entire Period             | of Abaten   | nent   |                          |                               | ıyler St                         |                   |                        |         |               | -   |
| D Abetomost Performs        | ad Outside of Normal Fa               | CHIEV HOURS | , .  | C                        | ty, State, Zip C              | code                             | N T C             | 7606                   | 13      |               |     |
| -El Other - Describe:       | JOH TO SY                             | ۹           |  |                          | 5. нас                        | ckensack                         | , 14.5.           | 77000                  |         |               | _   |
| Scope of Work (Check        | all that apply)                       |             |  |                          |                               | Containment with                 | Negative Press    | шге                    |         |               |     |
| □ ≥3 sf or ≥ 3 lf           |                                       |             | Ren<br>D Den   | ovation '                |                               | Enclosure<br>ebag Procedure      |                   |                        |         |               |     |
| ☑ ≥ 160 sf or ≥ 260 lf      |                                       |             | u Den  | HOBBON                   | □ Non-                        | -Exempted (*) an                 | d Non-Friable P   | rocedure               | 1 45    |               |     |
|                             |                                       | T 10.1      | ocation  |                          |                               |                                  |                   |                        | AB      | ratem<br>Type |     |
|                             |                                       | 9.510.70    | mally  | 7:                       | 5                             | -6                               |                   |                        | П       | T             | T   |
|                             | ation of                              |             | Solely by  | Asbesto                  | Description<br>S Containing M | iaterial (ACM)                   | Amour             |                        | 2       | Repair        | i i |
|                             | ning Material (ACM) ABATED            |             | tenance/<br>stodial  | (i.e., ti                | nermai systems                | s insulation,                    | (Speci            |                        | Removal | 8             | 5 6 |
| IN.I                        | acility                               | i s         | mil?   |                          | surfacing, VA                 |                                  | 3, 4, 5           |                        | Na I    | =             | 1   |
|                             | (13)                                  |             | (12)   | 1                        |                               |                                  |                   |                        |         |               | 0   |
|                             |                                       | Yes         | No N/A   |                          | 1.0                           |                                  | 220               | 206                    | ×       | -             | +   |
| BASELLE                     | でて                                    |             | 9  | VAT                      | 1 1/820                       | 10                               | 2/0               | DSF                    | +-      | +             | +   |
|                             |                                       |             |  |                          |                               |                                  |                   |                        | +       | +             | +   |
|                             |                                       |             |  |                          |                               |                                  |                   | هره,                   | H       | +             | +   |
|                             |                                       |             |  |                          |                               |                                  |                   |                        |         |               |     |
| Name of Registered \        | Naste Hauler                          |             | EP Waste   |                          | Cubic Yards of                |                                  | istered Landfill  | 12                     |         |               | ~   |
| Best Ren                    | noval Inc                             | IDN         | The state of the s |                          | Naste                         | Minerv                           | a Enterp          | prises                 | з,      | LL            | C   |
|                             |                                       |             | 17109  | A                        | 307                           | City, State                      |                   |                        | _       |               |     |
| City, State                 | Back Market Market Market             |             |  |                          | Disposal Date                 |                                  | ahura             | 1h ////                | 688     | }             |     |
| Hackensa                    | ack , N.J. C                          | 7601        |  |                          | 12/24/1                       | wayne                            | sburg, (          | Date                   | 300     | -             | 7   |
| Completed by                | Title                                 |             |  |                          | Signature //                  | Maior                            | Quen              |                        | 2/:     | 221           | 1;  |
| J.Maioran                   | 10 Es                                 | timat       | or   |                          | <u> </u>                      |                                  | $\Rightarrow$     |                        | 1       | -1            |     |
| ASB-41                      | * Do                                  | not use thi | is form for a  | sbestos lice             | nsure exempte                 | d achames.                       |                   |                        |         |               |     |

|   |                |   |               |  |  |   | theck                                 |         |                                 |             |    |
|---|----------------|---|---------------|--|--|---|---------------------------------------|---------|---------------------------------|-------------|----|
|   | N              |   | ATION         | te of New Jersey<br>OF ASBESTOS A<br>o NJAC 8:60 and | BATER  |   | # 91/<br>) E G E                      | ام      | $\overline{\mathbb{W}}_{\cdot}$ |             |    |
| Date of Notification (1) 12 - 23 -  | 14             | Na  | ame of        | Building Owner/O                                     | perator  | (2) Kwia                                    | + Kows                                | Ki      |                                 |             |    |
| Agencies Notified Type Notification   | 11             | St  | reet Ad       | Jose p   | <u>1)                                     </u> | · 1 # 11                                    | - A                                   | 15      | 7-11-7                          |             | -  |
| ☐ EPA  Initial ☐ Amended  |                | Ci  | ity, Stat     | e, Zip Code  | 200  | ehmhu                                       | ASBESTOS                              |         | 7791                            | . &         |    |
| DOL Amendment #  DOH Emergency (in justification) Cancellation                      |                | N:  | 73            |  | Kω   | iat Kowski                                  | Telephone Num                         |         | - <del>-</del>                  | -           |    |
| Name of Facility Where Abatement is Taking  |                | )wc                                       |               | ITY INFORMATION                                      | ON   | Type of Facility (4                         |                                       |         |                                 |             |    |
| Street Address J Boehmh   |                |   | AL            | 1  |  | Subchapter Other (i.e. p                    | 8 (Other than K-12 rivate & commercia |         | ings, l                         | nome        | es |
| City (5) Say Reville  | 1              | J-  | 0             | 997Z   |  | Square Feet                                 | # of Floors                           | BI      | dg. Ag                          | e<br>7      | -  |
| County (6) Middlesep  |                |   |               | code (7) ISE ONLY)                                   | _  | Current Use (Price                          | r if being demolish                   | ed)     |                                 |             |    |
| Name of Monitoring Firm Hired by Building C   | wner (8)       |   | ASCM          | No.  | E  | of Abatement Con                            | tractor (9)                           | ies     |                                 | In          | )  |
| Ro. Box 3   | 37             |   |               |  | P  | Address<br>O. Box<br>State, Zip Code        | 337                                   |         |                                 |             |    |
| City, State, Zip Code New Egypt   | N <sub>2</sub> |   | 98<br>elephor | <b>533</b>   | N  | ew Egy                                      | AT NO License N                       | 0       | 85                              | 3           | 9  |
| Project Manager for Month riggs imm Start Date (10)                                 | Schedule       | 6   | 1900          | 758-3365   | 609  | 758-336<br>of OSHA Monitor                  | _                                     | 53      | 59                              | 4           | -  |
| Jan 2, 2015   | Jan            | , 9                                       |               | 015  | Street   | EPC Tect                                    | hnologies                             | T.      | nc                              |             | _  |
| Occupancy Status During Abatement (Check<br>Facility Closed/Vacated During Entire P | eriod of A     | bateme                                    |               |  | 6  | State, Zip Code                             | 337                                   |         |                                 |             | _  |
| ☐ Abatement Performed Outside of Norm ☐ Other – Describe:                           | al Facility    | Hours                                     |               |  |  | ew Egypt                                    | NJ C                                  | 285     | 53                              | 3           |    |
| Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf            | 170000 19000   | Renovati<br>Demolitic                     |               |  | , , , , , , , , , , , , , , , , , , ,          | Full Containme Mini-Enclosure Glovebag Prod |                                       |         |                                 | <b>.</b>    |    |
|   |                | Locatio                                   |               |  |  |   |                                       |         | Abate<br>Ty                     |             | t  |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)        | Use<br>Ma      | d Solely<br>intenan-<br>todial St<br>(12) | y by<br>ce/   | Asbestos Con<br>(i.e. therma<br>surfa                |  | Material (ACM)<br>ns insulation,<br>AT, or  | Amount<br>(Specify<br>SF or LF)       | Removal | Repair                          | Encapsulate |    |
|   | Yes            | No  | N/A           | 0  |  | 11:   | 17515                                 | -       |                                 | 0           | 1  |
| Basement  | X              |   |               | Pipe I   | nsu  | 194100                                      | 125 LF                                | X       |                                 |             | +  |
|   |                |   |               |  |  |   |                                       |         |                                 |             | 1  |
| Name of Registered Waste Hauler   |                | l N.                                      | JDEP W        | Vaste Cubic  | Yards  | Name of                                     | Registered Landfil                    | <u></u> |                                 |             |    |

| EPC Technologies | Hauler ID No. | of Waste 2    |
|------------------|---------------|---------------|
| City, State      | 1             | Disposal Date |

Waste Management of PIA PA Mornisville

Completed by President

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

|       | (:)        | <i>lec</i> | ~    |   |   |
|-------|------------|------------|------|---|---|
| - F23 | <u>—</u> Ы | 9          | 1100 |   |   |
| n E   | 1          | 1.         | . 6  | E | 1 |

| Date of Notification (1)                | 12-23-   | 14  | Name of E            | Building Owner/O           | perator (2)<br>R + hur  | SH          | lossm                           | )91       | )      |   | n         |
|---|--|---|----------------------|----------------------------|---|-------------|---------------------------------|-----------|--------|---|-----------|
| Agencies Notified                       | Type Notification                                    |   | Street Add           |                            | Mand  | Can         | Road                            | 317       | 1      |   |           |
| □ EPA<br>□ DEP<br>□ DOL                 | Initial Amended Amendment #                          |   | City, State          | . Zip Code                 | ummi  | 1 1         | SBESTOS DOL                     | 90        | 28/    | ě                                       |           |
| DOL<br>DOH                              | ☐ Emergency (inc<br>justification)<br>☐ Cancellation | duding                                    | Name of C            | Contact<br>Hhun St         | hlossm  | 1917        | Telephone Numb                  | er        |        | *************************************** | <u>'</u>  |
|   |  | St. (0)                                   | FACIL                | ITY INFORMATION            |   | Facility (4 |                                 |           |        | -                                       | -         |
| Name of Facility Where                  | Family   | Dwe                                       | lling                |                            |   | chool (K-12 |                                 | huildir   | nas h  | omes                                    |           |
|   | Vood fer   |   | d                    |                            | Square  | c.)         | # of Floors                     |           | lg. Ag |   | _         |
| City (5) Sum                            | nit N  | 507                                       | 901                  |                            |   |             | 2                               |           |        |   |           |
| County (6)                              | inn  |   | County C<br>(STATE U |                            | Current   | t Use (Prio | r if being demolishe            | d)        |        |   |           |
| Name of Monitoring Firm                 | Hired by Building Ov                                 | vner (8)                                  | ASCM                 | No.                        | Name of Abate   | ment Cont   | hoolegi                         | ies       | J      | in                                      | 6         |
| Street Address                          | 30x 3  | 7   |                      |                            | Street Address  | Box i       | 337                             |           |        |   |           |
| City, State, Zip Code                   | thus.  | NJ  | 08                   | 533                        | City State, Zip   | Code        | TUA + A                         | 08        | 35     | 3                                       | 3         |
| Project Manager for Mo                  | adri gFirm   |   | Telephon             | e No.<br>7 <b>58-</b> 3365 | Telephone No.   |             | License No                      | 3         | 9      | 4                                       |           |
| Start Date (10)                         |  | Scheduled Co                              | mpletion D           | ate (11)                   | Name of OSH   | A Monitor   | mologies                        | T         |        | •                                       |           |
| Occupancy Status Durin                  | 2015<br>ng Abatement (Check                          |   | 1, 00                | ن د                        | Street Address  | 3           | 2                               |           | -      |   |           |
| Facility Closed/Vac                     | cated During Entire Pened Outside of Norma           | eriod of Abater                           | ment<br>'s           |                            | P-O City, State, Zip  | Box         | 337                             |           |        |   |           |
| □ Other – Describe:                     |  |   | `                    |                            | New E   | gypt        | NJC                             | 85        | 33     | 3_                                      |           |
| Scope of Work (Check /                  | All That Apply)                                      |   |                      | 18 1                       | ci E.V  | Containma   | ent with Negative Pr            | ecci in   | a .    |   |           |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf    |  | Renov<br>Demol                            |                      |                            | ☐ Mini  | -Enclosure  |                                 |           |        |   |           |
|   |  | Γ   | . 1                  |                            | Non   | -Lxempted   | ( ) and Non ( nach              |           | Abate  | ment                                    |           |
| Locatio                                 | n of   | Is Loca<br>Norma                          | ally                 | De                         | escription of   |             |                                 |           | Тур    | e                                       |           |
| Asbestos-Containing TO BE AF In Fac (13 | g Material (ACM)<br>BATED<br>ility                   | Used Sol<br>Maintena<br>Custodial<br>(12) | ance/<br>Staff?      | (i.e. therma<br>surfa      | taining Material<br>Il systems insula<br>acing, VAT, or<br>miscellaneous) |             | Amount<br>(Specify<br>SF or LF) | Removal   | Repair | Encapsulate                             | Enclosure |
|   |  | Yes No                                    | N/A                  | <u> </u>                   | Tiles   |             | 800 SF                          | ×         |        |   |           |
| Basemen                                 | 1  | X   | -                    | Floor                      | 11165   |             | 800.34                          | ^         |        |   |           |
|   |  |   |                      |                            |   |             |                                 |           |        |   |           |
|   | -t-Usular  | -  -                                      | NJDEP W              | aste Cubic                 | c Yards   | Name of     | Registered Landfill             |           |        |   |           |
| Name of Registered Wa                   | chnologies   |   | Hauler ID            | No. of Wa                  | aste 3  | Wasi        | e Manager                       | nent      | 406    | E F                                     | A'        |
| City, State New E                       | J  | NJ .                                      |                      |                            | 9-15  | City, Stat  | isville F                       | A         |        |   |           |
| Completed by School                     | •  | Title Presid                              | bat                  |                            | Signature   | Sch         | ha 1                            | те<br>Д-с | 23     | -15                                     | \$        |

NOTIFICATION OF ASBESTOS ABATEMENT MO#22302819472 (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) 12 / DEC 29 23 ; 14 2014 Jim Mathews Agencies Notified Type Natification Street Address X Initial ☐ EPA 100 Gilbert Road ASSESTOS COLURDE & ▼ DOLWD ☐ Amended City, State, Zip Code LICENSING Amendment # X DHSS Ho-Ho-Kus, NJ 07423 Emergency (including DCA Name of Contact Telephone Number justification) (NJAC 5.23-8) Cancellation Jim Mathews FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12)
Subchapter 8 (Other than K-1 2) Private house Street Address Other (i.e., private and commercial buildings. homes, etc.) 100 Gilbert Road Square Feet # of Floors Bidg. Age City (5) Ho-Ho-Kus, NJ 07423 County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) County (6) Bergen Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 License No. Telephone No Telephone No. Project Manager for Monitoring Firm 01127 973-638-1777 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 01 / 02 / 15 01 / 04 / 15 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35 E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: \_\_\_\_AM-\_\_\_PM/\_\_PM\_\_\_AM Fair Lawn, NJ 07410 Clean up and decontamination with negative pressure Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure >3 sf or >3 if 2 160 sf or 2260 if X Renovation Glovebag Procedure Tent with Negative Pressure Demolition Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Description of Location of Repair Removal Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ (Specify (i.e., thermal systems insulation, TO BE ABATED Custodial Staff? surfacing, VAT, or SIF or LF) IN Facility (12)other miscellaneous) (13)No N/A X Pipe insulation 200 LF Basement X 50 LF Pipe insulation Garage NUDEP Waste Haujer ID No. | Cubic Yards of Waste | Name of Registered Landfill Name of Registered Waste Hauler T.R.R.F. Inc TBD 0033785 Gr Tech LLC City, State Disposal Date City, State Tullytown, PA **TBD** Wayne, NJ 07470 Date Completed By (Print or Type) Title Signature/ 12/23/2014 N.Jevtic Owner ASB-41 \* Do not use this form for asbestos licensure exempted activities. MAY 11

State of New Jersey

Dec 23 2014 02:23pm

P001/001

|              | AFTE   | OW    | Hp)       |          |
|--------------|--------|-------|-----------|----------|
| N. Brogi. of | Health | 8, \$ | nior      | Services |
|              | (slung | lure) | THE PARTY |          |

| Date of Notification (1)                             | 0 0 0 00                | 11/         | Til     | Name             | e of Buildi | ng Owner/Operator                        | (2)                        | Date: 12 e   | 2/14            | -9            | 1 =         | OSP .     |
|--|-------------------------|-------------|---------|------------------|-------------|--|----------------------------|--|-----------------|---------------|-------------|-----------|
| 112 / 1  | 23 / 9, 4               | 14          | 1       |                  |             | estfield Avenue,                         |                            | The state of the s | E IN            | 10: <u>C.</u> |             |           |
|  | Type Notifica           |             |         |                  | t Address   |  |                            |  |                 |               |             |           |
|  | ∆i initial<br>-TAmended |             |         |                  | Box 94      |  |                            |  |                 |               |             |           |
| ⊠ DHSS.  | Amendme                 |             |         |                  | State, Zip  |  |                            |  |                 |               |             |           |
| □ DCA Ď  | ⊠ Emergeno              | y (includin | g       |                  |             | New Jorsey 0720                          | 7                          |  |                 |               |             |           |
| (NJAC 5:23-8)  | justificatio            | n)          |         | A CONTRACTOR     | of Conta    | 08050                                    |                            | Telephone Nur  | nber            | -             |             |           |
|  | Cancellati              | on          |         | Ma               | nny Fer     | nandez                                   |                            |  | 22-11           |               |             |           |
|  |                         |             |         | FA               | CILITY I    | NFORMATION                               |                            | -  |                 |               |             | -         |
| Name of Facility Where Ab                            | atement is Ta           | aking Plac  | e (3)   |                  |             |  | Type of Facility           | (4)  |                 |               |             |           |
| Residence  |                         |             |         | 140              |             |  | School (K-12               | School (K-12)  |                 |               |             |           |
| Street Address                                       |                         |             | STA     | W-4 - 5/5-       |             |  | Subchapter 8               | (Other than K-1  | 2)<br>arolal bu | illelini      | 70          |           |
| 125-135 West Avenue                                  | •                       |             |         |                  |             |  | TO GIVE BITTE CONTINUE     | al Clat Di   | Thom's          | 901           |             |           |
| City (5)   |                         |             |         |                  | ,           |  | Square Feet                | # of Floors  | BI              | dg. A         | ge          |           |
| Elizabeth, New Jerse                                 | y 07208                 |             |         |                  |             |  | 3000                       | 3  |                 | 55+           |             |           |
| County (6)   |                         |             |         | Cou              | nty Code    | (7)(STATE USE ONLY)                      | Current Use (Pri           | or if being demol  | Ished)          |               |             | -         |
| Union  |                         |             |         |                  |             |  | Residence                  |  |                 | e v           |             |           |
| Name of Monitoring Firm Hi                           | ired by Buildi          | ing Owner   | (8)     | ASCM             | No.         |  | ent Contractor (9)         |  |                 |               |             |           |
| N/A<br>Street Address                                | ,                       |             |         |                  |             | Lilich Corpor                            | ation                      |  |                 |               |             |           |
| Street Address                                       |                         |             |         |                  |             | Street Address                           |                            | 1  | 10000           |               |             |           |
| City, State, Zip Code                                |                         |             |         |                  |             | 606 McBride                              |                            |  |                 |               |             |           |
| City, State, Zip Code                                |                         |             |         |                  |             | City, State, Zip Co                      |                            |  |                 |               |             |           |
| Project Manager for Monitor                          | rion Flans              |             | 147     | <del></del>      |             |  | irk, New Jorse             | 7 07424  |                 |               |             |           |
| r roject Manager for Monitor                         | mig rum                 |             | 1 GIG   | aphone           | No.         | Telephone No.                            |                            | License No.  |                 |               |             |           |
| Start Date (10)                                      | 10.                     | cheduled C  |         | 7. 5             |             | 973-225-8400                             |                            | 01104  |                 |               |             |           |
| 12 / 24 /  |                         |             |         |                  |             | Name of OSHA M                           |                            |  |                 |               |             |           |
|  |                         | 12/         |         |                  | 14          |  | mental Laborat             | ories LLC  |                 |               | 20          |           |
| Occupancy Status During A    Facility Closed/Vacated | Datement (C             | neck only   | one)    | ALCES OF THE     |             | Street Address                           |                            |  |                 |               | -           |           |
| Abatement Performed O                                | utside of Nor           | mal Facilit | Abare   | ment<br>re - Dec | orlba       | 2333 Route 2                             |                            | _  |                 |               |             |           |
| Time of Abatement:                                   | AM                      | _PM/        | PM-     | - Des            | AM          | City, State, Zlp Co                      |                            | -  |                 |               |             |           |
| Scope of Work (Check all th                          |                         |             | T) 3    |                  |             | Union, New J                             | ersey 07083                |  |                 |               |             |           |
| Scope of Work (Check all th                          | at apply)               |             |         |                  |             | T Full Cont                              | olamost udik No-           | adlu D.  |                 |               | -           |           |
| ≥3 sf or ≥3 lf     ≥3 sf or ≥3 lf                    |                         |             | novat   |                  |             | Mini-Enc                                 | alnment with Neg<br>losure | ative Prossure   |                 |               |             |           |
| ≥160 sf or ≥260 lf                                   |                         | ⊠ Ďe        | molitic | on               |             | Glovebag                                 | Procedure                  | 12   |                 |               |             |           |
|  |                         | l is        | Local   | tion             | Г—          | Mon-Exe                                  | mpted (*) and No.          | -Friable Procedu   |                 | <u></u>       |             |           |
| Location of  |                         |             | Vorma   | lly              |             | Description o                            | ,                          |  | Ab              | atem          | ent T       | уре       |
| Asbestos-Containing Ma TO BE ABATE                   | terial (ACM)            |             | d Sole  |                  | Asb         | estos Containing Ma                      | terial (ACM)               | Amount   | Rez             | Repair        | EX          | E         |
| IN Facility  | :0                      |             | todial. |                  | (1.6        | a., thermal systems i<br>surfacing, VAT. | nsulation,                 | (Specify<br>SF or LF)  | Remova          | 計             | sqe         | Enclosure |
| (13)   |                         | -           | (12)    | 1.22             | 1           | other miscellane                         | ous)                       | SE DELE)   | 1 2             |               | Encapsulate | 90        |
| 3rd Floor Front Bedroop                              |                         | Yes         | No      | N/A              | 0.111       | DIAL NO.                                 |                            |  |                 |               | . O         |           |
| 3rd Floor Front Bedroon                              |                         | -           |         | N N              |             | &WallPlaster(min                         |                            | 600 SF   | Ø               |               |             |           |
| - TOO! TONE DEGROOM                                  | -                       |             |         |                  | Linolei     | ım Floor (non fri:                       | able method)               | 80 SF  |                 |               |             |           |
|  |                         |             |         |                  |             |  |                            |  |                 |               |             |           |
|  |                         |             |         |                  |             |  |                            |  |                 | Ö             |             |           |
| Name of Registered Waste I                           | Hauler                  |             |         | JDEP V           |             | Cubic Yards of                           | Name of Regist             | ered Landfill  |                 | لب            | ·—-         |           |
| Lillch Corporation                                   |                         |             | 17      | 17824            |             | Waste 5                                  | G.R.O.W.S.                 | Landfill   |                 |               |             |           |
| City, State  |                         | 0000        | • 1     |                  |             | Disposal Date                            | City, State                |  |                 |               |             |           |
| Woodland Park, New                                   |                         | 24          |         |                  |             | 12/26/14                                 | Morrisville,               | Pennsylvania   |                 |               |             |           |
| Completed By (Print or Type                          | ) ].                    | Title       |         |                  |             | Signature                                | -17                        |  | ate             | -             |             |           |
| Momo Glavatovic                                      |                         | Vice Pr     | eside   | net              |             | K  | -14                        | 17   | 12/5            | 23/           | 14          | Ì         |
| SB-41  |                         |             |         |                  |             |  |                            |  | 1               | 1             | 1           |           |

#### State of New Jersey

| <br>(Pursuant to NJAC 8:60 and 5:16)                                    |      |                 |   |  |  |  |  |
|---|------|-----------------|---|--|--|--|--|
| Name of Building Owner/Operator (2)  Monmouth University CK# 3436 \$200 | 12 1 | DEC 2 9 2014    |   |  |  |  |  |
| Street Address  | A    | SBESTOS CONTROL | 2 |  |  |  |  |

| Date of Notification (1)  12 / 23 /   | 14          |             |                 |             | Owner/Operator (2<br>Iniversity CK#  | 111                              | J J UEC           | 2 9                          | 2014       |             | 世         |
|---|-------------|-------------|-----------------|-------------|--|----------------------------------|-------------------|------------------------------|------------|-------------|-----------|
|   |             |             |                 | Address     |  |                                  | 16/25/2           | and the second second second |            | -           |           |
| Agencies Notified Type Notificat  ☐ EPA ☐ Initial   | ,1011       |             | 200.000.000.000 | Cedar A     | vonue  |                                  | ASBESTO           | DS COI<br>ENSIN              | <u>JRC</u> | L&          |           |
| ☑ DOLWD ☐ Amended   |             |             |                 | tate, Zip C |  |                                  |                   | LIVOIN                       | <u>u</u>   |             | _         |
| □ DHSS Amendme  | nt #        |             |                 |             | Branch, NJ 0776  | 4                                |                   |                              |            |             |           |
| □ Emergence     □ Eme |             |             |                 | of Contac   |  | •                                | Telephone Num     | her                          |            |             | _         |
| (NJAC 5:23-8) justificatio  | 10          |             |                 |             |  |                                  | relephone Nun     | ibei                         |            |             |           |
| ☐ Cancellation  | on<br>      |             |                 | ert Corr    |  |                                  |                   |                              |            |             |           |
|   |             |             | FAC             | ILITY IN    | FORMATION  |                                  |                   | -1                           |            |             |           |
| Name of Facility Where Abatement is Ta  |             | (3)         |                 |             |  | Type of Facility (               |                   |                              |            |             |           |
| Monmouth University, Bluff's A  | pt 9B       |             |                 |             |  | ☐ School (K-12<br>☐ Subchapter 8 |                   | 2)                           |            |             |           |
| Street Address  |             |             |                 |             | -  | Other (i.e., pr                  | ivate and comme   | ercial bu                    | ilding     | S,          |           |
| 590 Ocean Boulevard   |             |             |                 |             |  | homes, etc.)                     |                   |                              |            |             |           |
| City (5)  |             |             |                 |             |  | Square Feet                      | # of Floors       |                              | ig. Ag     | е           |           |
| Long Branch, New Jersey 0774  | 0           |             |                 |             |  | 20,000                           | 2                 |                              | 55+        |             |           |
| County (6)  |             |             | Coun            | ty Code (7  | )(STATE USE ONLY)  | Current Use (Pri                 | or if being demol | ished)                       |            |             |           |
| Monmouth  |             |             |                 |             | AND  | University                       |                   |                              |            |             |           |
| Name of Monitoring Firm Hired by Build  | ing Owner ( | 8)          | ASCM I          | No.         | Name of Abateme  | ent Contractor (9)               |                   |                              |            |             |           |
| AHERA Consultants, Inc.   |             |             |                 |             | Lilich Corpor  | ration                           |                   |                              |            |             |           |
| Street Address  |             |             |                 |             | Street Address   |                                  |                   |                              |            |             |           |
| PO Box 385  |             | 5.0         |                 |             | 606 McBride  | Avenue                           |                   |                              |            |             |           |
| City, State, Zip Code   |             |             |                 |             | City, State, Zip Co  | ode                              |                   |                              |            |             |           |
| Oceanville, New Jersey 08231  |             |             |                 |             | Woodland Pa  | ark, New Jerse                   | y 07424           |                              |            |             |           |
| Project Manager for Monitoring Firm   |             | Tele        | ephone I        | No.         | Telephone No.  |                                  | License No.       |                              |            | 155         |           |
| John Smoyer   |             | 6           | 09-652          | -1833       | 973-225-8400   | )                                | 01104             |                              |            |             |           |
| D   | cheduled C  | omple       | etion Dat       | te (11)     | Name of OSHA N   | Monitor                          | 1                 |                              |            |             |           |
| 01 / 05 / 15  |             |             | 7 /             |             | J&S Environ  | mental Labora                    | tories Inc.       |                              |            |             |           |
| Occupancy Status During Abatement (C  |             |             |                 |             | Street Address   |                                  |                   |                              |            |             |           |
| ☐ Facility Closed/Vacated During Entir  |             |             | ment            |             | 2333 Route 2   | 2 West                           |                   |                              |            |             |           |
|   |             |             |                 | cribe       | City, State, Zip Co  |                                  |                   |                              |            |             |           |
| Time of Abatement: 7_AMPM/3:3   |             |             |                 |             | Union, New   |                                  |                   | ****                         |            |             |           |
| Scope of Work (Check all that apply)  |             |             |                 |             | M Full Con   | tainmant with No.                | rativo Progouro   |                              |            |             |           |
| ≥3 sf or ≥3 lf  | ⊠ Re        | novat       | ion             |             | ☐ Mini-End   | tainment with Neg<br>closure     | Jalive Flessule   |                              |            |             |           |
| ☐ ≥160 sf or ≥260 lf  |             | moliti      |                 |             |  | g Procedure                      |                   |                              |            |             |           |
|   |             |             |                 |             | ☐ Non-Exe  | empted (*) and No                | n-Friable Proced  | -                            |            |             |           |
|   | 10.00       | Loca        |                 |             |  |                                  |                   | Ab                           | ateme      | ent Ty      | ype       |
| Location of Asbestos-Containing Material (ACM   | Llee        |             | ely by          | Ash         | Description of<br>estos Containing Ma  |                                  | Amount            | Rer                          | Repair     | Enc         | Enc       |
| TO BE ABATED  | Ma Ma       |             | ance/<br>Staff? |             | e., thermal systems  | insulation,                      | (Specify          | Removal                      | air        | Encapsulate | Enclosure |
| IN Facility   | Cus         | (12)        |                 |             | surfacing, VAT<br>other miscellane   |                                  | SF or LF)         | <u> </u>                     |            | ula         | Te        |
| (13)  | Yes         | No          | 7               |             | Other miscelland   | .003)                            |                   |                              |            | ë           |           |
| Bluff's Apartment 9-B Bathroom  |             | $\boxtimes$ |                 | Sheetr      | ock/Joint Comp   | ound Walls/                      | 120 SF            |                              |            |             |           |
|   |             |             |                 | Ceiling     |  |                                  |                   |                              |            |             |           |
|   |             |             |                 |             |  | 30.0                             |                   |                              |            |             |           |
|   |             |             |                 |             |  |                                  |                   | ĪΠ                           | П          | П           |           |
| Name of Registered Waste Hauler   |             | -           | NJDEP           |             | Cubic Yards of   | Name of Regis                    | stered Landfill   |                              |            |             |           |
| Lilich Corporation  |             | 1/2         | Hauler II       | O No.       | Waste  | G.R.O.W.S                        |                   |                              |            |             |           |
|   |             |             | 18724           | 1           | 5<br>Disposal Date   | City, State                      |                   |                              |            | -           |           |
| City, State   | 121         |             |                 |             | 01/08/15   |                                  | , Pennsylvani     | a                            |            |             |           |
| Woodland Park, New Jersey 07  |             |             |                 |             | SENTEN STATE OF SERVICE SERVIC | MOLLIZALILE                      |                   |                              |            |             |           |
| Completed By (Print or Type)  | Title       |             |                 |             | Signature  | 2/1                              | I                 | Date                         | 2          | 111         | , ,       |
| Momo Glavatovic   | Vice P      | resid       | ent             |             |  | 510                              |                   | 12/                          | 23         | 1/2         | 7         |
| ASB-41  |             |             |                 |             |  |                                  |                   | - /                          |            | ,           |           |

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

MAY 11

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

check 5427

| Date of Notification (1)  |  | N   | 111                 | (                                   | Owner/Operator  |   |   |                  |         |            |            |           |
|---|--|---|---------------------|-------------------------------------|---|---|---|------------------|---------|------------|------------|-----------|
| 12 - 23 - 19 Secret Notified Type Notified  | zation                                   | s   | treet A             | ddress                              | 0 -11-  | -0.4.16   | 6-2:-                                     | F 2              | 9       | 201        | 4          |           |
| DEP I Initial II Amende Amende II Emerge justifica  | mest#<br>ncy (including<br>lion)         |   | Ri<br>Jame o        | de, Zip C<br>OGE<br>Contract<br>RIK | WOOD  | RVING   | STREE                                     | O                |         |            |            | . d       |
| DCA U Cancell   | 10011                                    |   |                     | The second second second            | RMATION   | ,   |   |                  |         |            | COL        |           |
| tame of Facility Where Abatement is  W. RIKER  Street Address   |  |   |                     |                                     |   | Type of Facility  School (K-12 Subchapter 8 Other (i.e. prinomes, etc.) | )<br>(Other than K-12<br>hate & commercia | i)<br>al buildin | gs,     |            |            |           |
| 216 SOUTH I<br>RIDGELEROOD  | icolob .                                 |   |                     |                                     | (STATE USE  | Square Feet 2100  | # of Floors 2 nor if being demol          | Bidg.<br>90      |         |            | 25         | 5         |
| County (6) BERGEN   |  |   | CHLY)               | 1                                   | (OINIE OUE  |   | ENCE                                      | :*:              |         |            |            |           |
| Name of Monitoring Firm Hired by B<br>8)  | uilding Owner                            | ASCM  | No.                 |                                     |   | ment Contractor (   | 9)  |                  | د       |            |            |           |
| Street Address  |  |   | 186                 |                                     |   | th River  | St  |                  |         |            |            |           |
| City, State, Zip Code   |  |   |                     |                                     | City. State, Zip<br>Hackens   |   | . 07601                                   |                  |         |            |            |           |
| roject Manager for Monitoring Firm  |  | Telephon  | e No.               |                                     | Telephone No. 201-329   |   | 00388                                     |                  |         |            |            |           |
| 1-6-15  | cheduled Comple<br>  - 8-1               | 5   | e (11)              |                                     | Name of OSHA Omega Street Address   | Monior<br>Environm  | ental                                     |                  |         |            | _          |           |
| Decupancy Status During Abatemer  Facility Closed/Vacated During El  Abatement Performed Outside of  Other - Describe: & AM | ntire Period of Aba<br>Normal Facility H | atement   |                     |                                     | 280 H   | uyler St<br>Code<br>ckensack  | ,N.J. 07                                  | 7606             |         |            |            |           |
| Scope of Work (Check all that apply<br>10 ≥ 3 sf or ≥ 3 lf<br>12 ≥ 160 sf or ≥ 260 lf                                       |  |   | ■ Ren               | ovation '                           | - Gin   | Containment with -Enclosure   | Negative Pressu                           | re .             |         |            |            | 15        |
|   |  | ls Locati   |                     | 40 10                               |   |   |   |                  | A       | Date<br>Ty |            | est       |
| Location of Asbestos-Containing Material ( TO BE ABATEDIN Facility (13)   | ACM) M                                   | Normali<br>sed Sole<br>laintenar<br>Custodi<br>Staff?<br>(12) | ly by<br>nce/<br>al | Asbo:<br>(Le.                       | Description ares Containing M thermal system confacts, VA other miscellan | laterial (ACM)<br>s insulation,<br>T, or                                | Amount<br>(Specify<br>SF or LF)           |                  | Removel | Repair     | Encapadate | Enclosure |
|   | Yes                                      | No  | NA                  | - ·                                 | ó., 101   | 11 1712 27  | 70  | SF               | X       |            |            | -         |
| BASEMENT  |  | +-  | 1                   |                                     | MAC INSU  |   | 95  | _                | X       |            |            |           |
| 124 20 11 CN 1  |  | 1   | -                   | ( 46.00                             | 1100 11030  | - 11/10/-   |   | >>               |         |            |            | L,        |
| Name of Registered Waste Hauder<br>Best Removal I:  |  | DEPV<br>DNo.  | Vaste H             | auler                               | Cubic Yards of Waste 2 YDS Disposal Date                                  |   | stered Landfill<br>1 Enterpr              | ises             | . ,     | LI         | C          | _         |
| Hackensack , N  | .J. 0760                                 | 1   |                     |                                     | 1-8-15  | Waynes  | burg, Oh                                  |                  | 88      |            |            |           |
| Completed by R. VELDRAN   | me<br>Estima                             | tor   |                     | * .                                 | Signature<br>R. Veld  | ran   |   | 12 -             | 2       | 3-/        | 14         | 1         |

| Date of Notification   |   | 14           |                 |                           |                       | Owner/Operator (<br>ompson CK#   | A Carolina  | DEC                             | 2 0 20         | 15.7            |                   |                     |
|--|---|--------------|-----------------|---------------------------|-----------------------|--|---|---------------------------------|----------------|-----------------|-------------------|---------------------|
| Agencies Notified  |   | on           |                 |                           | Address<br>N 35th Str | eet, 11th Floo   | r   |                                 | 4-8 ±6         | 17              |                   |                     |
| □ DOLWD     □            | Amended Amendmen  |              |                 |                           | ate, Zip Coo          | de<br>w York 10001   | L   | LICE                            | CL 7:<br>NSING | łū <u>i</u> , ł | <del>\</del> .    | Name of Page Stores |
| DCA  | Emergency justification   |              |                 |                           | of Contact            |  |   | Telephone Nu                    | mber           |                 | - Santra-planning |                     |
| (NJAC 5:23-8   | ☐ Cancellatio   |              |                 |                           | saiah Tho             | mpson  |   |                                 |                |                 |                   |                     |
| -  |   |              |                 |                           |                       | ORMATION   |   | _                               |                |                 |                   |                     |
| Name of Eacility   | Where Abatement is Ta   | king Place   | (3)             | 1 70                      | 161111111             | OKINATION  | Type of Facility  | (4)                             |                | -               |                   |                     |
| Apartment B  |   | iking i lacc | (0)             |                           |                       |  | School (K-12  |                                 |                |                 |                   | 4                   |
| Street Address   | Juliung   |              |                 |                           |                       |  | Subchapter  | (Other than K-                  | 12)            | ildina          |                   |                     |
|  | omfield Avene   |              |                 |                           |                       |  | Other (i.e., p  |                                 | ierciai bu     | liding          | ٥,                |                     |
| City (5)   |   |              |                 |                           |                       |  | Square Feet   | # of Floors                     | Blo            | ig. Ag          | e                 |                     |
|  | w Jersey 07006  |              |                 |                           |                       |  | 20,000  | 6                               |                | 55+             |                   |                     |
| County (6)   |   |              |                 | Coun                      | ty Code (7)(          | STATE USE ONLY)  | 1   |                                 | olished)       |                 |                   |                     |
| Essex  |   |              |                 |                           |                       |  | Apartment   |                                 |                |                 |                   |                     |
| Name of Monitor  | ing Firm Hired by Buildin   | ng Owner (   | 8)              | ASCM I                    | No.                   |  | ent Contractor (9)  |                                 |                |                 |                   |                     |
| J & S Enviro   | nmental Laboratori  | es LLC.      |                 |                           |                       | Lilich Corpo   | ration  |                                 |                |                 |                   |                     |
| Street Address   |   |              |                 |                           |                       | Street Address   | <del></del>   | 23                              |                |                 |                   |                     |
| 2333 Route   | 22 West   |              |                 |                           | 1                     | 606 McBride  | Avenue  |                                 |                |                 |                   |                     |
| City, State, Zip C   | Code  |              |                 |                           |                       | City, State, Zip C   |   |                                 |                |                 |                   |                     |
| 9  | Jersey 07083  |              |                 |                           |                       |  | ark, New Jerse  |                                 |                |                 |                   |                     |
| The state of the s | for Monitoring Firm   |              | N 533           | phone I                   | The second second     | Telephone No.  | 0   | License No.                     |                |                 |                   |                     |
| Sheryll  | 15  |              | 1000            | 08-206                    |                       | 973-225-840  |   | 01104                           |                |                 |                   |                     |
| Start Date (10)  | 06 / 15   | cheduled C   |                 |                           | 38                    | Name of OSHA  J&S Enviror  | wonitor<br>imental Labora   | tories Inc.                     |                |                 |                   |                     |
|  |   |              |                 |                           |                       | Street Address   | miontal Education   |                                 |                |                 |                   |                     |
|  | us During Abatement (C<br>ed/Vacated During Entire                          |              |                 | ment                      | 1                     | 2333 Route   | 22 Meet   |                                 |                |                 |                   |                     |
|  | erformed Outside of Nor   |              |                 |                           | cribe                 | City, State, Zip C   |   |                                 |                |                 |                   |                     |
|  | ement: 7_AMPM/ <u>3:30</u>  |              |                 |                           |                       |  | Jersey 07083  |                                 |                |                 |                   |                     |
| Scope of Work (  | Check all that apply)   |              |                 |                           |                       | Omon, non  | 00.007 0.000  |                                 |                |                 |                   |                     |
| <ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥2</li> </ul>  |   | ⊠ Re         | novat<br>moliti | ion<br>on                 |                       |  | ntainment with Ne<br>closure<br>ag Procedure<br>empted (*) and No |                                 | dure           |                 |                   |                     |
|  |   |              | Loca            |                           |                       |  |   |                                 | Ab             | atem            | ent T             | уре                 |
| Asbestos-Co  | Location of<br>intaining Material (ACM)<br>BE ABATED<br>IN Facility<br>(13) | Use<br>Ma    | inten           | ely by<br>ance/<br>Staff? |                       | Description<br>tos Containing M<br>, thermal systems<br>surfacing, VA<br>other miscellan | laterial (ACM)<br>s insulation,<br>T, or                          | Amount<br>(Specify<br>SF or LF) | Removal        | Repair          | Encapsulate       | Enclosure           |
|  |   | Yes          | No              | N/A                       |                       |  |   |                                 |                | _               | _                 | _                   |
| Basement   |   |              |                 |                           | Thermal               | System Insul   | ation   | 200 LF                          |                |                 |                   | 1                   |
| Basement   |   |              |                 |                           | Reclean               | Elbows, Debr   | is & Dust   | 310 LF                          |                |                 |                   | 븯                   |
|  |   |              | 므               |                           |                       |  | •   |                                 |                |                 |                   | 片                   |
|  |   |              |                 | $\boxtimes$               |                       |  |   |                                 |                |                 | Ш                 |                     |
| F  | ered Waste Hauler   |              | 100             | NJDEP '<br>Hauler II      |                       | Cubic Yards of<br>Waste  | G.R.O.W.  | istered Landfill                |                |                 |                   |                     |
| Lilich Corpo   | nation  |              | ٠,              | 18724                     | 3                     | 5  |   | Landin                          |                | _               |                   |                     |
| City, State<br>Woodland F  | Park, New Jersey 07   | 424          |                 |                           |                       | Disposal Date<br>01/12/15  | City, State  Morrisvill   | e, Pennsylvar                   | nia            |                 |                   |                     |
| Completed By (F  |   | Title        |                 |                           |                       | Signature  |   | 98X                             | Date           |                 | -                 |                     |
| Momo Glava   | 75 90 80 80 80 10 E 80 80 80 E  | Vice P       | resid           | ent                       |                       | J.g.iataro   | G#6   |                                 | 121            | 23              | //                | 4                   |

|   |                               |   |  |   | LEONJAL            | 8:60 an  | d 12:120                                | 3)                                       | 200                            | # 28      | 40      | 1 1                                   | 5         |
|---|-------------------------------|---|--|---|--------------------|--|---|--|--------------------------------|-----------|---------|---------------------------------------|-----------|
| Data of Natification (1)                        |                               |   | · ·                                    |   |                    |  |   | •  |                                |           |         | · · · · · · · · · · · · · · · · · · · | 71        |
| Date of Notification (1)                        |                               |   |  |   | of Building        |  | Operator                                | (2)                                      | ly Lite De                     | D 29      | 1 520   |                                       |           |
| 12/23/2014<br>Agencies Notified                 | True Netfeetle                |   |  |   | City B             | OE   |   |  | I wet . Dis                    | - Z- B    | £0      | 4                                     |           |
| Agencies Notified                               | Type Notificatio              | n                                       |  | 100000000000000000000000000000000000000 | address<br>Iaremor | at Assa  |   | -  |                                |           |         |                                       |           |
| EPA   | Initial                       |   | - 1                                    |   | ate, Zip C         |  |   |  |                                | 7400      |         |                                       | 1         |
| DEP<br>DOL                                      | Amended<br>Amendme            | nt#                                     |  |   | / City, N          |  | ) F                                     | Ĺ  | L                              | (CENS)    | NG      | -L 2                                  |           |
|   | Emergenc                      | y (including                            |  |   | of Contact         |  | J5                                      |  | Telephon                       | o Numbo   |         |                                       |           |
| DOH DCA   | justification<br>Cancellation |   |  |   | O'Shea             |  |   |  | releption                      | e Numbe   |         |                                       |           |
|   | Caricellatio                  | JII                                     |  |   | ILITY INF          | La constitution of the con | ION                                     |  |                                | -         |         |                                       |           |
| Name of Facility Where                          | Abatement is Tak              | ing Place (                             | 3)                                     | FAC                                     | ILIT INF           | ORWAT  | ION                                     | Type of Faci                             | lity (4)                       |           |         |                                       | -         |
| School No. 41                                   |                               |   |  |   |                    |  |   |  | • • •                          |           |         |                                       |           |
| Street Address                                  |                               |   |  |   |                    | -  |   | School Subcha                            | (K-12)<br>pter 8 (Other than   | K-12)     |         |                                       |           |
| 59 Wilkinson Ave                                |                               |   |  |   |                    |  |   | Other (i                                 | .e. private & com              |           | uilding | s, hom                                | ies,      |
| City (5)  |                               |   |  |   |                    |  |   | etc.) Square Feet                        | # of Floor                     |           | Dida    | A ===                                 | _         |
| Jersey City                                     | NJ 07305                      |   |  |   |                    |  |   | Oquale Feet                              | # 01 11001                     | 5         | Bldg.   | Age                                   |           |
| County (6)                                      |                               |   | T                                      | County                                  | Code (7)           | <b>1</b>   |   | Current Use                              | (Prior if being der            | molished) |         |                                       |           |
| Hudson  |                               |   |  | •                                       | USE ONLY           | ')   |   |  |                                |           |         |                                       |           |
| Name of Monitoring Fir                          | m Hired by Building           | Owner (8                                | )                                      | ASC                                     | M No.              |  | Name                                    | of Abatement                             | Contractor (9)                 |           |         |                                       |           |
| AHERA   | 0-0-0-0                       |   |  |   |                    |  | Nick I                                  | Restoration                              | LLC                            |           |         |                                       |           |
| Street Address                                  |                               |   |  |   |                    |  |   | Address                                  |                                |           |         |                                       |           |
| P.O BOX 385                                     | era e                         |   |  |   |                    |  | 72 Br                                   | ookside Ro                               | Ė                              |           |         |                                       |           |
| City, State, Zip Code                           |                               | -                                       |  |   |                    |  | City, S                                 | tate, Zip Code                           | )                              |           |         |                                       |           |
| Oceanville, NJ 082                              |                               |   |  |   | 67                 |  | Rand                                    | olph NJ 0                                | 7869                           |           |         |                                       |           |
| Project Manager for Mo                          | nitoring Firm                 | *************************************** |  | Telepho                                 | one No.            |  | Teleph                                  | none No.                                 | Licer                          | nse No.   |         |                                       |           |
| John Smoyer                                     |                               |   |  |   | 52-183             |  | 973-9                                   | 33-2550                                  | 0113                           | 33        |         |                                       |           |
| Start Date (10)                                 |                               | 0. AND THE RESERVED                     |  | npletion                                | Date (11)          | )  | 500000000000000000000000000000000000000 | of OSHA Mon                              |                                |           |         |                                       |           |
| 12/26/2014                                      |                               | 12/29/                                  |  |   |                    |  | J&S E                                   | Environmer                               | ntal                           |           |         |                                       |           |
| Occupancy Status Duri                           | ng Abatement (Che             | eck Only O                              | ne)                                    |   |                    |  | Street                                  | Address                                  |                                |           |         |                                       |           |
| Facility Closed/Va                              | cated During Entire           | Period of                               | Abaten                                 | nent                                    |                    |  | 2333                                    | RT 22                                    |                                |           |         |                                       |           |
| Abatement Perform Other – Describe:             |                               | rmal Facilit                            | y Hours                                | 3                                       | 4                  |  | City, S                                 | tate, Zip Code                           |                                |           |         |                                       |           |
|   |                               |   |  |   |                    |  | Union                                   | , NJ 07083                               | 3                              |           |         |                                       |           |
| Scope of Work (Check                            | All That Apply)               |   |  |   |                    |  | Vent en marie                           | _  |                                |           |         |                                       |           |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf            | # · ·                         |   | Renova<br>Demolit                      |   |                    |  |   | Mini-Enclo<br>Glovebag                   |                                |           |         | re                                    |           |
|   |                               | ls                                      | Locati                                 | ion                                     |                    |  |   |  |                                |           |         | temen                                 | t         |
| Locatio   | n of                          |   | Normal                                 | ly                                      |                    | Des  | scription                               | of                                       |                                |           | T       | уре                                   |           |
| Asbestos-Containin<br>TO BE AB<br>In Fac<br>(13 | BATED                         | Ma                                      | ed Sole<br>aintena<br>todial 8<br>(12) | nce/                                    |                    | stos Cont<br>thermal<br>surfac   | aining M                                | laterial (ACM)<br>s insulation,<br>T, or | Amount<br>(Specify<br>SF or LF | 7         | Repair  | Encapsulate                           | Enclosure |
|   |                               | Yes                                     | No                                     | N/A                                     |                    |  |   |  |                                |           |         | ate                                   | (a)       |
| Basement - Boiler                               | room area                     |   | ×                                      |   | TSI                |  |   |  | Appr.50 S                      | FX        |         |                                       |           |
|   |                               |   |  |   |                    |  |   |  |                                |           | 1       |                                       |           |
|   |                               |   |  |   |                    |  |   |  |                                |           |         |                                       |           |
| Name of Pogisters J.M.                          | oto Usvila                    |   |  |   |                    |  |   |  |                                |           |         |                                       |           |
| Name of Registered Wa<br>Nick Restoration LI    |                               |   | H                                      | JDEP W<br>auler ID<br>3782              |                    | of Was   |   | OSSESSE -                                | of Registered La<br>D.W.S      | ndfill    |         |                                       |           |
| VICK I VESTOLATION LI                           |                               |   | 10                                     | 1102                                    |                    | IDD  |   | · · ·                                    |                                |           |         |                                       |           |
| City, State                                     | NJ 07869                      |   |  |   |                    |  | al Date                                 | City, S                                  |                                |           |         |                                       |           |
| City, State                                     | NJ 0 <mark>7869</mark>        | Title                                   |  |   |                    | TRD  |   |  | OWn DA                         |           |         |                                       | OF HEE    |

State of New Jersey

|  |                     |                               |  |                             |                                 | NEGE                        | 1        | W/      | 已            |           |
|--|---------------------|-------------------------------|--|-----------------------------|---------------------------------|-----------------------------|----------|---------|--------------|-----------|
| Project #  | NOTIF<br>(P         | ICATION (                     | of New Jers<br>OF ASBESTO<br>NJAC 8:60 | S ABATE                     | MENT                            | Check #                     | 1.1      |         | Lim<br> <br> |           |
| Date of Notification (1)                             |                     | Name of                       | Building Owne                          | r/Operator                  | (2)                             | DEC 2                       | 9 4      | 014     | i i          |           |
| 12/23/2014   |                     | South P                       | lainfield So                           | chool Di                    | strict                          |                             |          |         |              |           |
| Agencies Notified Type Notification                  |                     | Street Ad                     | dress                                  |                             |                                 | ASBESTOS                    | CON      | ROL     | 8            |           |
|  |                     | 125 Jac                       | kson Ave                               |                             |                                 | LICEN                       | ISING    | ,       | 70.53        |           |
| EPA Initial DEP Amended                              |                     | City, Stat                    | e, Zip Code                            |                             |                                 |                             |          |         |              | i,        |
| DOL Amendment  |                     | South F                       | Plainfield, N                          | J 07080                     | )                               |                             |          |         |              |           |
| Emergency ( justification)                           | including           | Name of                       | Contact                                |                             |                                 | Telephone Num               | ber      |         |              |           |
| DCA Cancellation                                     |                     | Lori Tiro                     | one                                    |                             |                                 |                             |          |         |              | 100       |
|  |                     | FACIL                         | ITY INFORM                             | ATION                       | I Town of Capilles              | (4)                         |          |         |              |           |
| Name of Facility Where Abatement is Takin            |                     |                               |  |                             | Type of Facility                | (4)                         |          |         |              |           |
| South Plainfield Administration B                    | uilding             |                               |  |                             | School (K-                      | 12)<br>r 8 (Other than K-12 | 1        |         |              |           |
| Street Address                                       |                     |                               |  |                             | Other (i.e.                     | private & commercia         | d build  | ings, I | nome         | s,        |
| 125 Jackson Ave                                      |                     |                               |  |                             | etc.)                           |                             |          |         |              |           |
| City (5)   | 2438441             |                               |  |                             | Square Feet                     | # of Floors                 | BI       | dg. Ag  | je           |           |
| South Plainfield ,NJ                                 |                     |                               |  |                             | 0                               | ior if being demolish       | od)      |         |              | _         |
| County (6)   |                     | County C                      | Code (7)<br>ISE ONLY)                  |                             | Current Use (Pi                 | for it being demoising      | eu)      |         |              |           |
| Middleesex   |                     |                               |  |                             | L                               | -tt(0)                      |          |         |              |           |
| Name of Monitoring Firm Hired by Building            | Owner (8)           | ASCM                          | No.                                    |                             | of Abatement Co                 |                             |          |         |              |           |
| AHERA  |                     |                               |  | A CONTRACTOR                | Restoration L                   | LC                          |          |         |              |           |
| Street Address                                       |                     |                               |  |                             | t Address                       |                             |          |         |              |           |
| P.O BOX 385  |                     |                               |  |                             | rookside Rd                     |                             |          |         |              | _         |
| City, State, Zip Code                                | 17                  |                               |  |                             | State, Zip Code                 |                             |          |         |              |           |
| Oceanville, NJ 08231                                 |                     |                               |  |                             | dolph NJ 078                    |                             |          |         |              |           |
| Project Manager for Monitoring Firm                  |                     | Telephor                      |  | 1                           | ohone No.                       | License N                   | 0.       |         |              |           |
| John Smoyer  |                     |                               | 52-1833                                |                             | 933-2550                        | 01133                       |          |         | _            |           |
| Start Date (10)                                      | Scheduled Co        |                               | Date (11)                              |                             | e of OSHA Monito                |                             |          |         |              |           |
| 12/23/2014   | 12/25/2014          | 4                             |  |                             | Environment                     | 31                          |          |         |              | _         |
| Occupancy Status During Abatement (Che               | ck Only One)        |                               |  |                             | et Address                      |                             |          |         |              |           |
| Facility Closed/Vacated During Entire                | Period of Abate     | ement                         |  | 1-00                        | 3 RT 22                         |                             |          |         |              |           |
| Abatement Performed Outside of Nor Other – Describe: | mal Facility Hou    | ırs                           |  |                             | State, Zip Code<br>on, NJ 07083 |                             |          |         |              |           |
| Scope of Work (Check All That Apply)                 |                     |                               |  |                             |                                 |                             |          | (4)     | P. III       |           |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf                 |                     | vation<br>olition             |  |                             | Mini-Enclosu Glovebag Pr        |                             |          |         | Δ.           |           |
|  | T                   |                               |  |                             | Non-Exemple                     | T                           | T        | Abate   |              | t         |
|  | ls Loc<br>Norm      |                               |  |                             |                                 |                             |          | Ту      | ре           |           |
| Location of<br>Asbestos-Containing Material (ACM)    | Used So             |                               | Acheetos                               | Description                 | on of<br>Material (ACM)         | Amount                      |          |         | П            |           |
| TO BE ABATED   | Mainter<br>Custodia |                               | (i.e. the                              | rmal syster                 | ms insulation,                  | (Specify                    | Rer      | 20      | Encapsulate  | Enc       |
| In Facility  | (1)                 |                               |  | urfacing, \<br>ner miscell  |                                 | SF or LF)                   | Remova   | Repair  | psul         | Enclosure |
| (13)   |                     | 1                             | 1                                      | ici iiiiocii                | ancous,                         |                             | <u>a</u> | 1       | late         | l e       |
|  | Yes N               | o N/A                         |  |                             |                                 | -                           |          | -       |              | $\vdash$  |
| Hallway  | ×                   |                               | TSI                                    |                             |                                 | 9 LF                        | ×        | _       | _            | _         |
|  |                     |                               |  |                             |                                 |                             |          |         |              |           |
|  |                     |                               |  |                             |                                 |                             |          |         |              |           |
|  |                     |                               | <del> </del>                           |                             |                                 | +                           | -        | -       | -            | 1         |
|  |                     |                               |  | bla.V                       | . I Niama                       | of Registered Landfi        |          | <u></u> |              |           |
| Name of Registered Waste Hauler Nick Restoration LLC |                     | NJDEP V<br>Hauler ID<br>33872 | No. o                                  | ubic Yards<br>f Waste<br>BD | G.R.C                           |                             |          |         |              |           |
| City, State<br>Randolph, NJ                          |                     | 30072                         | D                                      | isposal Da<br>BD            |                                 | own, PA                     |          |         |              |           |
|  | Title               |                               |  | Signate                     |                                 | //                          | ate      | _       |              | -         |
| Completed by   | Presider            | at                            |  | Jighati                     | Elvia L                         |                             | 2/23/2   | 2014    | 60           |           |
| Elvira Mrda  | resider             | 11                            |  |                             | WIN                             | 140 (0)                     |          |         |              |           |

CK 112

| Date of Notification (1) 12/24/14                          |                                       |                  | Ì                                   | Name of              | Building C              | Owner/O                     |                | *                    |   |               | DEC 2                      | 9 20           | 1]4             |             |           |
|--|---------------------------------------|------------------|-------------------------------------|----------------------|-------------------------|-----------------------------|----------------|----------------------|---|---------------|----------------------------|----------------|-----------------|-------------|-----------|
| Agencies Notified  | Type Notification                     |                  | 11                                  | Street Ad<br>16 Cro  | ddress<br>ss Stree      | et                          | H2577-1957     |                      |   |               | en agrapa halikan h        |                | ,               |             |           |
| EPA DEP DOL  | Initial Amended Amendment             |                  | 1 1 2                               | Spring of an article | te, Zip Co<br>all NJ 07 |                             |                |                      |   | Fish          | ESTOC<br>LICEN             |                | <del>1101</del> | ·           |           |
| <ul><li>✓ DOH</li><li>✓ DCA</li></ul>                      | Emergency justification) Cancellation |                  |                                     | Name of<br>Harold    |                         |                             |                |                      |   | Tele          | ephone Nu                  | mber           |                 |             |           |
| Name of Facility Where N/A Street Address 16 Cross Street  | Abatement is Takir                    | ig Place (3)     |                                     | FACII                | LITY INFO               | RMATI                       | ON             | Ty                   | ype of Facility (    School (K-*   Subchapter   Other (i.e.   | 12)<br>8 (Oth |                            |                | dings           | home        | es,       |
| City (5)<br>Vauxhall                                       |                                       |                  |                                     |                      |                         |                             |                | 500.0                | etc.)<br>quare Feet<br>600SF                                  | # 01          | Floors<br>2                | 1.00           | ildg. A         | \ge         |           |
| County (6)<br>union  |                                       | - 100            |                                     | County C             | Code (7)<br>JSE ONLY)   |                             |                | Cı                   | urrent Use (Pri<br>Lesidential                                | or if bei     |                            | shed)          |                 |             |           |
| Name of Monitoring Firm<br>Divine Environmen               |                                       | Owner (8)        |                                     | ASCM                 | 1 No.                   |                             |                |                      | Abatement Co<br>point Contr                                   |               |                            | ition          |                 |             |           |
| Street Address<br>358 Broadway                             |                                       |                  |                                     |                      |                         |                             |                | erk                  | keley Terrac  | e             |                            |                |                 |             |           |
| City, State, Zip Code<br>Newark NJ                         |                                       |                  |                                     |                      |                         |                             |                |                      | e, Zip Code<br>on NJ 07111                                    |               |                            |                |                 |             |           |
| Project Manager for Mor<br>Chinyelu Oraegbur               |                                       |                  | 100                                 | Telephor<br>201-48   | ne No.<br>33-9788       |                             | Teleph<br>973- |                      | e No.<br>2-2177   |               | License   44331            | No.            |                 |             |           |
| Start Date (10)<br>01/8/15                                 |                                       | Schedule 01/10/1 |                                     | npletion (           | Date (11)               |                             | JLC            | En                   | OSHA Monitor<br>vironmenta                                    |               |                            |                |                 |             |           |
| Occupancy Status Durin  Facility Closed/Vac                | cated During Entire                   | Period of A      | batem                               | nent                 |                         |                             |                | Ves                  | st 25th Stree   | et            |                            |                |                 |             |           |
| Abatement Perform Other – Describe:                        | ned Outside of Nor                    | mal Facility     | Hours                               | \$                   |                         | _                           |                |                      | e, Zip Code<br>NY 10007                                       |               |                            | lb.            |                 |             |           |
| Scope of Work (Check A  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf | All That Apply)                       |                  | enova<br>emolit                     |                      |                         |                             | ×              |                      | Full Containm<br>Mini-Enclosur<br>Glovebag Pro<br>Non-Exempte | e<br>cedure   |                            |                |                 | re          |           |
|  |                                       |                  | Locati                              |                      |                         | Do                          | scription      | n of                 |   |               |                            |                |                 | emen<br>ype | t         |
| Locatio Asbestos-Containing TO BE AB In Fac (13)           | g Material (ACM)<br>BATED<br>ility    | Mai              | d Sole<br>ntenar<br>odial S<br>(12) | nce/                 |                         | tos Con<br>thermal<br>surfa | taining N      | Mate<br>is in<br>AT, | erial (ACM)<br>esulation,<br>or                               | (5            | mount<br>Specify<br>or LF) | Removal        | Repair          | Encapsulate | Enclosure |
| Basen  | х                                     |                  |                                     | Pipe                 | Insula                  | atic                        | on             | (                    | 60LF  | х             |                            |                |                 |             |           |
|  |                                       |                  |                                     |                      |                         |                             |                |                      |   |               |                            |                |                 |             |           |
| Name of Registered Wa                                      | ste Hauler                            |                  | IN                                  | JDEP W               | /aste                   | Cubic                       | Yards          |                      | Name of   | Regist        | ered Landf                 | all .          |                 |             |           |
| Newark Carter Inc  | Newark Carter Inc                     |                  |                                     |                      |                         | of Wa                       | ste            |                      | Tullyto   |               |                            |                |                 |             |           |
| City, State<br>Newark NJ 07102                             |                                       |                  | -                                   |                      |                         | Dispo                       | sal Date       | 9                    | City, Sta<br>Tully to   |               | 4                          |                |                 |             |           |
| Completed by<br>Emeka Okeke                                | wark NJ 07102  mpleted by  Title      |                  |                                     |                      |                         | D.A.                        | Signatur       | ĝ.                   | Bek   | ٤             | 10.0                       | Date<br>12/24/ | 14              |             |           |

NOCK

| Date of Notification (1)<br>12/22/2014  |  | N                                   | lame of E<br>State of | Building O   | wner/Operato                              | r (2)<br>artmen    | t of the Tre                                     | asury DEC                                      | 2 9           | 2014    | 1           |           |
|---|--|-------------------------------------|-----------------------|--|---|--------------------|--|--|---------------|---------|-------------|-----------|
| Agencies Notified Type No   | tification                                     | 1000                                | Street Add            | dress<br>fice Box                                    | 002                                       | A-35. 1-5          |  | ASECT  |               |         |             |           |
|   | al<br>ended<br>endment # 1                     | C                                   | City, State           | e, Zip Cod   | Maria Cara Cara Cara Cara Cara Cara Cara  | 5-000              | 2  | ASSESTO<br>LIC                                 | JENSIN        |         | 1.3         |           |
| ☐ Em  | ergency (including ification)                  | N                                   | lame of (             | <u> </u>   |   |                    | _  | Telephone N                                    | umber         |         |             |           |
|   |  |                                     |                       |  | RMATION                                   |                    |  |  |               |         |             |           |
| Name of Facility Where Abatemen<br>Greystone Park Psychiatric<br>Street Address |  | Cent                                | ter Mer               | n's  |   |                    | of Facility (4)<br>School (K-12)<br>Subchapter 8 | (Other than K                                  | -12)          |         |             |           |
| 1 Central Avenue  |  |                                     |                       |  | * 1                                       | ×                  | Other (i.e. privetc.)                            | vate & comme                                   | rcial buil    |         |             | s,        |
| City (5)<br>Parsippany  |  |                                     |                       |  |   | 13,4               |  | # of Floors                                    | 9             | ildg. A | ge          |           |
| County (6)<br>Morris  |  |                                     | County C<br>STATE U   | ode (7)<br>SE ONLY)                                  |   |                    | ent Use (Prior<br>pital                          | if being demo                                  | ished)        |         |             |           |
| Name of Monitoring Firm Hired by Accredited Environmental                       | Building Owner (8)<br>Fechnologies (Al         | ET)                                 | ASCM                  | No.  |   |                    | atement Contr<br>ronmental S                     |  |               |         |             |           |
| Street Address<br>907 Doolittle Drive   |  | ,                                   |                       |  |   | et Addre<br>02 Qu  | ess<br>eens Plaza                                | South  |               |         |             |           |
| City, State, Zip Code<br>Bridgewater, New Jersey 0                              | 8807   | -                                   |                       |  |   |                    | Zip Code<br>nd City, Ne                          | w York 111                                     | 01            |         |             |           |
| Project Manager for Monitoring Fi<br>Eric Houseknecht                           |  |                                     | Telephon<br>(908) 2   | ie No.<br>18-1108                                    | 300.723                                   | phone N<br>8) 349  |  | License<br>00853                               |               |         |             |           |
| Start Date (10)<br>October 21, 2014   | Schedule<br>Octobe                             |                                     |                       | Date (11)  |   |                    | HA Monitor<br>alytical, Inc                      | :  |               |         |             |           |
| Occupancy Status During Abatem  | ent (Check Only One                            | ∋)                                  |                       |  |   | et Addre           | ess<br>Iton Road                                 |  |               |         |             |           |
| Facility Closed/Vacated Duri Abatement Performed Outsid Other – Describe:       | ng Entire Period of A<br>de of Normal Facility | batem<br>Hours                      | ent                   |  | City                                      | State, 2           | Zip Code   | rsey 08854                                     |               |         |             |           |
| Scope of Work (Check All. That A  | oply)  |                                     |                       |  | 110                                       | - Catan            | <u> </u>   | ,  |               |         | ~           |           |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf  | -  | enova<br>emoliti                    |                       |  |   | M<br>G             | ini-Enclosure<br>lovebag Proce                   |  |               |         |             |           |
|   |  |                                     |                       |  |   | N N                | on-Exempled                                      | (*) and Non-Fi                                 | lable Fi      |         | ement       | t         |
| Location of   | N  | Locati<br>Iormali                   | ly                    |  | Descripti                                 | on of              |  |  |               | T       | /pe         | T         |
| Asbestos-Containing Material TO BE ABATED In Facility (13)                      | (ACM) Mai                                      | d Sole<br>ntenar<br>odial S<br>(12) | nce/                  |  | thermal system<br>surfacing, other miscel | ms insu<br>/AT, or | lation,  | Amount<br>(Specify<br>SF or LF)                | Removal       | Repair  | Encapsulate | Enclosure |
|   | Yes  | No                                  | N/A                   |  |   |                    |  |  |               | -       | Ф           |           |
| See Attached  |  |                                     |                       |  |   |                    |  | 19.<br>10. 10. 10. 10. 10. 10. 10. 10. 10. 10. | -             | -       | -           | -         |
| *   |  |                                     |                       |  |   |                    |  |  |               |         |             |           |
| Name of Registered Waste Haule  |  | IN                                  | IJDEP W               | /aste  | Cubic Yard                                | 3                  | Name of F  | Registered Lan                                 | dfill         |         |             |           |
| Newark Carting, Inc.  | dr.  | H                                   | lauler ID<br>J-913    |  | of Waste<br>20 Yards                      |                    | Promotes accommon                                | thlehem Lar                                    |               |         |             |           |
| City, State<br>Newark, NJ   |  |                                     |                       | <del>J. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10</del> | Disposal Da<br>10/25/201                  |                    | City, State<br>Bethlehe                          |  |               |         |             |           |
| Completed by<br>Ann A. Ali  | Title AA                                       |                                     |                       |  | Signat                                    | ure A              |  |  | Date<br>12/22 | /2014   | ı           |           |

NO CK

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

| Date of Notification (1)<br>12/22/2014                             |   |            | N                                  | ame of B              | uilding O              | wner/Operatersey; Dep  | or (2)<br>partment                  | of the Tr   | easūry        | ,                          | DE(         | 2          | 9      | 2014        |           |
|--|---|------------|------------------------------------|-----------------------|------------------------|--|-------------------------------------|---|---------------|----------------------------|-------------|------------|--------|-------------|-----------|
|  | ype Notification                              |            | 1000                               | treet Add             | ress<br>fice Box       | 002  |                                     |   |               | ASI                        | BES         | ior<br>ior | Cor    | , Pr        | 1 4       |
| EPA DEP DOL  | Initial Amended Amendment                     |            |                                    |                       | , Zip Cod<br>, New J   | e<br>ersey 086   | 25-0002                             | 2   |               |                            |             |            |        |             |           |
| □ DOH □ DCA  | Emergency (<br>justification)<br>Cancellation | including  |                                    | lame of C             | Contact<br>Shaugh      | nessy  |                                     |   | Tele          | phone N                    | lumbe       | er         |        |             |           |
|  |   |            |                                    | FACILI                | TY INFO                | RMATION  |                                     |   |               |                            |             |            |        |             |           |
| Name of Facility Where Ab<br>Greystone Park Psyc<br>Street Address |   |            | Hou                                | se                    |                        |  |                                     | of Facility (4<br>School (K-12<br>Subchapter<br>Other (i.e. p | 2)<br>8 (Othe |                            |             | o ildi     | ogs h  | omes        |           |
| 1 Central Avenue   |   |            |                                    |                       |                        |  | li ex                               | otner (i.e. p<br>etc.)  | rivate &      | comme                      | i Ciai i    |            | 1000   |             | 1         |
| City (5)<br>Parsippany   |   |            |                                    |                       |                        |  | Squa<br>1,00                        | re Feet<br>0  | # of<br>1     | Floors                     |             | 90         | lg. Ag | e           |           |
| County (6)<br>Morris   |   |            |                                    | County Co<br>STATE US | ode (7)<br>SE ONLY)    |  | Curre                               | nt Use (Prid<br>oital   | or if bein    | g demol                    | lished      | i)         |        |             |           |
| Name of Monitoring Firm H<br>Accredited Environm                   |   |            | T)                                 | ASCM                  | No.                    | W. C. V. V.  |                                     | tement Con<br>onmental  |               |                            |             |            |        |             |           |
| Street Address<br>907 Doolittle Drive                              |   |            |                                    |                       |                        |  | eet Addres<br>-02 Que               | ss<br>eens Plaz   | a Sout        | th                         |             |            |        |             |           |
| City, State, Zip Code<br>Bridgewater, New Je                       | rsey 08807                                    |            |                                    |                       |                        |  | y, State, Z<br>ing Islan            | ip Code<br>id City, N   | ew Yo         | rk 111                     | 01          |            |        |             |           |
| Project Manager for Monito   |   |            |                                    | elephone<br>(908) 2   | e No.<br>18-1108       | 1 2 2 2  | ephone N<br>18) 349-                |   |               | License<br>00853           |             |            |        |             |           |
| Start Date (10)<br>October 21, 2014                                |   | Scheduled  |                                    |                       | ate (11)               | 100000   |                                     | HA Monitor<br>alytical, Ir                                    | nc            |                            |             |            |        |             |           |
| Occupancy Status During  |   | k Only One | )                                  |                       |                        | 7.0  | eet Addre                           | ss<br>on Road   |               |                            |             |            |        |             |           |
| Facility Closed/Vacat Abatement Performe Other – Describe:         |   |            |                                    | ent                   |                        |  | y, State, Z                         | ip Code<br>ay, New J  | ersey         | 08854                      |             |            |        |             |           |
| Scope of Work (Check All   | That Apply)                                   |            | -                                  |                       |                        |  |                                     |   |               |                            |             |            |        |             |           |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf                               |   | -          | novat<br>moliti                    |                       |                        |  | Mi<br>Gi                            | II Containm<br>ni-Enclosure<br>ovebag Pro-<br>n-Exempte       | e<br>cedure   |                            |             |            |        | •           |           |
|  | *   | led        | ocatio                             | 20                    |                        |  |                                     |   |               |                            |             |            | Abate  | ment        |           |
| Location   | of  |            | ormall                             |                       |                        | Descrip  | tion of                             |   |               |                            | 1           |            | Ту     | pe          |           |
| Asbestos-Containing N<br><u>TO BE ABA</u><br>In Facilit<br>(13)    | Material (ACM)<br>TED                         |            | Solel<br>ntenan<br>odial S<br>(12) | ice/                  |                        | os Containir<br>thermal sysi<br>surfacing<br>other misce   | ng Materia<br>tems insul<br>VAT, or | ation,  | (S            | mount<br>Specify<br>or LF) |             | Removal    | Repair | Encapsulate | Enclosure |
| See Attac  | Yes See Attached                              |            |                                    |                       |                        |  |                                     |   |               |                            |             | -          |        |             |           |
|  |   |            |                                    |                       |                        |  |                                     |   |               |                            |             |            |        |             |           |
| Name of Registered Wast  | te Hauler                                     |            | 200                                | JDEP Wauler ID        |                        | Cubic Yar  | ds                                  | Name of   | 700           |                            |             | ()         |        |             |           |
| Newark Carting, Inc.   |   |            |                                    | J-913                 | 5-31 <del>-3</del> 28. | 20 Yards   | 6                                   | IESI B  | etniene       | em Lar                     | IUIIII      |            |        |             |           |
| City, State<br>Newark, NJ  |   |            |                                    | 5.44                  |                        | Disposal Dis |                                     | City, Sta<br>Bethlel  |               | PA                         |             |            |        |             |           |
| Completed by<br>Ann A. Ali   | impleted by Title                             |            |                                    |                       |                        | Signa  | ature                               |   | - 167° -      |                            | Date<br>12/ |            | 2014   |             |           |

Print Form

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

|  |                          | NOTIF                                 | ICATION                   | ate of New Jers<br>OF ASBESTO<br>to NJAC 8:60 a  | SABATE                   | MENT<br>0)                               | 同是                              | G               | E                                     | ]              | $\mathbb{V}$ | E         |
|--|--------------------------|---------------------------------------|---------------------------|--|--------------------------|--|---------------------------------|-----------------|---------------------------------------|----------------|--------------|-----------|
| Date of Notification (1)<br>12/22/2014   |                          |                                       |                           | f Building Owne<br>of New Jerse  |                          | (2)<br>rtment of the                     | Freasury                        | DEC             | 2                                     | 9 2            | 014          |           |
| Agencies Notified Type Notification  EPA Initial   | 1                        |                                       | Street A                  | and the second s |                          |  |                                 | - / · · · · · · | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ | and the second | TO S         | 75 8      |
| DEP Amended Amendmen   |                          |                                       |                           | ate, Zip Code<br>on, New Jerse   | ey 0862                  | 5-0002                                   | AS                              | BEST<br>LI      | CEN                                   |                |              | /L X      |
| ▼   DOH     ▼   DCA     Emergency justification     Cancellation                               | )                        | '                                     | Name o                    | f Contact<br>t Shaughnes   |                          |  | Telephone                       | Numh            | er                                    | 10             |              |           |
| N  |                          |                                       | FACI                      | LITY INFORMA   | TION                     |  |                                 |                 |                                       |                |              |           |
| Name of Facility Where Abatement is Taki<br>Greystone Park Psychiatric Hospi<br>Street Address | ng Place (<br>tal - Ser  | 3)<br>vice l                          | Jnit                      | 0  |                          | Type of Facility  School (K-Subchante    |                                 | K-12)           |                                       |                |              |           |
| 1 Central Avenue City (5)  |                          |                                       |                           |  | - aglar tasy             | Other (i.e. etc.)                        | private & comn                  | nercial I       |                                       |                |              | ∋s,       |
| Parsippany   |                          |                                       |                           |  |                          | Square Feet 3,935                        | # of Floors                     |                 | 90                                    | lg. Ag         | je           |           |
| County (6)<br>Morris   |                          |                                       |                           | Code (7) USE ONLY)   |                          | Current Use (Pr<br>Hospital              | ior if being dem                | nolished        | i)                                    |                |              |           |
| Name of Monitoring Firm Hired by Building<br>Accredited Environmental Techno                   | Owner (8<br>logies (7    | AET)                                  | ASCN                      | No.  |                          | of Abatement Co<br>Environmenta          |                                 | T               |                                       |                |              | ille e    |
| Street Address<br>907 Doolittle Drive  |                          |                                       |                           |  |                          | Address<br>2 Queens Plaz                 | za South                        | $\top$          |                                       |                |              |           |
| City, State, Zip Code<br>Bridgewater, New Jersey 08807   |                          |                                       |                           |  |                          | tate, Zip Code<br>Island City, N         | lew York 11                     | 101             |                                       |                |              |           |
| Project Manager for Monitoring Firm<br>Eric Houseknecht  |                          |                                       | Telephoi<br>(908) 2       | ne No.<br>218-1108   | Teleph                   | none No.<br>) 349-0900                   |                                 | se No.          |                                       |                |              |           |
| Start Date (10) October 21, 2014   | Schedu                   |                                       | npletion [                | Date (11)  | Name                     | of OSHA Monitor<br>L Analytical, Ir      |                                 |                 | <u> </u>                              |                |              |           |
| Occupancy Status During Abatement (Che   | ck Only O                | ne)                                   |                           | 7  | Street                   | Address Stelton Road                     |                                 |                 |                                       | -              |              |           |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:    | Period of<br>mal Facilit | Abaten<br>y Hours                     | nent<br>s                 |  | City, S                  | tate, Zip Code                           |                                 |                 |                                       |                |              | -         |
| Scope of Work (Check All That Apply)   |                          |                                       |                           |  | Pisca                    | ataway, New J                            | ersey 08854                     | 4               |                                       |                |              |           |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf   | Property.                | Renova<br>Demolit                     |                           | n in the   | IX<br>IX                 | Mini-Enclosur<br>Glovebag Pro            |                                 |                 |                                       |                |              |           |
| Location of  | 509                      | Locati<br>Normal                      | 122-217                   | D  | escription               |  | -                               |                 | 1                                     | bater<br>Typ   |              |           |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)                               | Ma                       | ed Sole<br>intena<br>todial S<br>(12) | nce/                      | Asbestos Co<br>(i.e. therma<br>surf  | ntaining M               | laterial (ACM)<br>s insulation,<br>T, or | Amount<br>(Specify<br>SF or LF) |                 | Removal                               | Repair         | Encapsulate  | Enclosure |
| See Attached   | Yes                      | No                                    | N/A                       |  | ,                        |  |                                 |                 | 4                                     | _              | te           | Ф         |
| 500 / Madried  |                          |                                       |                           |  | 3"                       |  |                                 |                 |                                       | +              |              |           |
|  | •                        | 15.1                                  |                           |  |                          |  |                                 |                 | +                                     | +              | +            |           |
| Name of Registered Waste Hauler Newark Carting, Inc.   |                          | Н                                     | JDEP Waller ID I<br>J-913 | No. of W   | c Yards<br>aste<br>'ards | A-10-0-10-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0- | Registered Lar<br>thlehem Lar   |                 | -                                     |                |              |           |
| City, State<br>Newark, NJ  |                          |                                       |                           | 10 Sept. 10  | osal Date<br>5/2014      | City, Stat                               | e<br>em, PA                     |                 |                                       |                |              |           |
| Completed by<br>Ann A. Ali   | npleted by Title         |                                       |                           |  |                          | A  |                                 | Date 12/2:      | 2/20                                  | 14             |              |           |

Print Form

|   |  | Cf   | reck # 11/2                                     |
|---|--|--|---|
|   | State of New Jersey<br>NOTIFICATION OF ASBESTOS AI<br>(Pursuant to NJAC 8:60 and |  |   |
| Date of Notification (1)  | 14 Name of Building Owner Op   | erator(2) Franct   | ices  |
| Agencies Notified  Type Notification  EPA  DEP  Amended  Amendment #_   | Street Address 936   | , 151 St   | 2 9 2014 TEV<br>Ree T 02030                     |
| DOH justification)  DCA Cancellation  | Name of Contact  | Megee !  | ephone Number                                   |
| Name of Facility Where Abatement is Taking Pl<br>Single family I<br>Street Address  |  | Type of Facility (4)  School (K-12)  Subchapter 8 (Oth             | er than K-12)<br>& commercial buildings, homes, |
| City (5) Willingboro  | NJ-08046   |  | f Floors Bldg. Age 457-                         |
| County (6) Burlington   | County Code (7) (STATE USE ONLY)  DEF (8)  ASCM No. a                            | Current Use (Prior if be Single Fax  Name of Abatement Contractor  | nily Dwelling                                   |
| Name of Monitoring Firm Hired by Building Own EPC Technolog Street Address  | ics NA   |  | nologies Inc                                    |
| P.O. Box 33   | 7 00533  | City, State, Zip Code  | 117 00533                                       |
| Project Manager for Month ril gr Firm   | Telephone No. 609 758-3365   | Telephone No. 3365   | License No. 394                                 |
| Jan 3, 2015   | San 16, 2015   | Name of OSHA Monitor  EPC Technol  Street Address                  | ologies Inc                                     |
| Occupancy Status During Abatement (Check C<br>Facility Closed/Vacated During Entire Per<br>Abatement Performed Outside of Normal<br>Other – Describe: | riod of Abatement  | P.O. Box 3<br>City, State, Zip Code<br>New Egypt                   | 37<br>UJ 08533                                  |
| Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf   | Renovation Demolition  | <ul> <li>☐ Mini-Enclosure</li> <li>☐ Glovebag Procedure</li> </ul> | th Negative Pressure and Non-Friable Procedure  |
| Leasting of   | Is Location Normally Des   | scription of   | Abatement<br>Type                               |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  | Maintenance/ Custodial Staff? (i.e. thermal surface)                             | systems insulation,  | Amount (Specify Repair Removal                  |
| exterior walls  | x Siding   | Shingles 10  | 000 SF X  |
| Name of Registered Waste Hauler   |  | Yards Name of Regis  | stered Landfill                                 |
| EPC Technologies  |  | Sal Date _ City, State   | Management of PIA                               |
| New Egypt A   | Tide   | 1-16-15 Mornisu  | ille PA<br>12-24-14                             |
| Steve Schenker  | President  | Just Derk  | 102111  |

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

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

|                                     |                            |              | ¥              |  |                               |               |                         |                     | Trum                                     |                 | ~ Ob           |             |           |
|-------------------------------------|----------------------------|--------------|----------------|--|-------------------------------|---------------|-------------------------|---------------------|--|-----------------|----------------|-------------|-----------|
| Date of Notification (1)            |                            | 1.1          |                | -  | of Building<br>n <b>Manag</b> |               | er/Operator (2          | 2)                  |  | en er ter en er | <u> </u>       |             |           |
| /                                   | /                          | 14           |                | Levi   | II Manay                      | emen          | it corp.                | 45                  | 1 *                                      |                 | 2              |             |           |
| Agencies Notified  EPA              | Type Notifica  ⊠ Initial   | ation        |                | Contraction of the Contraction o | Address<br>US High            | wav 2         | 22 W                    |                     | L. L DEC                                 | 2 9             | 201            | 4           |           |
| ⊠ DOLWD                             | ☐ Amended                  | i            |                |  | ate, Zip C                    |               |                         |                     | 1 1                                      |                 |                |             | $\dashv$  |
| ☑ DOH                               | Amendm                     |              |                |  |                               | oue           |                         |                     | ASREST                                   | (               |                | 1 1         | ا لي      |
| ☐ DCA                               | ☐ Emergen                  | cy (includin | g              | 1000000  | nfield                        |               |                         |                     | ASBEST<br>Telephone-Numb                 | 210             | <del>ria</del> |             |           |
| (NJAC 5:23-8)                       | justificati                |              |                |  | of Contact                    |               |                         |                     | l elephone-wump                          | er              |                |             | -         |
|                                     | ☐ Cancellat                | tion         |                | Gera   | ald O'Bri                     | en            |                         |                     |  |                 |                |             |           |
|                                     |                            |              |                | FAC  | ILITY IN                      | FORM          | MOITAN                  |                     |  |                 |                |             |           |
| Name of Facility When               | e Abatement is             | Taking Plac  | e (3)          |  |                               |               |                         | Type of Facility    |  |                 |                |             | - 1       |
| Former Mandees                      | SP#3                       |              |                |  |                               |               |                         | School (K-12        |  |                 |                |             |           |
| Street Address                      |                            |              |                |  |                               | A             |                         |                     | 3 (Other than K-12)<br>rivate and commer |                 | Idinas         |             |           |
| Rt. 28 & Rt. 202                    |                            |              |                |  |                               |               |                         | homes, etc.)        |  |                 | 35554          |             |           |
| City (5)                            |                            |              |                |  |                               |               |                         | Square Feet         | # of Floors                              | Bld             | g. Ag          | е           |           |
| Raritan                             |                            |              |                |  |                               |               |                         | 5000                | 1  | 5               | 0              |             |           |
| County (6)                          |                            |              |                | Coun   | ty Code (7                    | )(STATE       | E USE ONLY)             | Current Use (Pr     | ior if being demolis                     | hed)            |                |             |           |
| Somerset                            |                            |              |                |  | ,                             | 71            |                         | vacant com          | mercial use                              |                 |                |             |           |
| Name of Monitoring F                | irm Hired by Buil          | ding Owne    | (8)            | ASCM   | No.                           | Nam           | e of Abateme            | ent Contractor (9)  |  |                 |                |             |           |
| EHS Environmer                      |                            |              |                |  |                               | PI            | ymouth En               | vironmental C       | ompany, Inc.                             |                 |                |             | 1         |
| Street Address                      |                            |              |                | -  |                               | Stree         | et Address              |                     |  |                 |                |             |           |
|                                     | ourt                       |              |                |  |                               | 92            | 3 Haws Av               | 'e                  |  |                 |                |             |           |
| 411 Southgate C                     | ourt                       |              |                | 199  |                               |               | State, Zip C            |                     |  |                 |                |             |           |
| City, State, Zip Code               |                            |              |                |  |                               | 1             |                         |                     |  |                 |                |             |           |
| Mickleton, NJ 08                    | 100                        |              |                |  |                               | 1 1 1 1 1 1 1 | orristown,              | PA 19401            | I i i a a a a Ma                         |                 | -              | -           |           |
| Project Manager for M               | Monitoring Firm            |              |                | lephone  |                               |               | phone No.               |                     | License No.                              |                 |                |             |           |
| Jack Carney                         |                            |              | 8              | 356-224  | -0080                         | 61            | 0-239-9920              | )                   | 00398                                    |                 |                |             |           |
| Start Date (10)                     |                            | Scheduled    | Comp           | letion Da  | te (11)                       | Nam           | ne of OSHA N            | Monitor             |  |                 |                |             |           |
| 1 / 12                              | / 15                       | 1            | 1 2            | 21 /   | 15                            | EH            | HS Environ              | mental Inc.         |  |                 |                |             |           |
| Occupancy Status Du                 |                            | (Check only  | ( one)         |  |                               | Stree         | et Address              |                     |  |                 |                |             |           |
| ☐ Facility Closed/Vac               |                            |              |                | oment  |                               | 0.000         | 11 Southga              | te Court            |  |                 |                |             |           |
| □ Abatement Perform                 |                            |              |                |  | cribe                         |               |                         |                     |  |                 |                |             | - 22      |
| Time of Abatemen                    |                            |              |                |  |                               |               | State, Zip Cickleton, N |                     |  |                 |                |             |           |
|                                     |                            |              |                |  |                               | IAII          | ickieton, iv            | 3 08030             |  |                 |                |             | -         |
| Scope of Work (Chec                 | k all that apply)          |              |                |  |                               |               | ⊠ Full Cor              | tainment with Ne    | gative Pressure                          |                 |                |             |           |
| ≥3 sf or ≥3 lf                      |                            |              | Renova         |  |                               |               | ☐ Mini-End              | closure             | -  |                 |                |             |           |
| ≥160 sf or ≥260 lf                  |                            |              | Demoli         | tion   |                               |               | Gloveba                 | g Procedure         | an Friable Broseds                       | ıro             |                |             |           |
| A55                                 |                            |              |                |  |                               | - V           | ☐ Non-Exe               | empted (*) and No   | on-Friable Procedu                       |                 |                |             | let.      |
|                                     |                            |              | Is Loc<br>Norm | 17.00  | 1                             |               |                         |                     | 14                                       | 100             | atem           |             |           |
|                                     | tion of                    | . n          |                | olely by   | Ach                           | octor C       | Description             | ot<br>aterial (ACM) | Amount                                   | Removal         | Repair         | Enc         | Enclosure |
| Asbestos-Contain                    | ing Material (AC<br>ABATED |              |                | nance/   |                               |               | rmal systems            |                     | (Specify                                 | Non             | oair           | ap          | clos      |
|                                     | acility                    | C            |                | al Staff?  | 1                             | SI            | urfacing, VAT           | Γ, or               | SF or LF)                                | <u>a</u>        |                | Encapsulate | ure       |
| (1                                  | 13)                        | 4            | (1)            | T  | -                             | oth           | ner miscellan           | eous)               |  |                 |                | te          |           |
|                                     |                            | Ye           |                |  |                               |               |                         |                     |  |                 |                |             | -         |
| 1 <sup>st</sup> floor               |                            |              |                |  | floor ti                      | le and        | d mastic                |                     | 4,300SF                                  |                 | Ш              |             |           |
|                                     |                            |              |                |  |                               |               |                         |                     |  |                 |                |             |           |
|                                     |                            |              |                |  |                               |               |                         |                     | 1  |                 |                |             |           |
|                                     |                            |              | Г              |  |                               | 1110          |                         |                     |  |                 |                |             |           |
| Name of Registered                  | Waste Hauler               |              | -              | NJDEP  | Waste                         | Cub           | oic Yards of            | Name of Reg         | istered Landfill                         |                 | -              |             |           |
| Newark Carting                      |                            |              |                | Hauler I<br>4509   | D No.                         | Was           |                         | Grows La            |  |                 |                |             |           |
| City, State                         | 1                          |              | -              | 4000   |                               |               | posal Date              | City, State         |  |                 |                |             |           |
| Newark, NJ                          |                            |              |                |  |                               | 120000000     | /21/15                  | Tullytown           | ı, PA                                    |                 |                |             |           |
| Sealer State Control of the Control | = \                        | T20-         | _              |  |                               |               |                         |                     |  | ate             | ,              | ,           |           |
| Completed By (Print                 | or Type)                   | Title        |                |  |                               |               | Signature               |                     |  | ate<br>i )      | 124            | 114         | 1         |
| James M. Kelly                      |                            | Vice         | Presi          | aent   |                               |               |                         |                     |  |                 |                | ,           | ,         |

ASB-41 JAN 13

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

|  |                                     |                             |                     |                  | OF ASE<br>to NJAC    |   |                         |                         | Checks   | EII            | 36       | 8                      | - F         | 7  |
|--|-------------------------------------|-----------------------------|---------------------|------------------|----------------------|---|-------------------------|-------------------------|--|----------------|----------|------------------------|-------------|--|
| Date of Notification (1)                 | ensower of Alberta                  |                             |                     |                  | of Building          |   |                         |                         | SHOVE  |                |          | - Albert               |             | 111  |
| 12-22-14                                 |                                     |                             |                     |                  | kheed                | Marti   | n, In                   | c.                      | JEC DEC  | 20             | 0/11     | 1                      |             | 111  |
| Agencies Notified  EPA                   | Type Notification                   |                             |                     |                  | Address<br>Borto     | n Lan   | nding                   | Road                    |  | 4 3            | LU1      | *                      | 1           | 7  |
| D DEP                                    | ☐ Amended Amendment #               | ŧ                           |                     |                  | ate, Zip C<br>restow |   | 0805                    | 7                       | ASBESTO<br>LIC   | S COT<br>ENSIN | TRI<br>G | JL 8                   |             | The State of |
| * 5011                                   | ☐ Emergency (in                     | ncluding                    | 7 F                 | 30,000,000       | of Contact           |   |                         |                         | Telephone  |                |          | -                      | ****        |  |
| DOH DCA .                                | justification)  □ Cancellation      |                             |                     |                  | l Kim                |   |                         |                         | 1 . 6.66.1.6   |                |          |                        |             |  |
|  | I                                   |                             |                     | FAC              | ILITY INF            | ORMAT   | ION                     |                         |  |                |          |                        |             | A I I I  |
| Name of Facility Where                   |                                     | Place (                     | (3)                 |                  |                      |   |                         | Type of Fac             | cility (4)   |                |          |                        |             |  |
| Lockheed Mart                            | in                                  |                             |                     |                  | 5                    |   |                         |                         | I (K-12)   |                |          |                        |             |  |
| Street Address                           |                                     |                             |                     |                  |                      |   | 1                       |                         | apter 8 (Other than<br>(i.e. private & comr                    |                | mildi    | nas                    | nome        | 25   |
| 199 Borton La                            | nding Road                          |                             |                     |                  |                      |   |                         | etc.)                   | ***************************************                        |                |          |                        |             | 1911   |
| City (5)                                 |                                     |                             |                     |                  |                      |   |                         | Square Fee              |  | 5              |          | ig. Ag<br>1 <b>y</b> 1 |             |  |
| Moorestown                               |                                     |                             |                     | 0                | 0-4- (7)             |   |                         |                         |  | - P-b          |          | , i y i                |             |  |
| County (6) Burlington                    |                                     |                             |                     |                  | Code (7)<br>USE ONLY | )   |                         | office                  | e (Prior if being den  | noiisned       | )        |                        |             |  |
| Name of Monitoring Firm                  | n Hired by Building O               | wner (8                     | )                   | ASC              | и No.                |   | Name o                  | of Abatemen             | t Contractor (9)   |                |          |                        |             |  |
| Harvard Envir                            | onmental                            |                             |                     |                  |                      |   | Plym                    | outh En                 | vironmenta.  | l Co.          | ,Ir      | nc.                    |             |  |
| Street Address                           |                                     | ******                      |                     |                  | *************        |   |                         | Address                 | **************************************                         | 1              |          |                        |             |  |
| 760 Pulaski H                            | ighway                              |                             |                     |                  |                      |   | 923                     | Haws Av                 | renue  |                |          |                        |             |  |
| City, State, Zip Code<br>Bear, DE 197    | 01                                  |                             |                     |                  |                      |   | ate, Zip Cod<br>istown, | PA 19401                |  |                |          |                        | - 13        |  |
| Project Manager for Mor<br>Chuck Styles  | nitoring Firm                       |                             | Telepho<br>302-3    | ne No.<br>26–233 | 3                    |   | one No.<br>239-992      |                         | se No.<br>398  |                |          |                        |             |  |
| Start Date (10)                          |                                     |                             |                     |                  | Date (11)            |   | Name o                  | of OSHA Mo              | nitor  |                |          |                        |             |  |
| 1-7-15                                   |                                     | 12-                         | 31–15               | )                |                      |   | Plym                    | outh En                 | vironmental  | L Co.          | ,Ir      | nc.                    |             |  |
| Occupancy Status Durin                   | g Abatement (Check                  | Only O                      | ne)                 |                  |                      |   |                         | Address                 |  |                |          |                        |             |  |
|  | ated During Entire Pe               |                             |                     |                  |                      |   |                         | Haws Av                 |  |                |          |                        |             |  |
| ☐ Abatement Perform  ☐ Other – Describe: | ed Outside of Norma<br>work areas i | I Facilit<br>sola           | y Hours<br>ted      | <b>i</b>         | -                    | _   |                         | ate, Zip Cod<br>istown, | PA 19401   |                |          |                        |             |  |
| Scope of Work (Check A                   | ll That Apply)                      | ,                           | Sur II              | 1 10             |                      | 95 55 55  |                         |                         |  |                |          |                        |             |  |
| □ ≥3 sf or ≥3 lf<br>□ ≥160 sf or ≥260 lf |                                     |                             | Renova<br>Demolit   |                  |                      |   | ži<br>ži<br>ži          | Mini-Encl               | ainment with Negat<br>osure<br>Procedure<br>npted (*) and Non- |                |          |                        |             |  |
|  |                                     | 10                          | Locati              | on               | -                    |   |                         |                         |  |                |          | bater                  |             |  |
| Location                                 | n of                                |                             | Normal              | ly               |                      | Des   | scription (             | of                      |  |                | -        | Тур                    | e           |  |
| Asbestos-Containing                      | Material (ACM)                      |                             | ed Sole<br>aintenar |                  |                      | tos Cont  | aining Ma               | aterial (ACM            |  |                | _        |                        | 四           | m  |
| TO BE ABA                                |                                     | Cus                         | todial S            | Staff?           | (I.e.                |   | systems<br>cing, VAT    | insulation,<br>, or     | (Specify<br>SF or LF)  |                | Pm .     | Repair                 | cap         | nclo   |
| (13)                                     |                                     |                             | (12)                |                  |                      | other n   | niscellane              |                         | E 000 G  |                | Removal  | pair                   | Encapsulate | Enclosure  |
| Building 127                             |                                     | Yes                         | X<br>No             | N/A              | VAT 8                |   |                         |                         | 5,000 S  |                |          |                        | te          |  |
| Building 101                             | х                                   |                             | VAT 8               | k mast           | tic                  |   | 2,000 S                 |                         |  |                |          |                        |             |  |
| Building 105                             | х                                   |                             |                     | k mast           | With the same of     | 37.00 Table 200 | 2,000 S                 |                         | 2  |                |          |                        |             |  |
| Building 108                             | x                                   |                             |                     |                  | lation               | <u>.</u>  | 500 L                   |                         | 2  |                |          |                        |             |  |
| Building 127                             |                                     |                             | X                   |                  |                      | proof:  | ing                     |                         | 5,000 S  |                |          |                        |             |  |
| Name of Registered Was<br>Waste Manageme | H                                   | JDEP W<br>auler ID<br>39126 | No.                 | of Was           | 111                  | Nam<br>TRI  | e of Registered La      | ndfill                  |  |                |          |                        |             |  |
| City, State                              |                                     |                             | -                   | 55.53            | al Date              |   | State                   | _                       |  | 100            |          | -                      |             |  |
| Camden, NJ                               |                                     |                             | 1                   |                  |                      | vario   |                         |                         | llytown, PA  |                |          |                        |             |  |
| Completed by                             |                                     | 7,                          | S                   | ignature         |                      |   | Date                    |                         |  |                | $\dashv$ |                        |             |  |
| James M. Kelly                           |                                     | Vic                         | e-Pr                | eside            | nt                   |   | 10                      |                         | 2  | 12-2           | 22-      | 14                     |             |  |
|  |                                     |                             |                     |                  |                      |   |                         |                         |  |                |          |                        |             |  |

Print Form

NO CK

|  |  |                                       | N           |   | NOTA                             | te of Now<br>OF ASBE<br>O NJAC 8: | STOS AE        |                                 |                     |                              | 27 DE                                | T 20            | 2 "       |                 |           |  |
|--|--|---------------------------------------|-------------|---|----------------------------------|-----------------------------------|----------------|---------------------------------|---------------------|------------------------------|--------------------------------------|-----------------|-----------|-----------------|-----------|--|
| Dat  | e of Notification (1)                      |                                       |             | T   |                                  | Building O                        |                |                                 |                     |                              | 4:                                   | -               | F         | 77              | 7: 4      |  |
|  | 2/17/2014                                  |                                       |             |   |                                  | istol Mye                         | ers Squi       |                                 |                     | - E                          |                                      |                 |           |                 |           |  |
| Age  | encles Notified                            | Type Notification                     | 1           | Street Ad   |                                  | ingkan E                          | - G /          | J. F.                           |                     |                              |                                      |                 |           |                 |           |  |
| X  | EPA  | X Initial                             | <u></u>     | Street Address 311 Pennington Rocky Hill Road City, State, Zip Code |                                  |                                   |                |                                 |                     |                              |                                      |                 |           |                 |           |  |
| XX   | DEP<br>DOL                                 | Amended Amendment #                   | 1           | Hopewell, NJ 08534  |                                  |                                   |                |                                 |                     |                              |                                      |                 |           |                 |           |  |
|  | DOL  | Emergency (it                         |             | - H   | Name of Contact Telephone Number |                                   |                |                                 |                     |                              |                                      |                 |           |                 |           |  |
|  | DOH<br>DCA                                 | justification)  Cancellation          |             | -   '   |                                  | en May -                          | Project        | Man                             | ager                |                              | , coopilate to                       |                 |           |                 |           |  |
| Ц  | DCA  | Cancenation                           |             |   |                                  | ITY INFO                          | 12.000         |                                 |                     |                              | 7                                    |                 |           | ,               |           |  |
| Nai  | ne of Facility Where                       | Abatement is Taking                   | Place (3)   | )   | 111010                           |                                   |                |                                 | Type o              | of Facility (4               | )                                    |                 |           |                 |           |  |
| В  | ristol Myers Squib                         | b Building #8                         |             |   |                                  |                                   |                |                                 |                     | ichool (K-12                 |                                      |                 |           |                 |           |  |
| Str  | eet Address                                |                                       |             |   | 1 6-61                           |                                   |                |                                 |                     | ubchapter                    | 8 (Other than K-1<br>ivate & commerc | 2)<br>ial huild | inas      | nome            | s         |  |
| 3  | 11 Pennington Ro                           | cky Hill Road                         |             |   |                                  |                                   |                |                                 | e e                 | tc.)                         | ivate a commerc                      | iai balla       | migs,     |                 | ,         |  |
|  | / (5)                                      |                                       |             |   |                                  |                                   |                |                                 | Square              |                              | # of Floors                          | BI              | dg. A     | ge              |           |  |
| Н  | opewell, New Jen                           | sey 08534                             |             |   |                                  |                                   |                |                                 | 64,0                |                              | 2                                    |                 | 30        |                 |           |  |
| Co   | unty (6)                                   |                                       |             |   | County C                         | ode (7)<br>SE ONLY)               |                |                                 |                     |                              | r If being azmolts                   | ned)            |           |                 |           |  |
|  | lercer County                              |                                       |             |   |                                  |                                   |                |                                 |                     | mercial                      |                                      |                 |           |                 |           |  |
|  |  | n Hired by Building O                 | wner (8)    |   | ASCM                             | No.                               |                |                                 |                     | ement Con                    |                                      |                 |           |                 |           |  |
|  | agle Industrial Hy                         | giene Assoc. Inc.                     |             |   |                                  |                                   |                |                                 | Addres              | ofing Corp                   | Oration                              |                 |           | -               | -         |  |
|  | eet Address                                |                                       |             |   |                                  |                                   | 1              |                                 |                     | s<br>t State Str             | reet                                 |                 |           |                 |           |  |
|  | 59 Dresher Rd.                             |                                       |             |   |                                  |                                   |                |                                 | state, Zi           |                              |                                      |                 | -         |                 | $\dashv$  |  |
|  | y, State, Zip Code                         |                                       |             |   |                                  |                                   |                |                                 |                     | NJ 08609                     |                                      |                 |           |                 |           |  |
|  | orsham, PA 1904<br>eject Manager for Mo    |                                       | ***         |   | Telephor                         | ne No.                            | -              |                                 | none No             |                              | License                              | ۷o.             | -         |                 |           |  |
|  |  | ratoring rath                         |             |   |                                  |                                   | 1              |                                 | 9) 586-             |                              |                                      |                 |           |                 |           |  |
|  | fark Hays<br>irt Date (10)                 |                                       | Schedule    |   |                                  | 72-6088<br>Date (11)              | -              | Name of OSHA Monitor            |                     |                              |                                      |                 |           |                 |           |  |
|  | /9/2015                                    |                                       |             | /12/20  |                                  |                                   |                | Eagle Industrial Hygiene Assoc. |                     |                              |                                      |                 |           |                 |           |  |
| Oc   | cupancy Status Durk                        | ng Abatement (Check                   | Only On     | ie)   |                                  |                                   |                | Street                          | Addres              | S                            |                                      | *               |           |                 |           |  |
|  |  | cated During Entire P                 |             |   | nent                             |                                   |                | 359                             | Dresh               | er Rd.                       |                                      |                 |           |                 |           |  |
| X  | Abatement Perform                          | ned Outside of Norm<br>Removal of Cat | al Facility | Hours   | ;                                | ACM                               | _ [            |                                 | State, Zi<br>rsham, | p Code<br>, PA 1904          | 4                                    |                 |           |                 |           |  |
| Sc   | ope of Work (Check                         | All That Apply)                       |             |   |                                  |                                   |                |                                 |                     |                              |                                      |                 |           |                 |           |  |
|  | ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf       |                                       |             | Renova<br>Demolit   |                                  |                                   |                |                                 | Min<br>Glo          | i-Enclosure                  |                                      |                 |           | e               |           |  |
|  |  |                                       | Т.          |   |                                  |                                   |                |                                 |                     | LAGINA                       | ( ) 3                                |                 | Abatement |                 |           |  |
|  | 0.00 886                                   |                                       |             | Locati  | 100000                           |                                   | Description of |                                 |                     |                              |                                      |                 | Туре      |                 |           |  |
| Asbestos-Containing Material (ACM)  TO BE ABATED  Lo Spellity  Custo |  |                                       |             | ed Sole   | lely by ance/ (i.e. therm sul    |                                   |                | aining I<br>system<br>ing, V    | Material            | ation, (Specify<br>SF or LF) |                                      | Removal         | Repair    | Encapsulate     | Enclosure |  |
| _  | 18/ - 1 F - 11/ 11-                        | tine Deed Comb                        | Yes         | 140   | N/A                              | Poof I                            | Base Fla       | achine                          | ,                   |                              | 72 S.F.                              | X               |           |                 | $\vdash$  |  |
|  | West End Ventila                           | ation Roof Curb                       | X           |   |                                  | Roof                              | base ric       | asımış                          |                     | SC 1                         | 72 0.1 .                             | +^              |           |                 |           |  |
|  |  |                                       |             |   |                                  |                                   |                |                                 |                     |                              |                                      |                 |           |                 |           |  |
| L.   | 75   |                                       |             | 1   | JUDEP W                          | lacto                             | Cubic `        | Yarric                          |                     | Name of                      | Registered Lands                     | SII -           |           |                 |           |  |
|  | rme of Registered Wi<br>prizon Disposal Se |                                       |             |   | Hauler ID<br>10416               |                                   | of Was         | ste                             |                     |                              | Management-                          |                 | /S        | III.II.See-1-22 |           |  |
| Cil  | y, State                                   |                                       |             |   |                                  |                                   | Dispos         | al Date                         | е                   | City, Stat                   | е                                    |                 |           |                 |           |  |
|  | 35 Gibbs Ave., Tre                         | enton, NJ 08611                       |             |   |                                  |                                   |                |                                 |                     | Morris                       | ville, PA 19067                      | 7               |           |                 |           |  |
| 1  | impleted by                                |                                       | Title       |   |                                  |                                   | S              | ignatu                          | 27                  | 20                           | , [                                  | Date            | 17        | 10              | /         |  |
| 1  | arren R. Begg                              |                                       | Sr.         | Vice  | Preside                          | nt                                |                | 1/                              | //                  |                              |                                      | 12/1            | 1/        | 07              |           |  |

NO CK



| Date of Notification (1)   |                           |                                   |           |        | Name of Building Owner/Operator (2)            |              |  |                                |                           |             |          |           |                 |           |  |  |  |  |
|--|---------------------------|-----------------------------------|-----------|--------|--|--------------|--|--------------------------------|---------------------------|-------------|----------|-----------|-----------------|-----------|--|--|--|--|
| December 11, 2014  |                           |                                   |           |        | Newark Board of Education                      |              |  |                                |                           |             |          |           |                 |           |  |  |  |  |
| Agency Notified  | Type Not                  | ification                         |           | - 5    | Street Address 2 Cedar Street  DEC 29 PM 7: 16 |              |  |                                |                           |             |          |           |                 |           |  |  |  |  |
|  |                           |                                   |           | - 3    | 2 Ced  | lar Stre     | et   |                                | - 23 FH /:                | 16          | 10912    |           |                 |           |  |  |  |  |
| EPA  Not required per State Reg. 10-2004   | ☐ Initial                 | ded                               |           | . (    | City, St                                       | ate, Zip C   | ode  | . At                           |                           |             |          |           |                 |           |  |  |  |  |
| ☑ DOL  | Amen                      | dment # 1                         |           |        | Newa   | rk, NJ       | 07112  | -de 4                          |                           |             |          |           |                 |           |  |  |  |  |
| ₩ DOU  |                           | ency (including                   |           |        | Name o   | of Contact   |  | -                              | Telephone Nun             | nber        |          |           |                 |           |  |  |  |  |
| ☑ DOH ☐ DCA  | ☐ Cance                   | cation)<br>Illation               |           |        | Benja  | amin Ol      | agadeya  |                                |                           |             |          |           |                 |           |  |  |  |  |
|  |                           |                                   |           |        |  |              | DRMATION   |                                |                           |             |          |           |                 |           |  |  |  |  |
| Name of Facility Where   | Abatament                 | is Taking Place                   | (3)       |        | IAOIL  | -11 1 1141 4 |  | Type of Facility               | (4)                       |             | _        |           |                 |           |  |  |  |  |
| )  |                           |                                   | (5)       |        |  |              |  |                                |                           |             |          |           |                 |           |  |  |  |  |
| American History   | / High Sc                 | поот                              |           |        |  |              |  | School (K-12                   | :)<br>3 (Other than K-1 2 | 2)          |          |           | 100             |           |  |  |  |  |
| Street Address   |                           |                                   |           |        |  |              |  | Other (i.e. pr                 | ivate & commercia         | al building | gs,      |           |                 |           |  |  |  |  |
| 74 Montgomery S  | Street                    |                                   |           |        |  | A C          |  | homes, etc.)                   |                           | I Did-      | A        |           |                 | _         |  |  |  |  |
| City (5)   |                           |                                   |           |        |  |              |  | Square Feet                    | # of Floors               | Bldg.       | Age      |           |                 |           |  |  |  |  |
| Newark, NJ 0710  | 2                         |                                   |           |        |  |              |  |                                |                           |             |          |           |                 |           |  |  |  |  |
| County (6)   |                           |                                   |           |        |  | Code (7)     | (STATE USE   | Current Use (P                 | rlor if being demol       | ished)      |          |           |                 |           |  |  |  |  |
| Essex  |                           |                                   |           | 1      | ONLY)  |              |  | Education                      |                           |             |          |           |                 |           |  |  |  |  |
| Name of Monitoring Fir   | m Hired by                | Building Owner                    | A         | SCM    | No.  |              | Name of Abater   | nent Contractor (              | 9)                        |             |          |           |                 |           |  |  |  |  |
| TTI Environment  |                           |                                   | 0         | 0000   | 3  |              | B&N&K Res  | storation Co.,                 | Inc.                      |             |          |           |                 |           |  |  |  |  |
| Street Address   | ui, iiioo. p              | 0.0.0                             |           |        |  |              | Street Address   |                                |                           |             |          |           |                 |           |  |  |  |  |
| 1253 North Churc   | ch Street                 |                                   |           |        |  |              | 223 Randol   | ph Avenue                      |                           |             |          |           |                 |           |  |  |  |  |
| The second section of the second seco | CII Oli CCL               |                                   | -         | 29/20  |  |              | City, State, Zip   |                                |                           |             |          |           |                 | _         |  |  |  |  |
| City, State, Zip Code  Moorestown, NJ 08057-1136   |                           |                                   |           |        |  |              | Clifton, NJ 07011  |                                |                           |             |          |           |                 |           |  |  |  |  |
| Project Manager for Mo   |                           |                                   | Tele      | ephon  | e No   |              | Telephone No.  |                                | License No.               |             |          |           |                 |           |  |  |  |  |
|  | Jintornig i in            | "                                 | 1000      |        | 0-880  | 00           | 973-478-468  | 81                             | 00120                     |             |          |           |                 |           |  |  |  |  |
| Jim Guilardi 8 Start Date (10) Scheduled Complete  |                           |                                   |           |        | 30.00  | ,,,          | Name of OSHA Monitor   |                                |                           |             |          |           |                 |           |  |  |  |  |
| December 23, 20  | 14                        | December :                        | Acres and |        | C (11)   |              | Contract Con |                                | Services, L.L.            | C.          |          |           |                 |           |  |  |  |  |
| Occupancy Status Dur   |                           | The Control of the Control of the | 5000      | 017    |  |              | Street Address   |                                |                           |             |          |           |                 |           |  |  |  |  |
| Occupancy Status Dur   | illy Abateme              | ent (Oneck only                   | one       |        |  | - 5          |  | Brook Avenu                    | e                         |             |          |           |                 |           |  |  |  |  |
| ☑ Facility Closed/Vaca   | ated During I             | Entire Period of                  | Abate     | ment   | nent   |              |  |                                |                           |             |          |           | _               |           |  |  |  |  |
| ☐ Abatement Performe ☐ Other - Describe:   | ea Outside o              | r Normai Facility                 | / Hou     | 5      |  |              | 98   |                                |                           |             |          |           |                 |           |  |  |  |  |
| Scope of Work (Check   | all that anni             | v)                                |           |        | /43-6-8ht                                      |              |  | NJ 07071-199                   |                           |             |          |           |                 |           |  |  |  |  |
|  | un muc appi               | , ,                               |           |        | E D  |              |  |                                | n Negative Pressu         | re          |          |           |                 |           |  |  |  |  |
| ≥ 3 sf or ≥ 3 lf   |                           |                                   |           |        | ⊠ Ren  | ovation      | □ Glo  | i-Enclosure<br>vebag Procedure |                           |             |          |           |                 |           |  |  |  |  |
| ≥ 160 sf or ≥ 260 If   |                           |                                   |           |        |  |              | ⊠ Non  | -Exempted (*) an               | d Non-Friable Pro         | cedure      |          |           |                 | _         |  |  |  |  |
|  |                           | 1 2                               | ls l      | ocati  | on   |              |  |                                |                           |             |          |           | Abateme<br>Type |           |  |  |  |  |
|  |                           |                                   |           | ormali |  |              | Description  |                                |                           |             |          | .,        |                 |           |  |  |  |  |
| Loca<br>Asbestos-Contain   | ition of<br>ning Material | (ACM)                             |           | Sole   |  | Asbes        | Description<br>stos Containing N   |                                | Amount                    |             | _        |           | m m             | п         |  |  |  |  |
|  | ABATED                    |                                   |           | ıstodi | 0.0000   |              | , thermal systems  | s insulation,                  | (Specify                  |             | Removal  | Repair    | Encapsulate     | Enclosure |  |  |  |  |
| 50040-0036   | acility                   |                                   |           | Staff? |  |              | surfacing, VA<br>other miscellar   |                                | SF or LF                  | l.:         | No       | pai       | Sul             | Insc      |  |  |  |  |
| Ž  | 13)                       |                                   |           | (12)   |  |              | Other Interestal   | ,                              |                           |             | a        | 7         | ate             | e         |  |  |  |  |
|  |                           |                                   | Yes       | No     | N/A  |              |  | (4)                            |                           |             |          |           |                 | _         |  |  |  |  |
| Room 212   |                           |                                   |           | X      |  | VAT          |  |                                | 15                        | 55 sq ff    | $\times$ |           |                 | L         |  |  |  |  |
|  |                           |                                   |           |        |  |              |  |                                |                           |             |          |           |                 |           |  |  |  |  |
|  |                           |                                   |           | -      |  |              |  |                                |                           |             |          |           |                 |           |  |  |  |  |
|  |                           | +                                 |           |        |  |              |  |                                |                           |             |          |           |                 |           |  |  |  |  |
| Name of Registered W   | Vaste Hauler              |                                   | NJI       | DEP V  | Vaste F  | lauler       | Cubic Yards of   | Name of Regi                   | stered Landfill           |             | _        |           |                 |           |  |  |  |  |
| B&N&K Restorat   |                           |                                   | ID I      | No.    |  |              | Waste  |                                | ·                         | _           |          |           |                 |           |  |  |  |  |
| Tri-State Transfe  |                           |                                   | 12        | 695    | / 2A4  | 456          | 2  | Minerva                        | interprises, In           | ic.         |          |           |                 |           |  |  |  |  |
| City, State  |                           |                                   |           |        |  |              | Disposal Date  | City, State                    |                           | 00          |          |           |                 |           |  |  |  |  |
| Clifton, NJ 0701   | 1 / Bronx.                | NY                                |           |        |  |              | 12/24/2014 - 01/05/  | 15 Waynesb                     | urg, OH                   | 1           |          |           |                 |           |  |  |  |  |
| Completed by   |                           | Title                             |           |        |  |              | Signature  | 7//                            | /                         | Date        |          | . content |                 |           |  |  |  |  |
| G. Roger Woodn   | nan                       | Safety Office                     | ficer     |        |  |              |  |                                |                           |             |          |           | /23/2014        |           |  |  |  |  |

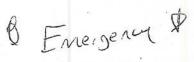
elleek 1141

| Date of Notification (1)       |                                     |                         |                  |                  | Building C              |                | perator (2                                       | 2)                 |                                  |            |                   |                                       |           |           |             |           |  |  |
|--------------------------------|-------------------------------------|-------------------------|------------------|------------------|-------------------------|----------------|--|--------------------|----------------------------------|------------|-------------------|---------------------------------------|-----------|-----------|-------------|-----------|--|--|
| 12/23/2014                     |                                     |                         |                  |                  | propert                 |                |  |                    |                                  |            |                   |                                       |           |           |             |           |  |  |
| Agencies Notified              | Agencies Notified Type Notification |                         |                  |                  |                         |                | Street Address  38 North 19th Street             |                    |                                  |            |                   |                                       |           |           |             |           |  |  |
| ☐ EPA                          | M Initial                           |                         |                  |                  | (A) (A) (A) (A) (A) (A) | Cytistic.      | A DEC  | 29                 | M                                | <i>[</i> : | 11                |                                       |           |           |             |           |  |  |
| DEP                            | Amended                             | 1                       | _                | e, Zip Coo       |                         | e i            |  |                    |                                  |            |                   |                                       |           |           |             |           |  |  |
| DOL                            | Amendment<br>Emergency (            |                         |                  | Keniltworth NJ   |                         |                |  |                    |                                  |            |                   |                                       |           |           |             |           |  |  |
| ☐ DOH                          | justification)                      | 1 33                    |                  | Contact<br>Gomez |                         |                |  |                    | Tele                             | ephone Nu  | ımber             |                                       | 4         |           |             |           |  |  |
| DCA                            |                                     |                         |                  |                  |                         |                |  |                    |                                  | t-         |                   | real August                           |           | 100       |             | essina    |  |  |
|                                |                                     |                         |                  | FACIL            | ITY INFO                | RMATIC         |  |                    |                                  |            |                   |                                       |           |           |             |           |  |  |
| Name of Facility Where         | Abatement is Taking                 | g Place (3)             |                  |                  |                         |                |  | Туре               | of Facility (4)                  |            |                   |                                       |           |           |             |           |  |  |
| Private Property               |                                     |                         |                  |                  |                         |                |  |                    | chool (K-12)                     |            |                   |                                       |           |           |             |           |  |  |
| Street Address                 |                                     |                         |                  |                  |                         |                |  |                    | Subchapter 8<br>Other (i.e. priv | (Othe      | er than K-        | 12)<br>cial bui                       | lding     | ie h      | ome         |           |  |  |
| 38 North 19th Stre             |                                     |                         |                  |                  | 1                       |                | tc.)   | vale o             | Commen                           | olal bul   | idiriç            | , IN                                  | nomes,    |           |             |           |  |  |
| City (5)                       |                                     |                         |                  |                  |                         | Squar          | e Feet   | # of               | Floors                           | loors Bl   |                   |                                       | Bldg. Age |           |             |           |  |  |
| Keniltworth NJ                 |                                     |                         |                  |                  |                         |                |  | 1500               |                                  | 2          |                   |                                       | +50       |           |             |           |  |  |
| County (6)                     |                                     | county C                |                  | 1                |                         | Currer         | nt Use (Prior                                    | if beir            | ng demolis                       | shed)      |                   |                                       |           | 1,000     |             |           |  |  |
| Union County                   |                                     |                         | (5               | STATE U          | SE ONLY)                | ( <del>)</del> |  |                    |                                  |            |                   |                                       |           |           |             |           |  |  |
| Name of Monitoring Fin         | m Hired by Building                 | Owner (8)               | T                | ASCM             | No.                     | T              | Name o   | f Abat             | ement Contr                      | actor      | (9)               |                                       |           |           |             |           |  |  |
| N/A                            |                                     |                         |                  | N/A              |                         |                | Dinag  | o En               | vironment                        | LLC        |                   |                                       |           |           |             |           |  |  |
| Street Address                 |                                     |                         |                  |                  |                         | -              | Street A   | Addres             | S                                |            |                   |                                       |           |           |             |           |  |  |
| N/A                            |                                     |                         |                  |                  |                         | 1              | 339 L  | afave              | ette St                          |            |                   |                                       |           |           |             |           |  |  |
| City, State, Zip Code          |                                     |                         |                  |                  |                         |                | City, Sta  |                    |                                  |            |                   |                                       | -         |           |             | -         |  |  |
| N/A                            |                                     |                         |                  |                  |                         |                |  |                    | 07015                            |            |                   |                                       |           |           |             |           |  |  |
| Project Manager for Mo         | nitoring Firm                       |                         | T                | elephon          | e No.                   |                | Telepho  | one No             | ).                               |            | License           | No.                                   |           |           |             |           |  |  |
| N/A                            | I N                                 | N/A                     |                  |                  | 973-491-0877 01240      |                |  |                    |                                  |            |                   |                                       |           |           |             |           |  |  |
| Start Date (10)                |                                     | Scheduled               | Comp             | pletion D        | Date (11)               |                |  |                    | A Monitor                        |            |                   |                                       |           |           |             |           |  |  |
| 1/2/2015                       |                                     | 1/4/2015                | ,                |                  |                         |                | J&S E  | Environmental Corp |                                  |            |                   |                                       |           |           |             |           |  |  |
| Occupancy Status Duri          | ng Abatement (Chec                  | k Only One              |                  |                  |                         |                | Street A   | Addres             | s                                |            |                   |                                       |           |           |             |           |  |  |
| Facility Closed/Va             | cated During Entire I               | Period of Ab            | ateme            | ent              |                         |                | 2333   | Route              | e 22 West                        |            |                   |                                       |           |           |             |           |  |  |
| Abatement Perform              | med Outside of Norn                 |                         |                  |                  |                         | Ì              | City, State, Zip Code                            |                    |                                  |            |                   |                                       |           |           |             |           |  |  |
| Other – Describe:              | 8 hours                             |                         |                  |                  |                         |                | Union  | NJ (               | 07083                            |            |                   |                                       |           |           |             |           |  |  |
| Scope of Work (Check           | All That Apply)                     |                         |                  |                  |                         |                |  |                    |                                  |            |                   |                                       |           |           |             |           |  |  |
| \[ \geq 23 \text{ sf or ≥3 lf} |                                     | □ Re                    | novati           | on               |                         |                |  | Full               | Containmen                       | nt with    | Negative          | Press                                 | ure       |           |             |           |  |  |
| ≥160 sf or ≥260 lf             |                                     |                         | molitic          |                  |                         |                |  | Min                | i-Enclosure                      |            | J                 |                                       |           |           |             |           |  |  |
|                                |                                     |                         |                  |                  |                         |                |  |                    | vebag Proce<br>n-Exempted        |            | d Non Eric        | able Dr                               | 000       | turo      |             |           |  |  |
|                                |                                     |                         |                  |                  |                         |                | EZI  | INOI               | 1-Exempled                       | ( ) and    | u Non-File        | able FI                               |           |           | nent        |           |  |  |
|                                |                                     |                         | ocatio           |                  |                         |                |  |                    |                                  |            | Abatement<br>Type |                                       |           |           |             |           |  |  |
| Location                       |                                     | Used                    | rmally<br>Solely |                  |                         | scription      |  |                    |                                  |            |                   | T                                     | Т         |           | 20.5        |           |  |  |
| Asbestos-Containin<br>TO BE Al |                                     | Main                    | tenan            | ce/              |                         |                | ontaining Material (ACM) nal systems insulation, |                    |                                  | 57.00      | mount<br>Specify  | \ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | ١.        | _         | En          | Щ         |  |  |
| In Fac                         |                                     | Custo                   |                  | taff?            | (1.0.                   | surfac         | cing, VAT  | , or               |                                  |            | or LF)            | Remova                                | Topan     | 9 .       | aps         | Clos      |  |  |
| (13                            | )                                   |                         | (12)             |                  |                         | other n        | niscellane                                       | eous)              |                                  |            |                   | ova                                   | 1 5       | ÷         | Encapsulate | Enclosure |  |  |
|                                |                                     | Yes                     | No               | N/A              |                         |                |  |                    |                                  |            |                   |                                       |           |           | 6           |           |  |  |
| Exter                          | rior                                |                         |                  | х                |                         | shing          | les trar   | site               |                                  | 12         | 00SF              | x                                     |           | T         |             |           |  |  |
|                                |                                     |                         |                  |                  |                         |                |  |                    |                                  |            |                   | İ                                     | T         |           |             |           |  |  |
|                                |                                     | 1                       |                  |                  |                         |                |  |                    |                                  | 5550 T     |                   |                                       | $\dagger$ | +         |             |           |  |  |
|                                |                                     | + +                     |                  |                  |                         |                |  |                    |                                  |            |                   | +                                     | t         | $\dagger$ |             |           |  |  |
| Name of Registered Wa          | aste Hauler                         |                         | 0.00             | JDEP W           | Terresis and the second |                | Yards  |                    | Name of R                        | egiste     | ered Land         | fill                                  |           |           |             |           |  |  |
| Tri State Transfer A           | Assoc Inc                           |                         | 2.00             | auler ID         | No.                     | of Was         | ste  |                    | Minerva                          | Ente       | rprises           |                                       |           |           |             |           |  |  |
| City, State                    |                                     |                         | 13               |                  | -                       | Disnos         | sal Date   | _                  | City, State                      |            |                   |                                       |           |           |             |           |  |  |
| 1199 Randall Ave 8             | Brony NV                            |                         |                  |                  |                         | J.0000         |  | 1                  | waynesb                          | ura        | OH 446            | 88                                    |           |           |             |           |  |  |
|                                | DIOLIV IKI                          | Title                   |                  |                  |                         | 1              | Signature  | <i>f</i>           | 113711090                        | 9          |                   | Date                                  |           | 0.00      |             |           |  |  |
| Completed by                   |                                     | i managaran managaran m | enf              |                  |                         | 1              | Ignature   | ~                  | $\mathcal{I}$                    |            |                   | 12/23                                 | /20       | 2014      |             |           |  |  |
| Carlos Gomez Preside           |                                     |                         |                  |                  |                         |                | 1/1  |                    |                                  |            |                   | 1212012017                            |           |           |             |           |  |  |

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

(K 00031a

| Date of Notification (1)<br>12-22-14                     |  | 5 5                             |  | ame of B           |                            | vner/Op                 | perator (2)                      |   | 1               |                       |             |           |     |  |  |
|--|--|---------------------------------|--|--------------------|----------------------------|-------------------------|----------------------------------|---|-----------------|-----------------------|-------------|-----------|-----|--|--|
| Agencies Notified  | Type Notification                        | 1                               | reet Add<br>4 Hopp                           | ress<br>er Ave.    |                            | DEC DEC                 | 29 P                             | M 7   | 16              |                       |             |           |     |  |  |
| EPA<br>DEP<br>DOL  | Initial Amended Amendment                |                                 |  |                    | , Zip Code<br>n Plains     |                         | 7444                             |   | A)              |                       | 10          | 5. I a    |     |  |  |
| DOH DCA  | Emergency (i justification) Cancellation | ncluding                        | 1000   | ame of C           |                            |                         |                                  |   | Telephone No    |                       | 1 -1        |           |     |  |  |
|  |  |                                 | FACILITY INFORMATION    Type of Facility (4) |                    |                            |                         |                                  |   |                 |                       |             |           |     |  |  |
| Name of Facility When<br>Private Residence               |  | Place (3)                       |  |                    |                            |                         |                                  | School (K-12)   |                 | 12)                   |             |           |     |  |  |
| Street Address 24 Hopper Ave.                            |  |                                 |  |                    |                            |                         | ×                                |   | vate & commer   | cial build            |             |           | s,  |  |  |
| City (5)<br>Pompton Plains                               |  |                                 |  |                    |                            |                         |                                  | quare Feet  | # of Floors     |                       | dg. Age     |           |     |  |  |
| County (6)<br>Morris                                     |  | ounty Co                        | ode (7)<br>SE ONLY)                          |                    | C                          | urrent Use (Prior       | if being demoli                  | shed)   |                 |                       |             |           |     |  |  |
|  | irm Hired by Building (                  | Owner (8)                       | 1  | ASCM               | No.                        |                         |                                  | Abatement Cont<br>Contracting LL                                  |                 |                       |             |           |     |  |  |
| Street Address   |  | 7.                              | 1  |                    |                            |                         | Street Ad<br>522 7th             | ldress  |                 |                       |             |           |     |  |  |
| City, State, Zip Code                                    |  |                                 |  |                    |                            |                         | City, Stat                       | e, Zip Code   | _               |                       |             |           | 02  |  |  |
| Project Manager for N                                    |  |                                 |  |                    |                            | City NJ 07087<br>ne No. | License                          | nse No.   |                 |                       |             |           |     |  |  |
|  | 201                                      |                                 |  |                    |                            | 201 216-9603 01206      |                                  |   |                 |                       |             |           |     |  |  |
| Start Date (10)<br>01-02-15                              |  | O1-03-15                        |  |                    |                            |                         |                                  | Contracting LI  | _C              | -                     |             |           |     |  |  |
| Occupancy Status Du                                      | iring Abatement (Chec                    | k Only One)                     |  |                    |                            |                         | Street Ad                        |   |                 |                       |             |           |     |  |  |
| Abatement Perfo  | /acated During Entire                    | Period of Aba<br>nal Facility H | ateme<br>ours                                | ent                |                            |                         |                                  | te, Zip Code  | _               | <del>05.</del> 11. 1. |             |           |     |  |  |
| _  | e: 7:00 AM- 5:00 PM                      |                                 |  |                    |                            |                         | Union                            | City NJ 0708  | 1               |                       |             |           |     |  |  |
| Scope of Work (Chec<br>≥3 sf or ≥3 lf<br>≥160 sf or ≥260 |  |                                 | novati<br>molitic                            |                    |                            |                         |                                  | Full Containme<br>Mini-Enclosure<br>Glovebag Prod<br>Non-Exempted | edure           |                       |             |           |     |  |  |
|  |  | T                               | 1.74   |                    |                            |                         | يقا                              | Non-Exempled  | ( ) and Non-Fi  | able Fio              |             | ement     | 1   |  |  |
|  | ation of                                 |                                 | ocation<br>rmally                            | 24.500             |                            | De                      | escription o                     | f   |                 | _                     | Туре        |           |     |  |  |
| Asbestos-Contain<br>TO BE<br>In F                        | Used :<br>Maint<br>Custoo                | enan                            | ice/   |                    | tos Con<br>therma<br>surfa |                         | terial (ACM)<br>nsulation,<br>or | Amount<br>(Specify<br>SF or LF)                                   | Removal         | Repair                | Encapsulate | Enclosure |     |  |  |
|  |  | Yes                             | No   | N/A                |                            |                         |                                  |   |                 |                       | _           | · O       |     |  |  |
| Basement   |  |                                 |  |                    |                            |                         | VAT                              |   | 400 LF          | X                     |             |           |     |  |  |
|  |  |                                 | -  |                    |                            |                         |                                  |   |                 |                       |             |           |     |  |  |
|  |  |                                 |  |                    |                            |                         |                                  |   | 5               | AE II                 |             |           |     |  |  |
| Name of Registered                                       |  |                                 | 3.83   | JDEP W<br>auler ID |                            | of Wa                   | c Yards<br>aste                  |   | Registered Land |                       | erv F       | acili     | itv |  |  |
| Delfa Contracting  | LLC                                      |                                 | 35   | 5240               | ,                          | 4                       | -15:                             | -   |                 | 110004                | J. y 1      | 2011      | 7   |  |  |
| City, State<br>Union City NJ                             |  |                                 |  |                    |                            | 01-0                    | osal Date<br>6-15                | City, Stat  |                 |                       |             |           | į.  |  |  |
| Completed by<br>Jaime Delgado                            |  | Title<br>Proj. M                | lana   | ager.              |                            |                         | Signature                        | 18  |                 | Date<br>12-22-14      |             |           |     |  |  |



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

CK 4555.

| Date of Notification (1)<br>12/26/14                                       |   |                       |  |   |                     | vner/Operatite Home                     |   |                                 | A D         | EC 20-                      |               | ř                         |       |    |  |  |
|--|---|-----------------------|--|---|---------------------|---|---|---------------------------------|-------------|-----------------------------|---------------|---------------------------|-------|----|--|--|
| Agencies Notified  | Type Notification   |                       | Scott Eger Private Home Street Address  Street Address |   |                     |   |   |                                 |             |                             |               |                           |       |    |  |  |
| ZI EDA   | Initial   |                       | 1:   | 29 N B  | altimore            | Ave                                     |   | Es s                            |             |                             |               |                           |       |    |  |  |
| EPA DEP DOL  | Amended Amendment   |                       | City, State, Zip Code<br>Ventnor NJ 08406              |   |                     |   |   |                                 |             |                             |               |                           |       |    |  |  |
| DOH DCA  | Emergency (<br>justification)                             | including             | 1  | ame of C                                      | Contact             | -                                       | <del>1</del> 9  |                                 | Tele        | ephone Nun                  | nber          |                           |       |    |  |  |
|  |   |                       |  | FACILI  | TY INFOR            | RMATION                                 |   |                                 | _           |                             |               |                           |       |    |  |  |
| Name of Facility Where<br>Scott Eger Private                               |   | g Place (3)           |  |   | 20                  |   |   | f Facility (4<br>chool (K-12    |             |                             |               |                           | 77    |    |  |  |
| Street Address<br>129 N Baltimore A  | ive   |                       |  |   | 5-                  | ander b                                 | X O   | ther (i.e. pr                   | 8 (Oth      | er than K-12<br>& commercia | 2)<br>al buil | dings                     | home  | s, |  |  |
| City (5)   |   |                       |  |   |                     |   | Square<br>1000  | Feet                            |             |                             |               |                           |       |    |  |  |
| Ventnor NJ 08406<br>County (6)   | )   |                       |  | ounty Co                                      | ode (7)<br>SE ONLY) |   | Currer  | nt Use (Pric                    | r if bei    | ng demolish                 | ned)          |                           |       |    |  |  |
| Atlantic   |   |                       | 19   |   |                     |   | Hom   |                                 |             | (0)                         |               |                           |       |    |  |  |
| Name of Monitoring Fir<br>N/A  | rm Hired by Building                                      | Owner (8)             |  | ASCM  | No.                 |   | me of Abat<br>ernaco In   |                                 | tractor     | (9)                         |               |                           | •     |    |  |  |
| Street Address   |   |                       |  |   |                     | . 57673                                 | eet Addres<br>O Box 32  |                                 | 20, 20,000  |                             |               |                           |       |    |  |  |
| City, State, Zip Code  |   |                       |  | City, State, Zip Code<br>West Berlin NJ 08091 |                     |   |   |                                 |             |                             |               |                           | 8     |    |  |  |
| Project Manager for Monitoring Firm  |   |                       |  | elephon                                       | e No.               | - 1 30000                               | Telephone No. License No. 856-753-9800 00727                          |                                 |             |                             |               |                           |       |    |  |  |
| Start Date (10)  |   | Scheduled             |  | pletion D                                     | Pate (11)           | Na                                      | ime of OSH  |                                 |             | -                           |               |                           |       |    |  |  |
|  | 12/29/14 12/31/14   |                       |  |   |                     |   | reet Addres   |                                 |             |                             |               |                           |       |    |  |  |
| Occupancy Status Dui  Facility Closed/V  Abatement Perfo  Other – Describe | acated During Entire                                      | Period of Aba         | ateme  | ent   |                     | Cit                                     | ty, State, Zi   | p Code                          |             |                             |               |                           |       |    |  |  |
| Scope of Work (Check   | k All That Apply)   |                       |  |   |                     |   | F200  |                                 |             |                             |               |                           |       |    |  |  |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 l  | f   |                       | novat<br>moliti  |   |                     |   | Mir   | ni-Enclosur                     | e<br>cedure | h Negative                  |               | Pressure<br>ble Procedure |       |    |  |  |
|  |   | 1                     |  | -   |                     |   |   |                                 |             |                             |               | Aba                       | temer | it |  |  |
|  |   |                       | rmali  | 20,000  |                     |   |   |                                 |             | Туре                        |               |                           |       |    |  |  |
| Asbestos-Contain<br>TO BE /<br>In Fa                                       | tion of<br>ing Material (ACM)<br>ABATED<br>acility<br>13) | Used<br>Main<br>Custo | Solel<br>tenar   | y by<br>nce/                                  |                     | os Containi<br>thermal sys<br>surfacing | ption of<br>ing Material<br>stems insula<br>g, VAT, or<br>cellaneous) | Amount<br>(Specify<br>SF or LF) | Removal     | Repair                      | Encapsulate   | Enclosure                 |       |    |  |  |
|  |   | Yes                   | No   | N/A   |                     |   |   |                                 |             |                             | +             | _                         | -     | +  |  |  |
| Exterio  | or Siding   |                       |  | х   |                     | Exterio                                 | r Siding  |                                 | 1           | 400 SF                      | x             | +                         | +     | +  |  |  |
|  |   |                       |  |   |                     |   |   | - 70                            |             |                             | +             | +                         | +     | +  |  |  |
|  |   |                       |  |   |                     |   |   |                                 |             |                             | +             | +                         | +     | -  |  |  |
| Name of Registered \   | Waste Hauler  |                       | 33,239   | JDEP W  |                     | Cubic Ya                                |   |                                 |             | tered Landf                 | fill          |                           |       |    |  |  |
| United Containers  | 3   |                       | 1,550  | lauler ID<br>2459                             | NU.                 | 3                                       |   | G.R.O                           | .W.S        |                             |               |                           |       |    |  |  |
| City, State  | * * *   |                       | -1-  |   | ,                   | Disposal<br>12/31/1                     |   | City, Sta<br>Morris             |             | PA 19067                    |               |                           |       |    |  |  |
| Completed by   |   | Title<br>Presid       | lent   |   |                     |   | nature  |                                 |             | - 2 5                       | Date<br>12/26 | 6/14                      |       |    |  |  |
| Anthony T Perna President  |   |                       |  |   |                     |   | 1   |                                 | _           |                             | 12/23/17      |                           |       |    |  |  |