|  | 1                    | N              | V#                                      | 170                      | )3      | Ì                 |             |                        | remain me a social                      |                   |              | -              |                 | Print    |
|--|----------------------|----------------|---|--------------------------|---------|-------------------|-------------|------------------------|---|-------------------|--------------|----------------|-----------------|----------|
| K 3219 PA  | ID                   | NO.            | TIFICATION                              | State of NON OF ASI      | BESTO   | S ABATE           | EMEN<br>20) | IT                     |   | C                 | E            |                | 1/7             |          |
| Date of Notification (1)<br>12/27/19   |                      |                | Name                                    | of Building<br>thew & Re | Owne    | r/Operato         | or (2)      |                        |   | FEB               |              | . or           | 200             |          |
| Agencies Notified Type Notification  | NI.                  |                |   |                          | ebecca  | Timpane           | elli        |                        |   | ILU               |              | 20             | 120             | j1       |
| 7 50.  | 211                  |                | Street                                  | Address                  |         |                   |             |                        | -                                       |                   |              |                |                 |          |
| DEP Amended  |                      |                | City, S                                 | State, Zip C             | ode     |                   |             |                        | ( not                                   | JUE TO            | e (a<br>PRI  | white<br>where | 1               | là:      |
| DOL Amendme  |                      |                | Abe                                     | rdeen, NJ                | 07747   |                   |             |                        | * - * - * # * * * * * * * * * * * * * * |                   | -            |                | Marian at any 1 | in an in |
| J DOH justification  | n)                   | g              | Name                                    | of Contact               |         |                   |             |                        | Teleph                                  | one Nu            | mber         |                |                 |          |
| ] DCA     Cancellation   | on<br>               |                | 1                                       | Eric Plack               |         |                   |             |                        |   |                   |              |                |                 |          |
| ame of Facility Where Abatement is Tak   | ing Place            | (3)            | FAC                                     | CILITY INF               | ORMA    | TION              | Tun         | e of Facili            | by (A)                                  |                   |              |                |                 |          |
|  |                      |                |   |                          |         |                   |             | School (F              | 8 807                                   |                   |              |                |                 |          |
| freet Address  | -                    |                |   |                          |         |                   | X           | Subchap                | ter 8 (Other ti<br>e private & co       | nan K-1<br>ommerc | 2)<br>ial bu | ilding:        | s. hon          | nes,     |
| ity (5)<br>Aberdeen  | 26432                |                |   |                          |         |                   | Squ         | are Feet               | # of Fig                                | ors               | -            | Bidg.          | Age             |          |
| ounty (6)  |                      |                | 10                                      |                          |         |                   | 200         |                        | 2                                       |                   |              | 65             | 5               |          |
| Monmouth   |                      |                |   | Code (7)<br>USE ONLY     | 2       |                   | 8000        |                        | rior il being d                         | temolisi          | hed)         |                |                 |          |
| ame of Monitoring Firm Hired by Building   | Owner (8             | 3)             |   | M No.                    |         | Norma             |             |                        | nily Home<br>contractor (9)             |                   |              |                |                 |          |
|  | -                    | of:            | 1.00                                    |                          |         | rvarne            |             |                        | 1000                                    |                   |              |                |                 |          |
| reet Address   |                      |                |   |                          |         | Street            |             | ck Indust              | ries, inc.                              | -                 |              |                |                 |          |
|  |                      |                |   |                          |         |                   |             | PO                     | Box 915                                 |                   |              |                |                 |          |
| y, State, Zip Code   |                      |                |   |                          |         | City, S           | tate. z     | Zip Code               |   | -                 |              |                |                 | -        |
| next Manager for Manager   |                      |                | *** <u>_</u>                            |                          |         | the second second |             | NJ 08723               | <u> </u>                                |                   |              |                |                 |          |
| yect Manager for Monitoring Firm   |                      | Telepho        | one No.                                 |                          | Teleph  | one N             | lo.         | Lic                    | ense N                                  | G.                |              |                | -               |          |
| rt Date (10)   | Scheduled Scheduled  |                |   |                          |         | -                 |             | 99-7499                |   | 01                | 196          |                |                 |          |
| 12/28/19   | 1                    | /10/1          |   | nare (11)                |         | Name              | of OS       | HA Monito              | ar .                                    |                   |              |                |                 |          |
| cupancy Status During Abatement (Che   | ck Only O            | ne)            |   |                          |         | Street            | Addre       | ss                     |   |                   |              |                |                 |          |
| Facility Closed/Vacated During Entire<br>Abatement Performed Outside of Non<br>Other – Describe: | Penod of mal Facilit | Abate<br>y Hou | ment<br>ts                              |                          |         | City, St          | late, Z     | ip Code                |   |                   |              | 4 (8)          |                 |          |
| ope of Work (Check All That Apply)   |                      | -              |   |                          |         |                   |             |                        |   |                   |              |                |                 |          |
| ≥3 sf or ≥3 ff<br>≥160 sf or ≥260 ff   | -                    | Renav<br>Demal |   |                          |         |                   | Mir<br>Gio  | ≒Enclosu<br>ovebag Pro |   |                   |              |                |                 |          |
| -  | Is                   | Loca           | tion                                    |                          | -       |                   |             |                        | 1 0101.401                              | THE THEIGH        | C PIO        |                | ernen)          |          |
| Location of  | 1                    | Vorma          | lly                                     | Ì                        | De      | scription (       | of          |                        |   |                   |              |                | ре              |          |
| Asbestos-Containing Material (ACM) TO BE ABATED  | Ma                   | intena         |   |                          |         | taining Ma        |             |                        | Amour                                   |                   |              |                | Ū.              | _        |
| In Facility  | Cus                  | todial<br>(12) | Staff?                                  | 100000                   | surfa   | cing. VAT         | , or        | sion.                  | (Specil<br>SF or L                      |                   | Rem          | Ropair         | Cal             | Ę        |
| (13)   |                      |                |   |                          | other r | niscelland        | ous)        |                        |   |                   | Removal      | Dair           | Encapsu'ate     | Encosure |
|  | Yes                  | No             | N/A<br>X                                |                          |         |                   |             |                        |   |                   | _            |                | ē               | an .     |
|  |                      |                |   | Floor ti                 | le      |                   |             |                        | 1700SF                                  |                   | Χ            |                |                 |          |
|  |                      |                |   |                          |         |                   |             |                        |   |                   |              |                |                 |          |
|  |                      |                |   |                          |         |                   | -           | ***                    |   |                   |              |                |                 | •        |
| e of Registered Waste Hauler   |                      | 1000           | ÚDEP W                                  | 1000000                  | Cubic   |                   |             | Name of                | Registered L                            | andfill           |              |                | 1               | -        |
| Brick Industries, Inc.   |                      |                | lauler ID : 21602                       | NO.                      | of Was  | ste<br>4          |             | Gr                     | ows North                               | I and             | fill         |                |                 |          |
| State  |                      |                |   |                          | Dispos  | al Date           |             | City, Stat             |   | Land              |              |                | -               |          |
| Brick, NJ  |                      |                |   |                          | 1/1     | 10/19             |             |                        | Morrisvi                                | ille, P           | Α            |                |                 |          |
| pleted by  | Title                |                | 100000000000000000000000000000000000000 | -                        | S       | ignature          | 2           |                        |   | Date              |              | -              |                 |          |
| Eric Plackis   | 1                    | Pre            | esident                                 |                          |         |                   | 2           |                        | _                                       |                   | 12/2         | 7/10           |                 |          |

| Y LIRDIL PAJ   | D'   |  |   | OF ASBE<br>to NJAC 8   |                             |  |                                  |  | Promise A    | E                        | C           |                 | 1 W            |              | -  |
|--|--|--|---|--|-----------------------------|--|----------------------------------|--|--------------|--------------------------|-------------|-----------------|----------------|--------------|--|
| Date of Notification (1)<br>02/03/2020   |  |  |   | f Building Coerating   |                             | perator  | (2)                              |  |              |                          | <u> </u>    |                 | 1 70           | lba          | No. of the contract of the con |
| Agencies Notified Type Notification  |  |  | Street A                                | ddress<br>Vest 34th  | n Stree                     | <br>et   |                                  |  |              | i<br>i                   | FEB         | <del>-7</del>   | 202            | 0-           |  |
| DEP Amended Amendment  |  |  |   | ite, Zip Coo<br>York, NY   |                             | 0  |                                  |  |              | /                        | ugn<br>LK   | JO CC.<br>JEWSI |                | ol e         | -  |
| DOH justification)  DCA Cancellatior   |  |  |   | Contact<br>Jemal   |                             |  |                                  |  |              | elepho<br>212-2          | ne N        | ımber           | ***********    | ettedas As., | -  |
| Name of Facility Where Abatement is Takir  | a Place (2   |  | FACI                                    | LITY INFO  | RMATI                       | ON   | T =                              | 75 30  |              |                          |             |                 |                |              |  |
| Lawrence Shopping Center- New  |  |  | tore                                    |  |                             |  | years)                           | of Facility<br>School (K-                          |              |                          |             |                 |                |              |  |
| Street Address<br>2495 Brunswick Pike  |  |  |   |  |                             |  |                                  | Subchapte<br>Other (i.e.<br>etc.)                  | r 8 (Ot      |                          |             |                 | ldings         | , hom        | es,  |
| City (5)<br>Lawrence Township  |  |  | The Cartesian Control                   |  |                             |  | -                                | re Feet  | #            | of Floo                  | ors         | I               | 3ldg. /<br>50+ |              | -  |
| County (6)<br>Mercer   | The state of the s |  | County (                                | Code (7)<br>USE ONLY)  | -                           |  | Curre                            | nt Use (Pr<br>re                                   | for if b     | eing d                   | emoli       | shed)           |                |              |  |
| Name of Monitoring Firm Hired by Building RK Occupational & Enviro. Analyst      | Owner (8)<br>sis, Inc.   |  | ASCN<br>000                             |  |                             |  |                                  | tement Construction                                |              |                          | ratio       | n, Inc          |                |              |  |
| Street Address<br>401St. James Ave.  |  |  |   |  |                             |  | Addres<br>A Ro                   | ute 46 S   | Suite (      | 3D                       |             |                 |                |              |  |
| City, State, Zip Code<br>Phillipsburg, NJ 08865                                  | Marie de la Principal de La Company  |  |   | The state of the s |                             |  |                                  | p Code<br>NJ 0751:                                 | 2            |                          |             |                 |                |              |  |
| Project Manager for Monitoring Firm<br>Jonathan Gilbert                          |  |  | Telephoi                                | ne No.   |                             |  | hone No<br>3-256-                |  |              |                          | ense<br>666 | No.             |                |              |  |
| Start Date (10)<br>02/04/2020  | Date (11)  |  | 0.0000000000000000000000000000000000000 |  | A Monito                    |  | lesto                            | ratio  | n, Inc       |                          |             |                 |                |              |  |
| Occupancy Status During Abatement (Chec<br>Facility Closed/Vacated During Entire | - 185<br>  | (5)<br>  | ont                                     |  |                             |  | Addres<br>A Ro                   | ss<br>ute 46 S                                     | Suite 3      | 3D                       |             |                 |                |              |  |
| Abatement Performed Outside of Norr Other – Describe: Limited occupancy Mon      | nal Facility   | Hours  |   | E TT I' v To Absonous are created  |                             |  |                                  | p Code<br>NJ 0751                                  | 2            |                          |             |                 |                |              |  |
| Scope of Work (Check All That Apply)   |  | 3-0  |   | Marinda of the Second of Processors  | ****                        | L  |                                  |  |              | **********               |             |                 |                |              |  |
| ≥3 sf or ≥3 if<br>≥160 sf or ≥260 if   |  | Renova<br>Demolit                                |   |  |                             | 2  | Mir                              | l Containn<br>ni-Enclosu<br>vebag Pro<br>n-Exempto | re<br>ocedur | е                        |             |                 |                | re           |  |
|  | 1  | Locati   | 554150 J                                |  |                             |  |                                  |  |              |                          |             |                 |                | emen<br>ype  | t  |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)     | Use<br>Ma  | Normal<br>ed Sole<br>intenar<br>todial S<br>(12) | ly by<br>nce/                           |  | os Cont<br>thermal<br>surfa | scriptior<br>taining f<br>system<br>cing, VA<br>niscella | Vlaterial<br>Is insula<br>AT, or |  |              | Amou<br>(Spec<br>SF or I | ify         | Remova          | Repair         | Encapsulate  | Enclosure  |
|  | Yes  | No   | N/A                                     |  |                             |  |                                  |  |              |                          |             | -               |                | ate          | 0  |
| AUTO ZONE MAIN FLOOR   |  | X  | Floor Mastic 16,500                     |  |                             |  |                                  | SF   | Х            |                          |             |                 |                |              |  |
|  | -  |  |   |  |                             |  | -                                |  |              | -                        | -           | -               | -              |              |  |
|  |  |  |   |  |                             |  |                                  |  |              | -                        |             |                 | +              | +-           | -  |
| Name of Registered Waste Hauler<br>Bako Construction & Restoration,              | JDEP W<br>lauler ID<br>20889   |  | Cubic<br>of Wa<br>TBD                   |  |                             | Name o<br>Fairles  |                                  |  |              |                          | nagen       | nent            | 1              |              |  |
| City, State<br>Totowa, NJ 07512  |  |  |   |  |                             | sal Date   | 1                                | City, Sta<br>Morri                                 |              | PA                       |             |                 |                |              |  |
| Completed by<br>Damir Valjevac   | oy Title   |  |   |  |                             |  | e<br>ev ,                        | fa En  |              |                          | 1           | Date<br>02/0    | 3/202          | 20           |  |

## State of New Jersey

Check # 16811

| [ ]EPA [ ] [ ]DEP [X]DOL [ ].  [X]DOH [ X]:  [ ]DCA [ X]:  Name of Facility Where Ab Jenette Carlson  Street Address   | Notification Initial Notification Amended Notification EMERGENCY Cancellation | on City, Sta South Name of C Jenet | AC 8:60-7 and Building Owner te Carlso  dress  te, Zip Code    Orange, Nontact te Carlso   | 12:120-               | 7) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4 | / 3.7.27                  |            |           |  | Constitution of the last of th |
|--|---|------------------------------------|--|-----------------------|---|---------------------------|------------|-----------|--|--|
| Agencies Notified Type [ ]EPA [ ] [ ]DEP [ [X]DOL [ ]] [ ]DCA [ [X]]  Name of Facility Where Ab Jenette Carlson  Street Address  | Notification Initial Notification Amended Notification EMERGENCY Cancellation | on City, Sta South Name of C Jenet | te Carlso  te, Zip Code  Orange, Nontact  te Carlso  | n/Operato             | or (2)  | / 3.7.27                  | os cor     |           |  | Constitution of the last of th |
| Agencies Notified Type  [ ]EPA [ ]  [ ]DEP  [X]DOL [ ].  [X]DOH [ ]DCA [ X]  [ ]OCA [ ]OCA [ ]OCA [ X]  Name of Facility Where Ab  Jenette Carlson  Street Address   | Initial Notification Amended Notification EMERGENCY Cancellation              | on City, Sta South Name of C Jenet | te Carlso  dress  te, Zip. Code  Orange, Nontact  te Carlso  | IJ,                   | en e              | / 3.7.27                  | os cor     |           |  | A CONTRACTOR OF THE PARTY OF TH |
| [ ]EPA [ ] [ ]DEP [X]DOL [ ].  [X]DOH [ ]DCA [ ].  Name of Facility Where Ab Jenette Carlson  Street Address   | Initial Notification Amended Notification EMERGENCY Cancellation              | on City, Sta South Name of C Jenet | te, Zip. Code<br>Orange, N<br>ontact<br>te Carlso  |                       | Televi  | / 3.7.27                  | os cor     |           | A Comment of the Comm |  |
| [ ]EPA [ ] [ ]DEP [X]DOL [ ].  [X]DOH [ X]  [ ]DCA [ X]  Name of Facility Where Ab Jenette Carlson  Street Address   | Initial Notification Amended Notification EMERGENCY Cancellation              | on City, Sta South Name of C Jenet | te, Zip. Code<br>Orange, N<br>ontact<br>te Carlso  |                       | Talan   | / 3.7.27                  | os cor     |           | S.C.   |  |
| [ ]DEP [X]DOL [ ].  [X]DOH [ ]DCA [ X]  [ ]O  Name of Facility Where Ab Jenette Carlson  Street Address  | Notification Amended Notification EMERGENCY Cancellation                      | City, Sta South Name of C Jenet    | Orange,Nontact<br>te Carlso  |                       | Talan   | / 3.7.27                  | os cor     |           | Lá   |  |
| [X]DOL [X]DOH [X]DOH [ ]DCA [ ]JCA  Name of Facility Where Ab Jenette Carlson  Street Address  | Notification  EMERGENCY  Cancellation   | South Name of C Jenet              | Orange,Nontact<br>te Carlso  |                       | Telen   |                           |            |           | , és   |  |
| [X]DOH [ ]DCA [ ]CA [ ]O  Name of Facility Where Ab Jenette Carlson  Street Address  | Notification  EMERGENCY  Cancellation   | Name of C Jenet                    | ontact<br>te Carlso  |                       | Telen   |                           |            |           | de   | 1  |
| [ ]DCA [X]:  [ ]OCA [X]:  Name of Facility Where Ab  Jenette Carlson  Street Address   | Cancellation  | Jenet                              | te Carlso  |                       | Telen   | أسيا                      |            |           |  |  |
| Name of Facility Where Ab Jenette Carlson Street Address   | Cancellation  | n   FA                             |  |                       |   | hone Number               | GENER!     | .02       |  |  |
| Name of Facility Where Ab Jenette Carlson Street Address   |   | FA                                 | -  | 177                   |   |                           |            |           |  | 19   |
| Street Address   | atement is !  | FA<br>Taking Place (               |  |                       |   |                           |            |           |  |  |
| Street Address   | atement is  | Taking Place (                     | CILITY INFORM  | ATION                 |   |                           |            |           |  |  |
| Street Address   |   |                                    | 3)   |                       | Type of Fac   | cility (4)                |            |           |  |  |
| CITY   |   |                                    |  |                       |   | ol (K-12)                 |            |           |  |  |
| 100 April 100 Ap |   |                                    |  |                       | []Subch   | apter 8 (Oth              | ner than   | n K-1     | .2)  |  |
| A55.1 11   |   |                                    |  |                       | cial  | (i.e., priv<br>buildings, | homes.     | comme     | r-   |  |
| A55.1 11   |   |                                    |  |                       | Square Feet   |                           |            | Bldg.     |  |  |
| S  | Coun  | ity                                | County Co  | de (7)                |   |                           |            | Lug.      | rige   | 5  |
| South Orango   |   |                                    | (STATE US  |                       | Current Hee   | (Prior if b               | oine de    | 1 <i></i> | -1   | -23  |
| South Orange   |   | Essex                              |  |                       | Guilenc Ose   | (FIIOI II D               | eing de    | 3moTT     | sne  | 1)   |
| Name of Monitoring Firm hi<br>Owner (8)  | red by Buil   | ding ASCM No                       | . Name   | of Abate              | ment Contract   | tor (9)                   |            |           |  |  |
| N/A  |   |                                    | AZ   | CECH M                | IANAGEMEN   | T, Inc.                   |            |           |  |  |
| Street Address   |   |                                    |  | t Address             |   |                           |            |           |  |  |
|  |   |                                    |  |                       | topher S  | t.                        |            |           |  |  |
| City, State, Zip Code  |   |                                    |  | State, 2              |   |                           |            |           |  |  |
|  |   |                                    |  |                       | r, NJ 07  | 042                       |            |           |  |  |
| Project Manager for Monito   | ring Firm   | Telephone Num                      |  | none Numb             |   |                           | h .        |           |  |  |
|  | 3   | N/A                                | No. 10 to 10 | 73) 744               |   |                           | License    |           | oer  |  |
| Scheduled Start Date (10)  | Sched C   | ompletion Date                     |  |                       |   |                           | 0037       | 1 1       |  |  |
| 02 06 20   | 02  | 07 20                              | N/A  | of OSHA M             | lonitor   |                           |            |           |  |  |
| Month Day Year   | Month   | Day Yes                            |  |                       |   |                           |            |           |  |  |
| Occupancy Status During Ab   | tement (Che   | eck only one)                      | Street   | Address               |   |                           |            |           |  |  |
| of Abatement   |   |                                    | 11   |                       |   |                           |            |           |  |  |
| [ ]Abatement Performed   | Outside of  | Normal Facili                      | ty City,   | State, Z              | ip Code   |                           |            | -         |  |  |
| Hours - Describe: «O [ ]other - Describe: «O   | ther Occupa   | cript»                             |  |                       | -   |                           |            |           |  |  |
| Scope of Work (Check all th  |   | ncy bescripe»                      |  |                       |   |                           |            |           |  |  |
| ,  | ac appry,   |                                    |  | ' lFull C             | Containment w   | rith Negative             | Dwass      |           |  |  |
| [X] >3 sf or >3 lf   | 3.6   | [X] Renovation                     | Ú [  | [X]Mini-E             | nclosure  | Idi Negative              | Pressu     | ire       |  |  |
| [ ]≥160 sf or ≥260   | TI  | [ ]Demolition                      |  |                       | ag Procedure  |                           |            |           |  |  |
|  |   | Is                                 | 1  | JMOH-FT               | riable Proced   | ure                       | Aha        | teme      | n+ n   | Carro o  |
| Location of<br>Asbestos-Containing   |   | Location<br>Normally               |  | scription             |   |                           |            | Center    | E  | E  |
| Material (ACM)   | 1   | Used<br>Solely                     |  | tos-Conta<br>erial (A | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)               | Amount                    | R          | R         | C  | C  |
| TO BE ABATED   | 1   | By Main-<br>tenance/               | 10222  | thermal               |   | (Specify                  | MO         | E<br>P    | A<br>P   | P  |
| In Facility<br>(13)  |   | Custodial                          |  |                       | cing, VAT,  | LF)                       | V          | AI        | S  | S  |
| ,  | Ye  | Staff (12)                         | or other   | r miscell             | aneous)   |                           | A<br>L     | R         | T T  | R  |
| Basement   |   | X                                  | Pipe Inst  | latio                 | n   | 20 LF                     | X          |           | -  | E  |
|  |   |                                    |  |                       |   | 20 11                     | -          |           |  |  |
|  |   |                                    |  |                       |   |                           |            |           |  |  |
| Name of Registered Waste Ha  | ıler  | NJDEP Waste                        | Cubic Yard   | ls                    | Name of Regi  | stered Tand               | fill       |           |  |  |
| AZTECH MANAGEMENT  | , INC.  | Hauler ID No.                      |  |                       | Tri - S   |                           | -111       |           |  |  |
| City, State  |   | 17040                              | Dienos-1 D   | 2+0                   |   |                           |            |           |  |  |
| 1/ 0000  | 2   |                                    | Disposal D   | 2                     | City, State   | ATT 1045                  |            |           |  |  |
|  |   |                                    |  |                       |   | and Mr                    |            |           |  |  |
| Montclair, NJ 0704   |   |                                    | 02/01/   | 20                    | BLORK,  | NY, 1047                  | 4          |           |  |  |
| Montclair, NJ 0704   |   |                                    |  | mature                | 1 1   | MY, 1047                  |            |           |  |  |
| Montclair, NJ 0704   | Title<br>Presid   | dent                               |  |                       | 2 to 1/   | NI, 1047                  | Date 2/4/2 | 020       |  |  |

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT & C. E. I. W. S. I. W.

| CK311   | IRA                               | (Pu                                  | rsua                     | int                            | to N                      | J.A                            | <u>C.</u> 8:60 and  | 12:12                             | 20)[]]-  | 66                    |                  | E                 | April Bladde  | To a substitution   |
|---|-----------------------------------|--------------------------------------|--------------------------|--------------------------------|---------------------------|--------------------------------|---|-----------------------------------|--|-----------------------|------------------|-------------------|---------------|---|
| Date of Notification                                  | (1)<br>02/04/2020                 |                                      | N                        | lame                           | of Bu                     | ilding                         | Owner / Operation   | or (2)                            |  | FEB -                 | 7 202            | 0                 | 1             |   |
| Agencies Notified  EPA  DEP  DOL  DOH                 | Type Notific                      | l<br>nded                            | P<br>C<br>E              | treet<br>.O. I<br>ity, S       | Addre<br>Box (<br>State & | ess<br>644<br>& Zip (<br>d, NJ |   |                                   | 7.71   | Ligina<br>Ligin       | _                |                   | - Instruction | 10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>1 |
| □ DCA   |                                   | rgency<br>cellation                  | 1 00                     |                                | of Co<br>ld P.            |                                | el, Jr.   |                                   |  |                       | Telepi<br>201-3  |                   |               |   |
| Name of English, Wh                                   | oro Abotomo                       | ent in Table - Di-                   | (0)                      | FAG                            | CILIT                     | Y INF                          | ORMATION  |                                   |  |                       |                  |                   |               |   |
| Name of Facility Wh<br>Residential Apart              |                                   |                                      |                          |                                |                           |                                | Type of Faci  |                                   |  |                       |                  |                   |               |   |
| Street Address<br>30-34 Moonachie                     | Road                              |                                      |                          |                                |                           |                                | ☐ Subcha  | pter 8 (0<br>.e. priva            | Other than K-<br>te & commer<br># of Floors                  |                       |                  |                   | etc.)         | )   |
| City (5)  |                                   | County (6)                           | Cour                     | nty C                          | Code (                    | (7)                            | 15,000  |                                   | # 01 F1001S  |                       | Bldg. A          | .ge<br><b>5</b> 7 | 7             |   |
| Hackensack  |                                   | Bergen                               |                          |                                | ,                         |                                |   | (Prior if                         | being demol  | ished)                |                  | - 01              |               |   |
| Name of Monitoring                                    | Firm Hired b                      | y Building Owner                     | r (8)                    |                                | ASC                       | M No                           | . Name of Aba   | atement                           | Contractor (   |                       |                  |                   |               |   |
| Health & Safety S<br>Street Address                   | ervices                           |                                      |                          |                                | 1                         |                                | Resource I<br>Street Addre  |                                   | ement Grou   | up, LLC.              |                  |                   |               |   |
| P.O. Box 365  |                                   |                                      |                          |                                |                           |                                | 2115 Hami   | Iton Av                           | enue, Suit   | e 202                 |                  |                   |               |   |
| City, State & Zip Coo<br>Berlin, NJ 08009             |                                   |                                      |                          |                                |                           |                                | City, State & Trenton, N  | J 0861                            |  |                       |                  | A                 |               |   |
| Project Manager for Jim Proctor                       |                                   | 8                                    | eleph<br>56-83           | 39-2                           | 432                       |                                | Telephone N<br>609-914-42   | 79                                |  | License               |                  | r<br>185          |               |   |
| Scheduled Start Date 02/18/202                        |                                   | Scheduled Comp<br>03                 | letion<br>/03/2          |                                | e (11)                    |                                | Name of OS  |                                   | itor<br>t <b>al Laborat</b> e                                | orios In              |                  |                   |               |   |
| Abatement P Describe:                                 | ed/Vacated [<br>erformed: O       | Ouring Entire Per<br>perating hours- | iod of                   |                                |                           |                                | Street Addre<br>2333 Route<br>City, State &<br>Union, NJ                                  | ess<br>e <b>22 W</b> e<br>Zip Coo | est  |                       |                  |                   |               |   |
| Facility Occu Scope of Work (Chec                     |                                   |                                      |                          |                                |                           |                                |   |                                   |  |                       |                  |                   |               |   |
| <ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf ≥260</li></ul> | lf                                | [                                    | Carrow M                 |                                | ovatio<br>olitior         |                                |   |                                   | Full Containn<br>Mini-Enclosu<br>Glove Bag Pr<br>Non-Exempte | re<br>ocedures        |                  |                   |               |   |
|   | cation of<br>os-Containing        |                                      | Is Lo<br>Norma           |                                | 0.000                     |                                | Description   | n of                              |  | Amount                |                  |                   |               | Туре  |
| Mate<br>TO BI   | rial (ACM) E ABATED Facility (13) | N C                                  | Sole<br>Mainte<br>Sustod | ely b<br>nanc<br>lial S<br>12) | y<br>ce or                |                                | Asbestos-Cor<br>Material (A<br>(i.e., thermal s<br>insulation, surfac<br>or other miscell | CM)<br>systems<br>cing, VA        | T S  | (Specify<br>SF or LF) | Kellioval        | Repair            | Encapsulate   | Enclosure   |
| Hallway & Stairwe                                     | ells                              |                                      |                          |                                |                           |                                | Floor Tile &  | Mastic                            |  | 422 SF                |                  |                   |               |   |
|   |                                   |                                      |                          |                                |                           |                                |   |                                   |  |                       |                  |                   |               |   |
|   |                                   |                                      | 414                      | $\exists +$                    | H                         |                                |   |                                   |  |                       |                  |                   | 1             | 뷔무  |
|   |                                   |                                      |                          | <b>=</b>                       |                           |                                |   |                                   |  |                       | -  -             | H                 | H             | ዙ   |
| Name of Registered \                                  |                                   |                                      |                          | Hau                            | ıler ID                   |                                | Cubic Yards of Waste  | Name                              | of Registere   | d Landfill            |                  |                   |               |   |
| Resource Manage<br>City, State                        | ment Grou                         | ıp, LLC                              |                          | 003                            | 5218                      | 3                              | TBD Disposal Date   | Grow<br>City, S                   | s Landfill<br>State  |                       |                  |                   |               |   |
| Frenton, NJ 08619                                     |                                   |                                      |                          |                                |                           |                                | TBD   |                                   | sville, PA   |                       |                  |                   |               |   |
| Completed By (Print on Mr. Brian Hane                 |                                   |                                      |                          | Title<br>Pre                   | e<br>side                 | nt                             | Signature   | n /                               | Valle  |                       | Date <b>02</b> / | 04/2              | :02(          | D   |

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Name of Building Owner / Operator (2) 02/04/2020 Villa Malta Associates LLC. Agencies Notified Type Notification Street Address M **EPA** P.O. Box 644 DEP Initial City, State & Zip Code MOENSING X DOL Amended Englewood, NJ 07631 X DOH Emergency Name of Contact Telephone Number DCA Cancellation Harold P. Knebel, Jr. 201-394-6701 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residential Apartments- Villa Malta \*Building 32\* School (K-12) Street Address Subchapter 8 (Other than K-12) 30-34 Moonachie Road Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 15.000 57 Hackensack Current Use (Prior if being demolished) Bergen Apartments Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health & Safety Services Resource Management Group, LLC. Street Address Street Address P.O. Box 365 2115 Hamilton Avenue, Suite 202 City, State & Zip Code City, State & Zip Code Berlin, NJ 08009 Trenton, NJ 08619 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Jim Proctor 856-839-2432 609-914-4279 01185 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 02/18/2020 03/03/2020 J&S Environmental Laboratories, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed: Operating hours-7:30am to 5pm City, State & Zip Code Describe: Union, NJ 07083 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure X ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate TO BE ABATED Maintenance or Enclosure (i.e., thermal systems Remova in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Hallway & Stairwells Floor Tile & Mastic 548 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Resource Management Group, LLC 0035218 TBD Grows Landfill City, State Disposal Date City, State Trenton, NJ 08619 TBD. Morrisville, PA Completed By (Print or Type) Title Signature Date Mr. Brian Haney President 02/04/2020

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) Name of Building Owner / Operator (2) 02/04/2020 Villa Malta Associates LLC. FEB Agencies Notified Type Notification Street Address X **EPA** P.O. Box 644 DEP Initial City, State & Zip Code ALERIOR CONTROL & X DOL П Amended Englewood, NJ 07631 LIGERSING  $\boxtimes$ DOH Emergency Name of Contact Telephone Number DCA Cancellation Harold P. Knebel, Jr. 201-394-6701 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residential Apartments- Villa Malta \*Building 34\* School (K-12) Street Address Subchapter 8 (Other than K-12) 30-34 Moonachie Road Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 15.000 57 Hackensack Current Use (Prior if being demolished) Bergen Apartments Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Health & Safety Services Resource Management Group, LLC. Street Address Street Address P.O. Box 365 2115 Hamilton Avenue, Suite 202 City, State & Zip Code City, State & Zip Code Berlin, NJ 08009 Trenton, NJ 08619 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Jim Proctor 856-839-2432 609-914-4279 01185 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 02/18/2020 03/03/2020 J&S Environmental Laboratories, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West X Abatement Performed: Operating hours-7:30am to 5pm City, State & Zip Code Describe: Union, NJ 07083 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure X ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate Enclosure TO BE ABATED Maintenance or (i.e., thermal systems Remova in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Hallway & Stairwells Floor Tile & Mastic 422 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Resource Management Group, LLC 0035218 TBD **Grows Landfill** City, State Disposal Date City, State Trenton, NJ 08619 TBD Morrisville, PA Completed By (Print or Type) Title Signature Date Mr. Brian Haney President 02/04/2020

State of NJ Notification of Asbestos Abatement Proj. #: 20-36 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 0 2 /0 4 / 2 0 FEB 2020 Michael Johnson Agencies Notified Type Notification Street Address ☐ EPA Initial Amended DEP Amendment #: City, State, Zip Code DOL. Emergency Roselle, NJ 07203 DOH. (including Name of Contact Telephone Number justification) ☐ DCA Michael Johnson Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Residential Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Bldg. Age Square Feet # of Floors County (6) City (5) 1,500 SF 80 County Code (7) (State use only) Current Use (Prior if being demolished) Roselle Union Residential Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. N/A KLOMAX, LLC Street Address Street Address 309 W. End Ave City, State, Zip Code City, State, Zip Code Hopatcong, NJ 07843 Project Manager for Monitoring Firm Telephone Number License Number Phone Number 833-455-6629 02007 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) KLOMAX, LLC 02/14/2020 02/18/2020 Street Address Occupancy Status During Abatement (Check only one) 309 W. End Ave Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Normal Hours Other-Describe: \_ Hopatcong, NJ 07843 Scope of Work (check all that apply) Full Containment w/negative pressure >3 sf or >3 lf X Renovation Mini-enclosure Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (\*) and Non-friable procedure Is location normally used solely Ε Location of Ε by maintenance/custodial e asbestos-containing n Amount Description of asbestos-containing n staff(12) m p C material (acm) to be (Specify SF or material (ACM) 0 a a abated in facility (13) N/A Yes No ν p Pipe Insulation 38 LF basement X Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill KLOMAX, LLC 0038241 1 yds. TULLYTOWN, RESOURCE RECOVERY Disposal Date City, State City, State TBD Hopatcong, NJ 07843 TULLYTOWN, PA Signature Completed by (Print or Type) Title Date Paige Boylan 02/04/2020 Do not use this form for asbestos ligensure exempted activities. ASR-41

Notification of Asbestos Abatement Proj. #: 20-35 (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 0 12 1/10 14 1/12 10 1 FFR 2020 Etta Chandler Agencies Notified Type Notification Street Address ☐ EPA X Initial areas ice controlla Amended DEP Amendment #: City, State, Zip Code X DOL Emergency Hillside, NJ 07205 DOH. (including Name of Contact Telephone Number justification) DCA Cancellation Etta Chandler **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Residential Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 1,900 SF 02 90 (State use only) Current Use (Prior if being demolished) Hillside Union Residential Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) KLOMAX, LLC Street Address Street Address 309 W. End Ave City, State, Zip Code City, State, Zip Code Hopatcong, NJ 07843 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 833-455-6629 02007 Start Date (10) Name of OSHA Monitor Sched. Completion Date (11) KLOMAX, LLC 02/17/2020 Street Address Occupancy Status During Abatement (Check only one) 309 W. End Ave Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: Normal Hours Hopatcong, NJ 07843 Scope of Work (check all that apply) Full Containment w/negative pressure  $\times$  >3 sf or >3 If Renovation Mini-enclosure Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (\*) and Non-friable procedure Is location normally used solely Location of by maintenance/custodial asbestos-containing е Description of asbestos-containing n Amount staff(12) material (acm) to be n m p C material (ACM) (Specify SF or abated in facility (13) 0 C a a Yes No N/A V basement Pipe Insulation 40 LF X Registered Waste Hauler Name of Registered Landfill NJDEP Hauler ID# Cubic Yards of Waste KLOMAX, LLC 0038241 1 yds. TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State Hopatcong, NJ 07843 TBD TULLYTOWN, PA Completed by (Print or Type) Signature Title Date Paige Boylan 02/04/2020 ASB-41 Do not use this form for asbestos licensure exempted activities

-nv# 179 Print Form State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 02/04/2020 Mountain Lakes School District Agencies Notified Type Notification Street Address LELDERUE CONTROL & 400 Boulevard EPA Initial LIMSHIG City, State, Zip Code DEP Amended X DOL Amendment #\_ Mountain Lakes, NJ 07046 X Emergency (including Name of Contact Telephone Number DOH justification) 973-294-0326 Cancellation Brian Dunn X DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Briarcliff Middle School School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 93 Briarcliff Road etc.) Square Feet # of Floors Bldg. Age City (5) 20,650 Mountain Lakes, NJ 2 72 County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) County (6) School Morris County Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Detail Associates, Inc. 00012 VEL Construction, LLC Street Address Street Address 300 Grand Ave. 230 Market Street City, State, Zip Code City, State, Zip Code Englewood, NJ 07631 Garfield, NJ 07026 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201-747-6313 01377 Steven Jaraczewski 201-569-6708 Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) EMSL Analytical, Inc. 02/08/2020 02/10/2020 Street Address Occupancy Status During Abatement (Check Only One) 1056 Shalton Rd Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Piscataway, NJ 08854 Scope of Work (Check All That Apply) Renovation Full Containment with Negative Pressure ≥3 sf or ≥3 If Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)

|                |       |              | Out                             | er miscellarieou                       | 15)  |  | l ai   | 7   | 8   | ure   |
|----------------|-------|--------------|---------------------------------|--|--|--|--|---|---|---|
| Yes            | No    | N/A          |                                 |  |  |  | -  |   | te  |   |
|                | Х     |              | Pi                              | pe Insulation                          | 1  | 30 LF  | Х  |   |   |   |
|                |       |              |                                 |  |  |  |  |   |   |   |
|                | H     | auler ID No. | 1                               |  |  |  | SIII   |   |   |   |
|                |       |              | 1000000                         | ************************************** |  |  |  |   |   |   |
| Title<br>Presi | ident |              |                                 | Signature                              | to Vel   | journe 1   |  | 2020  | B   |   |
|                | Title | X X NH H     | NJDEP Waste Hauler ID No. 26085 | Yes   No   N/A                         | Yes No N/A  X Pipe Insulation  NJDEP Waste Hauler ID No. 26085  Disposal Date 02/10/2020 | Yes No N/A  X Pipe Insulation  NJDEP Waste Hauler ID No. 26085  Disposal Date 02/10/2020 Morrisv | Yes No N/A  X Pipe Insulation 30 LF  NJDEP Waste Hauler ID No. 26085  Disposal Date 02/10/2020 Morrisville,PA  Title Signature | Yes No N/A    X   Pipe Insulation   30 LF   X | Yes No N/A  X Pipe Insulation 30 LF X  NJDEP Waste Hauler ID No. 26085  Disposal Date 02/10/2020 Morrisville,PA | X Pipe Insulation 30 LF X  NJDEP Waste Hauler ID No. 26085  Disposal Date 02/10/2020 Morrisville,PA |

大いのないのではないのであると、「はないない」というとなって

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

|       | 57 77 |      | F-2  | (0)   | Janes and |   |
|-------|-------|------|------|-------|-----------|---|
| 11    | 1116  | - 31 | - 11 | 11 27 | + 1       |   |
| 150   | 121   | 11   | 17   | 11 -  | -         |   |
| £ 600 | 1.4   | - 33 | 16   | 107   | long      | ¥ |
|       | 13    | - 11 | E    | 6     | التا      | 1 |

| Date of Notification (1)                                       | 1 1              | -             |                |                 | Nam            | e of Buildin   | ng Owner/Operator                           | (2)                                 | FER  | - 7                         | 2020     |                       | 1             |
|--|------------------|---------------|----------------|-----------------|----------------|--|---|-------------------------------------|--|-----------------------------|----------|-----------------------|---------------|
|  | 5 /              | 20            | _              |                 |                |  | Twp. BOE                                    |                                     | lumber: 2002-  |                             |          |                       | 71            |
| Agencies Notified  | Type Notific     | cation        |                |                 | Stree          | et Address   |   | 1                                   |  | <del>ie (Ci</del><br>Ensile |          | that .                |               |
| ☑ EPA<br>☑ DOLWD   | ☐ Initial        |               |                |                 | 71             | 0 Jackso   | nville Road                                 |                                     | Seed had<br>the seed of the seed of the<br>the seed of the s | In Fragilie                 | 10,56    | and and all the cases | etti e selene |
| ☑ DHSS   | Amende<br>Amendn |               |                |                 | City,          | State, Zip   | Code  |                                     |  |                             |          |                       |               |
| DCA  | ☐ Emerge         |               |                | _<br>a          | Bu             | ırlington,   | NJ 08016                                    |                                     |  |                             |          |                       |               |
| (NJAC 5:23-8)  | justificat       |               |                | 5               | Nam            | e of Contac  | ot  |                                     | Telephone Nu   | ımber                       |          |                       |               |
|  | ☐ Cancella       | ation         |                |                 | Ge             | orge Joh   | ins   |                                     | 856-424-8  |                             |          |                       |               |
|  |                  |               |                |                 | FA             | CILITY IN  | FORMATION                                   |                                     |  |                             |          |                       |               |
| Name of Facility Where A                                       | batement is      | Taking        | Place          | e (3)           | 7.55           |  | oranzarion                                  | Type of Facility                    | (4)  |                             |          |                       |               |
| Thomas Hopkins H   |                  |               |                |                 | sroom          | H100   |   | School (K-1                         |  |                             |          |                       |               |
| Street Address   |                  |               | -              |                 |                |  |   | ☐ Subchapter                        | 8 (Other than K-   | 12)                         |          |                       |               |
| 710 Jacksonville Ro  | oad              |               |                |                 |                |  |   |                                     | orivate and comm   | nercial b                   | uildin   | gs,                   |               |
| City (5)   |                  |               |                |                 |                |  |   | homes, etc.<br>Square Feet          | # of Floors  | T c                         | Id- /    | 1                     |               |
| Burlington Townsh County (6)                                   | ip               |               |                |                 |                |  |   | 85,000                              | 1  |                             | 50 Sldg. | \ge                   |               |
|  |                  |               |                |                 | Cou            | nty Code (7  | ()(STATE USE ONLY)                          | Current Use (P                      | rior if being demo   | olished)                    |          |                       |               |
| Burlington   | =                |               |                |                 |                |  |   | High School                         |  |                             |          |                       |               |
| Name of Monitoring Firm  |                  | lding O       | )wner          | (8)             | ASCM           | No.  | Name of Abateme                             |                                     |  |                             |          |                       |               |
| Epic Environmental   |                  |               |                |                 |                |  | Asbestos and                                | d Mold Service                      | es, Corp.  |                             |          |                       |               |
| Street Address   |                  |               |                |                 |                |  | Street Address                              |                                     |  |                             |          |                       |               |
| 1930 Brown Road  |                  |               |                |                 |                |  | 1835 Underw                                 |                                     |  |                             |          |                       |               |
| City, State, Zip Code  |                  |               |                |                 |                |  | City, State, Zip Co                         | ode                                 |  |                             |          |                       |               |
| Newfield, NJ 08344   |                  |               |                |                 |                |  |   |                                     |  |                             |          |                       |               |
| Project Manager for Monit                                      | toring Firm      |               |                | Tel             | ephone         | No.  | Telephone No.                               |                                     | License No.  |                             |          |                       |               |
| Jim Eberts   |                  |               |                |                 | 56-205         |  | 609-702-0400                                | 00862                               |  |                             |          |                       |               |
| Start Date (10)  |                  |               |                |                 | etion Da       |  | Name of OSHA M                              | onitor                              |  |                             |          |                       |               |
| ///  |                  |               | 73.00          | Will be         | 1_ /           | 20   | EMSL Analyti                                | cal, Inc.                           |  |                             |          |                       |               |
| Occupancy Status During  |                  |               |                |                 |                |  | Street Address                              |                                     |  |                             |          |                       |               |
| Facility Closed/Vacated  | d During Enti    | re Peri       | iod of         | Abate           | ment           |  | 200 U.S. Rout                               | te 130 North                        |  |                             |          |                       |               |
| Abatement Performed Time of Abatement:                         | AM               | ormai i<br>PM | Facility<br>1/ | y Hou<br>PM     | rs - Des<br>   | AM   | City, State, Zip Co                         |                                     |  |                             |          |                       |               |
| Scope of Work (Check all                                       | that apply)      |               |                |                 |                |  | Cinnaminson                                 | , NJ 08077                          |  |                             |          |                       |               |
| ☐ ≥3 sf or >3 If   |                  |               | ⊠ Re           | novot           | ion            |  | Full Conta                                  | ainment with Ne                     | gative Pressure  |                             |          |                       |               |
| ≥160 sf or ≥260 lf   |                  |               | □ De           |                 |                |  | ☐ Mini-Encl                                 | osure<br>Procedure                  |  |                             |          |                       |               |
|  |                  |               |                |                 |                |  | ⊠ Non-Exer                                  | npted (*) and No                    | n-Friable Proced   | ure                         |          |                       |               |
|  |                  |               |                | Loca            |                |  |   |                                     |  | Al                          | atem     | ent T                 | vpe           |
| Location of<br>Asbestos-Containing M                           |                  | .             |                | Norma<br>d Sole | illy<br>ely by |  | Description of                              |                                     |  |                             | 1        | _                     | T -           |
| TO BE ABAT   | TED              | "             |                | intena          |                |  | stos Containing Mat<br>, thermal systems in |                                     | Amount   | em                          | Repair   | nca                   | nclo          |
| IN Facility  | 7                |               | Cust           |                 | Staff?         | (  | surfacing, VAT,                             | or                                  | (Specify<br>SF or LF)  | Removal                     | =        | psu                   | Enclosure     |
| (13)   |                  | F             | V              | (12)            | T              | -  | other miscellaneo                           | ous)                                | ,  | 1                           |          | Encapsulate           | 6             |
| H100   |                  |               | Yes            | No              | N/A            | Under S  | ink Coating                                 |                                     | ***  | -                           | _        |                       | $\vdash$      |
| H100   |                  | _             |                |                 |                |  | ink coating<br>indow Sills & Tr             | ansite                              | 30 SF  |                             |          |                       |               |
| H100   |                  | _             |                |                 |                |  | over Door                                   |                                     | 11 SF & 18 S   |                             | 1        |                       |               |
| 1400   |                  |               |                |                 |                | The state of the s |   |                                     | 1,512 SF   |                             | Ш        | Ш                     | Ш             |
|  |                  |               |                |                 | UDED!          | Glue Do  |   |                                     | 5 SF   |                             |          |                       |               |
| Name of Registered Waste Hauler  NJDEP Freehold Cartage  NJDEP |                  |               |                |                 | auler ID       | No.  | Cubic Yards of<br>Waste                     | Name of Regis<br>Grand Cen          |  |                             |          |                       |               |
| City, State  |                  | A 9494 500    |                |                 | 02265          |  | Disposal Data                               |                                     | uai  |                             |          |                       |               |
| Freehold, NJ   |                  |               |                |                 |                |  | Disposal Date<br>2/21/20                    | City, State<br>Penn Argyl           | e. PA  |                             |          |                       |               |
| Completed By (Print or Typ                                     | ne)              | Title         |                |                 |                |  | Signature                                   |                                     | A COMMON TO SHOW   | lots.                       |          |                       |               |
| Kaysi Gruner Office Assista                                    |                  |               |                |                 |                |  |   | And the second second second second |  | )ate<br>) - 5 -             | -20      | ž                     |               |

| HIM   | 176                    | 170  |                                  |                       |   |  |                 | Г            | Pri         | nt   |
|---|------------------------|--|----------------------------------|-----------------------|---|--|-----------------|--------------|-------------|--|
| TIME  | I I O                  |  | nte of New Jers<br>OF ASBESTO    |                       | MENT                                      | MEG  |                 | V            | Lun         |  |
| K3222 PA  | LU"                    |  | to NJAC 8:60 a                   |                       |   | X  |                 |              |             | CONTRACTOR AND |
| Date of Notification (1)<br>1/9/20  |                        | 1  | Building Owne<br>ohn Tym Build   |                       | (2)                                       | FEB  | - 7 7           | 2020         | 1000        |  |
| gencies Notified Type Notification  |                        | Street Ac  |                                  |                       | 1   |  |                 |              |             |  |
| EPA Initial DEP Amended   |                        |  | te, Zip Code                     |                       | į.,                                       | ALEGETA<br>LICI                            | E CLAN<br>INSHR |              | <u> </u>    |  |
| DOL Amendment Emergency   | (including             | Point Name of  | t Pleasant, N.                   | J. 08742              |   | Telephone No                               | ımher           |              |             | -  |
| DOH justification)  DCA Cancellation  |                        | Eri  | c Plackis                        |                       |   | 732-899                                    | -7499           |              |             | _  |
| lame of Facility Where Abatement is Takir   | g Place (3)            | FACIL  | ITY INFORMA                      | TION                  | Type of Facilit                           | y (4)                                      |                 |              |             |  |
| Street Address  |                        |  |                                  |                       |   | ter 8 (Other than K-                       |                 |              |             |  |
|   |                        |  |                                  |                       | etc.)                                     | private & commerc                          |                 |              |             | 15,  |
| Oity (5) Sea Girt   |                        |  |                                  |                       | Square Feet<br>2100                       | # of Floors<br>2                           | 5               | ldg. A<br>70 | ge          |  |
| County (6) Monmouth   |                        | County C<br>(STATE U                                   | Code (7)<br>ISE ONLY)            |                       | Current Use (F<br>Single Fan              | Prior if being demolis                     | shed)           |              |             |  |
| ame of Monitoring Firm Hired by Building  | Owner (8)              | ASCM   | No.                              | Name                  | of Abatement C                            |  |                 |              |             |  |
| rreet Address   |                        |  |                                  | Street                | Brick Indust                              | tries, Inc.                                |                 |              |             |  |
|   |                        |  |                                  |                       |   | Box 915                                    |                 |              |             |  |
| ty, State, Zip Code   |                        |  |                                  |                       | tate, Zip Code<br>rick, NJ 08723          | 3  |                 |              |             |  |
| roject Manage: for Monitoring Firm  |                        | Telephon   | e No.                            |                       | ione No.                                  | License                                    | No.             |              |             |  |
| Date (10)   | Cahadulad              | Completion D   | Onto (11)                        |                       | 32-899-7499<br>of OSHA Monito             |  | 1196            |              |             |  |
| rart Date (10)<br>1/9/20  | 1/16                   | /20  | ale (11)                         | Paratives             | OI CASTAC MODIN                           | ÇA .                                       |                 |              |             |  |
| ccupancy Status During Abatement (Chec  |                        |  |                                  | Street                | Address                                   |  |                 |              |             |  |
| Facility Closed/Vacated During Entire<br>Abatement Performed Outside of Norr<br>Other – Describe. |                        |  |                                  | City, S               | itate, Zip Code                           |  |                 |              |             |  |
| cope of Work (Check All That Apply)   |                        |  |                                  |                       | -   |  |                 |              |             | e e e  |
| >3 stor>3 tt<br>>160 stor>260 tt  |                        | novation<br>molition                                   |                                  | Ė                     | Mini-Enclos<br>Glovebag P                 |  |                 |              |             |  |
|   | ls L                   | ocation  |                                  |                       | 3 Non-Exemp                               | ded ( ) and indires he                     | 1016 1-10       | Abate        |             |  |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)                      | Used<br>Main<br>Custor | rmally<br>Solely by<br>tenance/<br>dial Staff?<br>(12) | Asbestos Co<br>(i.e. them<br>sur |                       | Material (ACM)<br>s insulation,<br>.T, or | Amount<br>(Specify<br>SF or LF)            | Removal         | Ropair       | Encapsulate | 100000   |
|   | Yes                    | No N/A   |                                  |                       |   |  |                 |              | 6           | Ĺ  |
|   |                        | X  | Floor tile                       |                       |   | 80SF                                       | X               |              |             | -  |
|   |                        |  |                                  |                       |   |  | +-              |              |             |  |
| ame of Registered Waste Hauler  |                        | NJDEP Wa   |                                  | ac Yards              | Name                                      | of Registered Landf                        | 11              |              |             |  |
| Brick Industries, Inc.  |                        | Hauler ID : 21602                                      | No. of V                         | Vuste 2               | G   | Grows North La                             | ndfill          |              |             |  |
| City, Stale   |                        |  |                                  | oosal Date<br>1/16/20 | City, Si                                  | Morrisville,                               | ΡΔ              |              |             |  |
| Brick, NJ   | Title                  |  |                                  | Signature             | , ,                                       | and the second second second second second | )ate            |              |             |  |
| Eric Plackis  |                        | President  |                                  |                       | 2   |  | 1/9/            | /20          |             |  |

CK 9880

B & G proj. #:

2020-29

## State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

IN# 17932

|                                  |                                      |                  |                |            |                       |         |                                       | Check                 | (# 9880                                 |                    | -      | 20.020                | and the second                          |
|----------------------------------|--------------------------------------|------------------|----------------|------------|-----------------------|---------|---------------------------------------|-----------------------|---|--------------------|--------|-----------------------|---|
| Date of Notification             | 1 (1)                                | [1]              | Name of Bui    | ldina Owr  | ner/Operator (2)      | 1       |                                       | INE                   |   | W                  | E      | 150                   | 1 1 1 P                                 |
| 10 12 1/10 15                    | 1/12/01                              |                  | Andrew         |            | 9.00 Sept.            |         |                                       |                       |   |                    |        | Property<br>Parenters | William C.                              |
| Agencies Notified                | Type Notifica                        | tion             | Street Addre   | ss         |                       |         |                                       |                       | ED - 7                                  | 000                | -      | 100                   | 111                                     |
| <b>≭</b> EPA                     | X Initial                            |                  |                |            |                       |         |                                       |                       | EB - 7                                  | 202                | U      | i har                 |   |
| ☐ DEP                            |                                      | 110              | City, State, Z | ip Code    |                       |         |                                       | + 6                   | na hugusakan uma                        |                    | -      | 4                     | -                                       |
| X DOL                            | Amend                                |                  | Ramsey         |            | 446                   | 70      |                                       | 1 State 5.            | SINDS CO<br>LICENSII                    |                    | OL 8   | ī                     |   |
| ₩ DOH                            | _                                    | 11               | lame of Con    | tact       |                       |         |                                       | Télepho               | ne Number                               | THE REAL PROPERTY. |        | Chindren              | -                                       |
| ☐ DCA                            | Cancell                              | ation            | Andrew         | Siemse     | en                    |         |                                       |                       |   |                    |        |                       |   |
|                                  |                                      |                  |                | EAC        | ILITY INFORM          | ATION   |                                       |                       |   |                    |        |                       |   |
| Name of facility wh              | oro obstament                        | o takina al      | (2)            | FAC        | ILIT INFORM           | AHOI    | · · · · · · · · · · · · · · · · · · · | T=                    |   |                    |        |                       |   |
|                                  |                                      | s taking pi      | ace (3)        |            |                       |         |                                       | Type of Facility Scho | (4)<br>ol (K - 12)                      |                    |        |                       |   |
| Andrew Siems                     | sen<br>————                          |                  |                |            |                       |         |                                       |                       | hapter 8 (O                             | ther t             | han K  | -12)                  |   |
| Street Address                   |                                      |                  | 2)             |            |                       |         |                                       | X Other               | (Private/Co                             | mme                |        | ,                     |   |
|                                  |                                      |                  |                |            |                       |         |                                       | Square Feet           | ./Homes, et<br># of Floor               |                    | BI     | dg. A                 | and |
| City (5)                         |                                      | Cou              | nty (6)        |            |                       | Cou     | unty Code (7)                         | Oquate 1 eet          | # 011 1001.                             | 5                  | υ,     | ag. / t               | ge                                      |
| Ramsey, NJ                       | 07446                                | Re               | rgen           |            |                       |         | ate use only)                         | Current Use (I        | Prior if being                          | den                | nolish | ed)                   |   |
| Name of Monitorin                | en I marinere                        |                  |                |            | 1001111               | L.,     | IN-                                   | residential           |   |                    |        |                       |   |
| Sky Environn                     |                                      |                  | er (o)         |            | ASCM No.              |         | Name of Abatement                     | A Contractor Made     |   |                    |        |                       |   |
| Street Address                   |                                      |                  |                |            |                       | _       | B & G Restorat                        | tion, Inc.            |   |                    |        |                       |   |
| 140 Blvd.                        |                                      |                  |                |            |                       |         | 105 Ryerson F                         | Road                  |   |                    |        |                       |   |
| City, State, Zip Cod             |                                      |                  |                |            |                       | -       | City, State, Zip Code                 |                       |   | -                  | -      | -                     | -                                       |
| Mountain La                      |                                      |                  |                |            |                       |         | Lincoln Park,                         | NJ 07035              |   |                    |        |                       |   |
| Project Manager for              |                                      | 1                |                | one Numb   |                       |         | Telephone Number<br>(973)696-686      | :a                    | License                                 |                    | er     |                       |   |
| Leonid Shere                     |                                      |                  |                | 3-588-4    |                       |         | Name of OSHA Mon                      |                       |   | 378                |        |                       |   |
| Scheduled Start Da               | te (10)                              | 1                | d. Completio   | n Date (1  | 1)                    |         | B & G Restora                         |                       |   |                    |        |                       |   |
| 02/20/2020                       |                                      |                  | 27/2020        | 0.440-234  |                       |         | Street Address                        | ,                     | *************************************** |                    | _      |                       |   |
| Occupancy Status I               |                                      |                  | 하시면 그러워 그렇게    |            |                       |         | 105 Ryerson R                         | Road                  |   |                    |        |                       |   |
| Facility closed                  | d/vacated during<br>erformed outside |                  |                |            |                       |         | City, State, Zip Code                 |                       |   |                    |        |                       |   |
| Describe:                        |                                      | - Indimal        |                |            |                       | _       | Lincoln Park, N                       | 1107035               |   |                    |        |                       |   |
| Other-Descrit Scope of Work (ch  |                                      | <i>\</i> \       |                |            |                       | -       |                                       |                       |   |                    |        | -                     |   |
| Demolition                       | CCK all triat appr                   | Renovation       | on.            |            |                       | N -     | Full Containment w/ne                 | antivo proceuro       |   |                    |        |                       |   |
| > <u>3</u> sf or > <u>3</u> If   | X X                                  | >160 sf or       |                |            |                       |         | Mini-enclosure                        | gative pressure       | ☐ Gloveb  Non-fri                       |                    |        |                       |   |
|                                  |                                      |                  | n normally u   | sed solely | vl                    | ш.      | VIIII CITOIOSUIC                      |                       | INOIT-III                               | R                  | R      | E                     | 1                                       |
| Location of<br>asbestos-con      | taining                              | by maint         | enance/cust    |            | 1                     | on of a | sbestos-containing                    | Amount                |   | е                  | е      | n                     | E                                       |
| material to be<br>abated in faci |                                      | staff(12)        | Γ              | ·          | material (            |         |                                       | (Specify LF)          | SF or                                   | m<br>o             | p<br>a | c<br>a                | C                                       |
|                                  |                                      | Yes              | No             | N/A        |                       |         |                                       | 1 ,                   |   | v<br>e             | i      | р                     | -                                       |
| kitchen                          |                                      |                  |                | ×          | wall & ceil           | ing p   | laster                                | 560 sf                |   | X                  |        |                       |   |
| kitchen & bathro                 |                                      |                  |                | X          | linoleum<br>window ca | ılleim  | - / -l:-                              | 164 sf                |   | ×                  |        |                       | 4                                       |
| throught residen                 |                                      |                  |                | X          | I willdow ca          | uikifi  | g / glazing                           | 63 sf & 7             | 3 ST                                    | X                  | 片      | ዙ                     | #                                       |
|                                  |                                      |                  |                |            | 1                     |         |                                       |                       |   |                    |        | 1                     | #                                       |
| Registered Waste H               | lauler                               | NJD              | EP Hauler II   | D# C       | ubic Yards of \       | Vaste   |                                       |                       | -                                       |                    |        |                       | T                                       |
| B & G Restorat                   | ion, Inc.                            |                  | 19563          | Disposal D | 9<br>Date             |         | Grand Centra                          | al Landfill           |   | _                  |        |                       |   |
| City, State<br>Lincoln Park, N   | NJ                                   |                  | ľ              |            | 27/2020               |         | City, State<br>Pen Argyl, PA          |                       |   |                    |        | (3)                   |   |
| Completed by (Print              |                                      | Title<br>Secreta | nv/Treasu      | rer        | Signature             |         | Gordana Luna                          |                       | Date<br>02/05                           | 1202               | n .    |                       |   |

## CK#4933

## Inv# 17895

FFR - 6

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

|  | 1 日 田 田                     |                               |                          |   |                       |   |         |        |              |           |
|--|-----------------------------|-------------------------------|--------------------------|---|-----------------------|---|---------|--------|--------------|-----------|
| Date of Notification (1)   | D                           | N                             |                          | ing Owner/Operator                      | LEON A                | 120   |         |        | 477.4        | 1         |
| 1.3  | otification                 | S                             | treet Addres             | S                                       |                       | I would be set to be                              | R2II    | 162    | 56.50        | ·         |
|  | nded<br>ndment #            | - c                           | ity, State, Zip          | Code                                    |                       | + /   |         |        |              | =         |
| Eme  | rgency (including fication) |                               | ame of Conta             | tan CI                                  | to N.                 | Telephone Num                                     | her     |        | 74.1         | _         |
|  | cellation                   |                               | SC                       |   |                       |   |         |        |              |           |
|  |                             | (2)                           | FACILITY IN              | FORMATION                               | Type of Facilit       | /4\   |         |        |              |           |
| Name of Facility Where Abatemen  | )tw(E                       | : (3)                         |                          |   | School (K-            | 12)   |         |        |              |           |
| Street Address   |                             |                               |                          |   |                       | r 8 (Other than K-1;<br>private & commerci<br>c.) |         | lding  | S,           |           |
| City (5)   | hui (I                      | 14                            |                          |   | Square Feet           | # of Floors                                       | E       | ildg . | A <i>g</i> e |           |
| County (6)   | WAY                         | To                            | County Code<br>ISE ONLY) | (7) (STATE                              | Current Use (F        | Prior if being demolis                            | shed)   |        |              |           |
| Name of Monitoring Firm Hired by I   |                             | ASI                           | CM No.                   | Name of Abatem                          |                       | - CO           |         |        |              |           |
| (8) N/A Street Address   |                             |                               |                          | Street Address                          | LEMCO                 | INC.  | _       |        |              | =         |
| Olicet Address   |                             |                               |                          | 369                                     | SSPR                  | UCE ALE   | _       |        |              | _         |
| City, State, Zip Code  |                             |                               |                          | City, State, Zip City, State, Zip City  |                       | E W. T C  | 080     | 50     |              |           |
| Project Manager for Monitoring Firm  | 1                           | Telepho                       | ne No.                   | Telephone No. 856-779                   | -0472                 | License No.                                       | 1       |        |              |           |
| Start Date (10)<br>2 - 9 - 7 (2)   | Scheduled Co                | mpletion 2                    |                          | Name of OSHA M                          | Monitor N/A           | 1   |         |        |              |           |
| Occupancy Status During Abateme  |                             |                               |                          | Street Address                          |                       |   |         |        |              |           |
| Facility Closed/Vacated During B Abatement Performed Outside o Other - Describe: |                             |                               | t                        | City, State, Zip Co                     | ode                   |   |         |        |              | _         |
| Scope of Work (Check all that apply  | ()                          |                               |                          |   |                       |   |         |        |              |           |
| ≥3 sf or ≥3 lf   |                             | ovation<br>notition           |                          | ☐ Mini-Enc<br>☐ Gloveba                 | losure<br>g Procedure | egative Pressure<br>on-Friable Procedur           | ·e      |        |              |           |
|  |                             | cation                        |                          | X 1.10.1. 2.10                          | , inplood ( ) also    |   | T       | bate   | ment         |           |
| Location of  | Used S                      | mally<br>Solely by<br>enance/ | Ashasi                   | Description of<br>os Containing Mate    | erial (ACM)           | Amount  | -       | .,,    |              |           |
| Asbestos-Containing Material (ACI<br>TO BE ABATED                                | Cusi                        | todial                        |                          | thermal systems in<br>surfacing, VAT, o | sulation,             | (Specify<br>SF or LF)                             | Rer     | Re     | Encapsulate  | Encl      |
| IN Facility<br>(13)  | 4 7777                      | 2)                            |                          | other miscellaneou                      |                       | 0. 0. 2. /  | Removal | Repair | sulat        | Enclosure |
|  | Yes                         | No N/A                        |                          |   |                       |   |         |        | е            |           |
| SIDING   |                             | X                             | TR                       | ANSITE                                  |                       | 1250 SE   | X       |        |              |           |
|  |                             | -                             |                          |   |                       |   | -       |        |              |           |
|  |                             | -                             | -                        |   |                       |   |         |        |              |           |
| Name of Registered Waste Hauler  |                             |                               | Waste                    | Cubic Yards<br>of Waşte                 | Name of Regi          | stered Landfill                                   | ١.٨     |        |              |           |
| KLEMCO INC   |                             | Hauler<br>17                  | 104                      | Disposal Date                           | City, State           | MCML  | M       |        |              | =         |
| City, State MAPLE SHADE  | N.5 C                       | 50805                         | 3                        | Disposar Date                           |                       | ON BINE   | Ш       | 5      |              |           |
| Completed By   | Title PRESI                 |                               |                          | Signature Du Du                         | 7/4                   | Date  | 31      | -2     | 0            |           |
| MIRE ICLEMIN   | LICE 21                     | MACA                          | 1                        | - July                                  | 1                     |   | -       | _      |              |           |

# CIL 4933 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT. (Pursuant to NJAC 8:60 and 12:120)

FEB = 6 2020

|  |                              |                            |                                      |                            | we will a time on the con- |           | and a   | į.          |           |
|--|------------------------------|----------------------------|--------------------------------------|----------------------------|----------------------------|-----------|---------|-------------|-----------|
| Date of Notification (1) 31 – 20                 |                              | -                          | ling Owner/Operato                   |                            | v) Le Vendi                |           |         |             | 27/276-2  |
| Agencies Notified Type Notification              |                              | Street Addres              | \$0.00                               |                            |                            |           |         |             |           |
| ☐ BPA ☐ Initial                                  |                              |                            | P.O. BO                              | × 198                      |                            |           |         | - 10        | _         |
| □ DEP □ Amended  Amendment #_                    | Ī                            | City, State, Zip           |                                      |                            | 2 11 65                    |           |         |             |           |
| ☐ Emergency (inc                                 | duding                       |                            | CAPE MA                              | HY Coul                    |                            |           |         |             | _         |
| ☑ DOH justification) ☐ DCA ☐ Cancellation        |                              | Name of Conta              |                                      |                            | Telephone Num              | ber<br>/  | 78      | 11          |           |
|  |                              |                            | ONN                                  |                            | 609-78                     | <u>U-</u> | 20      | 10          |           |
|  |                              | FACILITY IN                | FORMATION                            |                            |                            |           |         |             |           |
| Name of Facility Where Abatement is Taking       |                              |                            |                                      | Type of Facility           |                            |           |         |             |           |
| RESIDENCE  |                              |                            |                                      | School (K-1                | 2)<br>8 (Other than K-12   | ?)        |         |             |           |
| Street Address                                   |                              |                            |                                      | Other (i.e., homes, etc    | private & commercia        | al bui    | 545     |             |           |
| City (5)   |                              |                            |                                      | Square Feet                | # of Floors                | 100       | ildg. / |             |           |
| AVALON   |                              |                            | 707175                               | 1500                       | 1                          | -         | 50      | ) 7         | _         |
| County (6) CAPE MAY                              |                              | County Code (<br>USE ONLY) | 38 9                                 | VAC                        | rior if being demolis      | inea)     |         |             | _         |
| Name of Monitoring Firm Hired by Building Ov     | yner A                       | SCM No.                    |                                      | nent Contractor (9         | 350                        |           |         | 1.10%       |           |
| (8) N.A  |                              |                            |                                      | 100 I                      | NC                         |           |         |             |           |
| Street Address                                   |                              |                            | Street Address                       | . SPRU                     | CE ALE                     |           |         |             |           |
| City, State, Zip Code                            |                              |                            | City, State, Zip C                   | ode                        |                            |           |         |             |           |
|  |                              |                            | MAPL                                 | E SHAW                     |                            | _         | 80      | ) 2         |           |
| Project Manager for Monitoring Firm              | Telep                        | hone No.                   | Telephone No.                        | 9-0472                     | License No 3               | 71        |         |             |           |
| Start Date (10) Schedul                          | ed Completion                | on Date (11)               | Name of OSHA N                       |                            |                            |           |         |             | _         |
| 7-9-70 2   | -16                          | -70                        |                                      |                            |                            |           |         |             |           |
| Occupancy Status During Abatement (Check         | onfy one)                    |                            | Street Address                       |                            | //                         |           |         |             |           |
| Facility Closed/Vacated During Entire Perio      |                              | ent                        |                                      |                            |                            |           |         |             |           |
| Abatement Performed Outside of Normal Fa         | adity Hours                  |                            | City, State, Zip Co                  | ode ·                      |                            |           |         |             |           |
| Other - Describe:                                |                              |                            |                                      |                            |                            |           |         |             |           |
| Scope of Work (Check all that apply)             |                              |                            |                                      | toinmont with No           | antiva Proseura            |           |         |             |           |
| >3 sf or ≥3 lf                                   | Renovation                   | 1                          | Mini-Enc                             | tainment with Ne<br>losure | gauve Pressure             |           |         |             |           |
| ≥160 sf or ≥260 ff                               | Demotition                   |                            |                                      | g Procedure                | n Eriable Descedur         | ۵         |         |             |           |
|  | Is Location                  |                            | XINONEXE                             | mpled () and No            | n-Friable Procedur         | _         | bate    | men!        | _         |
|  | Normally                     |                            |                                      |                            |                            |           | Тут     |             |           |
| Location of                                      | lsed Solely t<br>Maintenance |                            | Description of<br>os Containing Mate | erial (ACM)                | Amount                     |           |         | m           |           |
| Asbestos-Containing Material (ACM)  TO BE ABATED | Custodial                    | 9A                         | thermal systems in                   | sulation,                  | (Specify                   | Re        | R       | nca         | Enc       |
| IN Facility                                      | Staff?<br>(12)               |                            | surfacing, VAT, other miscellaneous  | 502 h.c.                   | SF or LF)                  | Removal   | Repair  | Encapsulate | Enclosure |
| (13)   |                              |                            | Outer Trasoction to or               | ω,                         |                            | /al       | 7       | late        | ЛВ        |
| Y  | es No                        | N/A                        |                                      |                            |                            |           |         | _           |           |
| 5101116  | 1                            | ( 1                        | RANISIT                              | E                          | 2500 SF                    | X         |         |             |           |
|  |                              |                            |                                      |                            |                            |           |         |             |           |
|  |                              |                            |                                      |                            |                            |           |         |             |           |
|  | 1                            |                            |                                      |                            |                            |           |         |             |           |
| Name of Registered Waste Hauler                  | NJD                          | EP Waste                   | Cubic Yards                          | Name of Regis              | tered Landfill             |           |         |             |           |
| -  | Haul                         | 9.04                       | of Waste                             | C.M                        | CIM V                      | , μ       | ١       |             |           |
| KLENCO INC                                       |                              | 1.01                       | Disposal Date                        | City, State                |                            |           |         |             |           |
| City, State MADLE SHADE                          | MIT                          |                            |                                      | Wie                        | OBINE                      |           |         | _           | _         |
| Completed By                                     | . 0                          |                            | Signature                            | NO O                       | Date                       | 31-       | -21     | )           |           |
| MICHAEL MENM )                                   | UP.                          |                            | - Mac                                |                            |                            |           | =       |             | _         |

Inv# 17983

| 43476   |                   | NOTIF                | ICATIO         | OF ASSESTOS<br>TO NUAC 8:60 ar | ABATE                  | MENT                                    |                                | C                        | <u> </u>      |           |                |               |
|---|-------------------|----------------------|----------------|--------------------------------|------------------------|---|--------------------------------|--------------------------|---------------|-----------|----------------|---------------|
| Date of Notification (1) 2/3/2020                                   |                   | -                    | Name o         | f Building Owner               | Operator               | (2) t                                   |                                | FEB                      | 6             | 200       | m              |               |
| Agencies Notified Type Notification                                 |                   |                      |                | nt Terrace Ap                  | artmen                 | ts INC                                  |                                | red                      | - 0           | 202       | U              | last<br>Imaco |
|   | 1                 |                      | Street A       | ladress<br>iverside Drive      |                        |   | Desky - Astron                 | uzir i i menjueriya kilo | turi antitale | NHHI-WELK | NO.3 Northwest |               |
| X EPA   X Initial   Amended   Amendmer                              |                   |                      |                | ate, Zip Code                  |                        |   | ASE                            | SESTO                    | S CO          |           | OL             | 8             |
|   |                   |                      |                | ork, NY 1002                   | 4                      | i                                       |                                | Lad C                    | West 1900     | remember  | Northwell (1)  |               |
| Emergency justification   | )                 |                      |                | f Contact                      |                        |   | Telepho                        |                          |               |           |                |               |
| DCA Cancellatio   | n                 |                      | Brian          |                                |                        |   | 21287                          | 34919                    | )             |           | 3-27/7/2       |               |
| Name of Facility Where Abatement is Taki                            | ng Place (        | 3)                   | FAC            | LITY INFORMAT                  | ION                    | Type of Facility                        | (4)                            |                          |               |           | 100            |               |
| Dumont Terrace Apartments INC                                       | - buildin         | g 4                  |                |                                |                        | School (K-1                             | No. P.                         |                          |               |           |                |               |
| Street Address 39 Dulles Drive                                      |                   |                      |                |                                |                        | Subchapter Other (i.e. p                | 8 (Other that<br>private & con |                          |               | dings,    | home           | es,           |
| City (5)  |                   |                      |                |                                |                        | etc.)<br>Square Feet                    | # of Floo                      | ors                      | В             | ldg. A    | ge             |               |
| Dumont  |                   |                      |                |                                |                        |   | 2                              |                          |               | 70        | )              |               |
| County (6) Grant Bergen   |                   |                      |                | Code (7) USE ONLY)             |                        | Current Use (Pri<br>Residential         | or if being de                 | emolish                  | ed)           |           |                |               |
| Name of Monitoring Firm Hired by Building<br>Crown Air Services LLC | Owner (8          | )                    | ASC            | /I No.                         |                        | of Abatement Cor<br>estways Solution    |                                |                          |               |           |                |               |
| Street Address  |                   |                      |                |                                |                        | Address                                 |                                |                          | -             |           |                |               |
| 478 Albany Street City, State, Zip Code                             |                   | -                    |                |                                |                        | Washington Av                           | /enue                          |                          |               |           |                |               |
| Brooklyn, NY 11203  |                   |                      |                |                                |                        | State, Zip Code<br>klyn, NY 1120        | 5                              |                          |               |           |                |               |
| Project Manager for Monitoring Firm                                 |                   |                      | Telepho        | ne No.                         |                        | none No.<br>3582600                     | 11 100000                      | ense No                  | ).            |           |                |               |
| Start Date (10)<br>2/24/2020  | Schedul<br>3/13/2 |                      | npletion       | Date (11)                      | 2000                   | of OSHA Monitor<br>estways Solution     | ons Corp                       |                          |               |           |                |               |
| Occupancy Status During Abatement (Che                              | ck Only O         | ne)                  |                |                                |                        | Address                                 |                                |                          |               |           |                |               |
| Facility Closed/Vacated During Entire                               | Period of         | Abatem               | ent            |                                |                        | Washington Av                           | /enue                          |                          |               |           |                |               |
| Abatement Performed Outside of Nor Other – Describe:                | mal Facility      | y Hours              |                |                                |                        | State, Zip Code                         | _                              |                          |               |           |                |               |
| Scope of Work (Check All That Apply)                                |                   |                      | //             |                                | Broo                   | klyn, NY 1120                           | 5                              |                          |               |           |                |               |
| ≥3 sf or ≥3 lf  |                   | Renova               | 4.00           |                                | ×                      | Full Containme                          |                                | ative P                  | ressui        | re        |                |               |
| x ≥160 sf or ≥260 lf  |                   | Demoliti             | ion            |                                | F                      | Mini-Enclosure Glovebag Prod            | cedure                         |                          | _             |           |                |               |
|   | le le             | Locati               | on             |                                |                        | ☑ Non-Exempted                          | d (*) and Nor                  | n-Friabi                 |               | Abate     |                |               |
| Location of   |                   | Vormall              | ly             | De                             | scription              | of                                      |                                |                          |               | Ту        |                |               |
| Asbestos-Containing Material (ACM) TO BE ABATED                     |                   | ed Solel<br>iintenar |                | Asbestos Con                   | taining N              | Material (ACM)                          | Amour                          |                          |               |           | Ш              |               |
| In Facility   | Cus               | todial S             | staff?         |                                | l system:<br>icing, VA | s insulation,<br>T, or                  | (Specif<br>SF or L             |                          | Remova        | Repair    | псар           | ndo           |
| (13)  |                   | (12)                 |                | other i                        | miscellar              | neous)                                  |                                |                          | ioval         | oair      | Encapsulate    | Enclosure     |
| 48  | Yes               | No                   | N/A            |                                |                        |   |                                |                          |               |           | te             |               |
| (5) Misc Crawl Space  | X                 |                      |                | Pipe                           | Insula                 | ition                                   | 406 Li                         | nf                       | Х             |           |                |               |
| Meter Room  | X                 |                      |                | Pipe                           | Insula                 | ition                                   | 87 LN                          | F                        | Х             |           |                |               |
|   |                   |                      |                |                                |                        |   |                                |                          |               |           |                |               |
|   |                   |                      |                |                                |                        |   |                                |                          |               |           |                |               |
| Name of Registered Waste Hauler                                     |                   |                      | JDEP Wauler ID |                                | Yards                  | 100000000000000000000000000000000000000 | Registered L                   |                          |               |           |                |               |
| Newark Carting Inc  |                   | 1000000              | 506            | ito.   Oi vva                  | SIC                    | Tully-to                                | wn RE Fa                       | cility                   |               |           |                |               |
| City, State<br>Newark, NJ 07102                                     |                   |                      |                | Dispo                          | sal Date               | City, State                             | е                              |                          |               |           |                |               |
| Completed by<br>Mendy Gorodetsky                                    | Title<br>Office   | er                   |                | \$                             | Signature              | a Noll                                  |                                | Dat<br>02                | e<br>/03/2    | 2020      |                |               |

|   | LY                          | HVI             | T                          | Me               | 19.                                |                 |                 |   | -  |                   | 0             |        | 0 7    | Pri         | nt Fe     |
|---|-----------------------------|-----------------|----------------------------|------------------|------------------------------------|-----------------|-----------------|---|--|-------------------|---------------|--------|--------|-------------|-----------|
| 0.1 7:  |                             |                 | OTIF                       | St               | ate of New Jers                    | ey              |                 |   |  | <u>  E</u>        | <u>C  </u>    | 5      |        | ₩ L         |           |
| CK 04   | 16                          |                 | P                          | ursuant          | OF ASBESTO<br>to NJAC 8:60 a       | 10 12:12        | MEN<br>0)       | U.  |  | 1                 |               |        |        |             | -         |
| Date of Notification (1) 2/3/2020                         | 7                           | ‡               | U                          |                  | Building Owner<br>of Terrace Ap    |                 |                 | NC  | Ш  | -                 | <del>E8</del> | - (    | 21     | 120         |           |
| Agencies Notified   | Type Notification           |                 |                            | Street A         | <sup>ddréss</sup><br>verside Drive |                 |                 |   | - Company of the Comp | ASBE              |               |        |        |             | &         |
| × EPA<br>× DEP<br>× DOL                                   |                             |                 |                            | City, Sta        | te, Zip Code                       |                 |                 |   |  |                   | LIC           | EINS   | SING   |             |           |
|   | Amendmen<br>Emergency       | (including      | -                          |                  | ork, NY 1002<br>Contact            | .4              |                 |   | Tal  | ephone I          | Numb          | or     |        |             |           |
| X DOH<br>X DCA  | justification) Cancellation |                 |                            | Brian 7          |                                    |                 |                 |   |  | 287349            |               | 51     |        |             |           |
| Name of Facility Where A                                  | batement is Takir           | ng Place (3     | 3)                         | FACI             | LITY INFORMA                       | TION            | Ту              | pe of Facility (4                                 | .)   |                   |               |        |        |             |           |
| Dumont Terrace Ap   | artments INC                | - building      | 5                          |                  |                                    |                 |                 | School (K-12                                      | 2)   |                   |               |        |        |             |           |
| Street Address<br>39 Dulles Drive                         |                             |                 |                            |                  |                                    |                 | ×               | Subchapter of Other (i.e. prefet.)                |  |                   |               | ouild  | ings,  | home        | es,       |
| City (5)<br>Dumont  |                             |                 |                            | 0                | 1628                               |                 | Sq              | uare Feet   | 2  | Floors            |               | Bl     | dg. A  | _           |           |
| County (6)<br>Bergen                                      | A.                          |                 |                            | County (         | Code (7) USE ONLY)                 |                 |                 | rrent Use (Prio<br>esidential                     | r if bei   | ng demo           | olished       | 1)     | 10     |             |           |
| Name of Monitoring Firm<br>Crown Air Services             |                             | Owner (8)       |                            | ASCN             | l No.                              |                 |                 | batement Cont<br>ays Solutio                      |  |                   |               |        |        |             |           |
| Street Address<br>478 Albany Street                       | 16                          |                 |                            | -1               |                                    | Street          | 12.05745        | ress<br>shington Ave                              | enue   |                   |               |        |        |             |           |
| City, State, Zip Code                                     | -                           |                 |                            |                  |                                    | City, S         | State           | , Zip Code  |  |                   |               |        |        |             |           |
| Brooklyn, NY 11203 Project Manager for Moni               |                             |                 |                            | Telephor         | no No                              | Broo            |                 | n, NY 11205                                       |  | Linner            | - NI-         |        |        |             |           |
|   | toring Time                 |                 |                            |                  |                                    | 7188            | 3582            | 2600  |  | License<br>01340  |               |        |        |             |           |
| Start Date (10)<br>3/2/2020                               |                             | 3/13/20         |                            | npletion l       | Date (11)                          | 100,000,000,000 |                 | SHA Monitor<br>yays Solution                      | ns Co  | orp               |               |        |        |             |           |
| Occupancy Status During                                   | Abatement (Che              | ck Only Or      | ne)                        |                  |                                    | Street          |                 |   |  |                   |               |        | - 0 H  |             |           |
| Facility Closed/Vaca Abatement Performe Other – Describe: |                             |                 |                            |                  |                                    | City, S         | State           | shington Avo<br>, Zip Code<br>n, NY 11205         |  |                   |               |        |        |             |           |
| Scope of Work (Check All                                  | That Apply)                 |                 |                            |                  |                                    | БІОС            | JKIYI           | 1, NT 11200                                       | )  |                   | -             |        |        |             |           |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf                      | 30<br>30<br>10              | annear .        | Renova<br>Demolit          |                  |                                    |                 |                 | Full Containme<br>Mini-Enclosure<br>Glovebag Proc | edure  |                   |               |        |        |             |           |
|   |                             | Is              | Locati                     | ion              |                                    |                 |                 | Non-Exempted                                      | (*) an   | u Non-Fi          | nable         |        | Abate  | ment        |           |
| Location<br>Asbestos-Containing                           |                             |                 | Normal<br>d Sole           |                  | D<br>Asbestos Co                   | escription      |                 | rial (ACM)  | ^  | mount             | -             | 1      | ly     | pe          |           |
| TO BE ABA<br>In Facilii<br>(13)                           | TED                         | 10000000        | intena<br>todial S<br>(12) |                  | (i.e. therm                        |                 | ns ins<br>AT, o | ulation,  | (5   | Specify<br>or LF) |               | Remova | Repair | Encapsulate | Enclosure |
|   | ±4.                         | Yes             | No                         | N/A              |                                    |                 |                 |   |  |                   |               | a      | 7      | late        | ıге       |
| (3) Misc Craw   | /I Space                    | Х               |                            |                  | Pip                                | e Insula        | atior           | n   | 25   | 3 Lnf             |               | х      |        |             |           |
| Storage R   | 44                          | Х               |                            |                  | Pip                                | e Insula        | atior           | 1   | 11   | 2 LNF             | X             |        |        |             |           |
| Laundry R   | loom -                      | X               |                            |                  | pip                                | e Insula        | atior           | 1   | 69   | LNF               | Х             |        |        |             |           |
| Name of Registered Was                                    | te Hauler                   |                 | IN                         | JDEP W           | aste Cubi                          | c Yards         |                 | Name of F   | Reaiste  | red Lan           | dfill         |        |        |             |           |
| Newark Carting Inc  | 12                          |                 | H                          | lauler ID<br>506 | 200                                |                 |                 | Tully-tov   |  |                   |               |        |        |             |           |
| City, State<br>Newark, NJ 07102                           | ıţ.                         |                 |                            |                  | Disp                               | osal Date       | 9               | City, State                                       |  |                   |               |        |        |             |           |
| Completed by<br>Mendy Gorodetsky                          | 5                           | Title<br>Office | er                         |                  |                                    | Signatur        | e<br>M          | M   |  |                   | Date<br>02/0  | 3/2    | 020    |             |           |
|   |                             |                 |                            |                  |                                    |                 |                 | 24  |  |                   |               |        |        |             |           |

| TOV  | # 179                               | 0(                          | New  |   |   |                                     |                      |         | Р            | rint F    |
|--|-------------------------------------|-----------------------------|--|---|---|-------------------------------------|----------------------|---------|--------------|-----------|
| CH 3476  | NC                                  | S<br>OTIFICATIO<br>(Pursuan | tate of New Jers<br>NOF ASBESTOS<br>1 to NJAC 8:50 a | ey I<br>S ABATE<br>nd 12:12             | MIN   | ME                                  | C [                  |         | $\mathbb{V}$ |           |
| Date of Notification (1) 2/3/2020  |                                     | Name-                       | of Building Owner                                    | /Operato                                | r (2)   |                                     | eco                  |         | 0000         |           |
| Agencies Notified Type Notific   | ation                               |                             | ont Terrace Ap                                       | artmen                                  | IS INC  |                                     | FEB                  | - 6     | 20 <b>20</b> | - 11      |
| X EPA X Initial Amend  |                                     |                             | Riverside Drive                                      |   |   |                                     | DESTO                | 2.00    | ATRO         | 1.2       |
| ▼ DOL Amend  | ment #                              |                             | ate, Zip Code<br>York, NY 1002                       | 4                                       |   | 70                                  |                      | ENSI    |              | machachan |
| ■ DOH justifica     ■ Cancel   |                                     | 0.000                       | of Contact<br>Tarzik                                 |   |   | Telephon<br>212873                  |                      | er      |              |           |
|  |                                     |                             | ILITY INFORMAT                                       | TION                                    |   | 212073                              | 4313                 |         |              |           |
| Name of Facility Where Abatement is<br>Dumont Terrace Apartments II  | Taking Place (3)<br>VC - building 3 | 3                           |  |   | Type of Facility (  | 1000                                |                      |         |              |           |
| Street Address<br>39 Dulles Drive  |                                     |                             |  |   | School (K-1 Subchapter Other (i.e. p                              | 2)<br>8 (Other than<br>rivate & com | n K-12)<br>mercial b | uilding | ıs, hom      | nes,      |
| City (5) Dumont  |                                     |                             |  |   | Square Feet   | # of Floor                          | s                    |         | Age          |           |
| County (6) 6. Bergen   |                                     |                             | Code (7)<br>USE ONLY)                                |   | Current Use (Pric   |                                     | nolished)            | 7       | 0            |           |
| Name of Monitoring Firm Hired by Buil  | ding Owner (8)                      | ASC                         |  | Name                                    | Residential of Abatement Con                                      | tractor (9)                         |                      |         |              |           |
| Street Address   |                                     |                             |  | Asbe                                    | estways Solutio   |                                     |                      |         |              |           |
| 478 Albany Street  |                                     |                             |  |   | <sup>Address</sup><br>Washington Av                               | enue                                |                      |         |              |           |
| City, State, Zip Code<br>Brooklyn, NY 11203  |                                     |                             |  |   | tate, Zip Code<br>klyn, NY 11205                                  | ;                                   |                      |         |              |           |
| Project Manager for Monitoring Firm  |                                     | Telepho                     | ne No.   | Teleph                                  | ione No.  | Licer                               | nse No.              |         |              |           |
| Start Date (10)  | Scheduled                           | Completion                  | Date (11)  |   | 582600<br>of OSHA Monitor   | 0134                                | 40                   |         |              |           |
| ACCOUNT ALL PROPERTY AND ACCOUNT OF THE PROPERTY AND ACCOU | 3/6/2020                            |                             |  | Asbe                                    | stways Solutio  | ns Corp                             | V I Daniel Wilder    |         |              |           |
|  |                                     |                             |  | 250000000000000000000000000000000000000 | <sup>Address</sup><br>Washington Av                               | enue                                |                      |         | 12           |           |
| Abatement Performed Outside of Other – Describe:   | Normal Facility H                   | ours                        |  | City, S                                 | tate, Zip Code  |                                     |                      |         |              |           |
| Scope of Work (Check All That Apply)   |                                     |                             |  | BLOO                                    | klyn, NY 11205  | )                                   | -1:                  |         |              |           |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf   |                                     |                             |  | ×                                       | Full Containme<br>Mini-Enclosure<br>Glovebag Proc<br>Non-Exempted | edure                               |                      |         | uro.         |           |
| Ť.   |                                     |                             |  |   | Tron Exempted   | () did Nori-                        | 1 Hable 1            | Aba     | temen        | t         |
| Location of<br>Asbestos-Containing Material (ACN   | Used S                              | Solely by                   |  | scription                               |   | A 4                                 | -                    | $\neg$  | уре          | П         |
| TO BE ABATED In Facility   | Custod                              | ial Staff?                  | (i.e. therma   | systems                                 | insulation.   | Amount<br>(Specify<br>SF or LF)     | Ze Ze                | 7 R     | Enca         | Enc       |
| (13)   |                                     |                             |  |   |   | or or Er,                           | ) Removal            | Repair  | Encapsulate  | Enclosure |
| (5) Misc Crawl Space   |                                     | NO N/A                      | Pine   | Incula                                  | tion  | 608 Lnf                             |                      |         | e            |           |
| Street Address 478 Albany Street  City, State, Zip Code Brooklyn, NY 11203  Project Manager for Monitoring Firm  Telephone No.  Scheduled Completion Date (11) 3/6/2020  Cccupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  City State Normal Facility Hours  City State Normal Facility Hours  City State Normal Facility Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Pipe Instance/ Custodial Staff? (12)  Nabestos Containing Material (ACM)  TO BE ABATED In Facility (13)  Meter Room  Meter Room  X Pipe Instance/ Custodial Staff? X Pipe Instance/ Custodial Staff? Abatement Period of Abatement Abatement Abatement Abatement Period of Abateme  |                                     |                             | The second second                                    | 216 LNF                                 |   |                                     | -                    | H       |              |           |
| storage room   | X                                   |                             |  |   |   | 154 Lnf                             |                      | +       | -            | H         |
| N  |                                     |                             |  |   |   |                                     |                      | -       |              | H         |
| Newark Carting Inc   |                                     | Hauler ID                   |  |   |   | egistered La                        |                      |         |              |           |
|  |                                     |                             | Dispo  | sal Date                                | City, State   |                                     |                      |         | 7            |           |
|  | 22.000                              |                             | S  | Signature                               | NA  |                                     | Date 02/03           | /2020   | )            |           |

| CV10210  | A A MARK                       | NOT      |                  |                             |              | BESTOS ABAT<br>C 8:60 and 5:1  |  |                       | n A     | Marie Salar      | growing.   |                   |
|--|--------------------------------|----------|------------------|-----------------------------|--------------|--|--|-----------------------|---------|------------------|--|-------------------|
| Date of Notification (1)                                       | 4 / 20                         | 1        |                  | 100000                      | of Building  | g Owner/Operator (   | 2)   | ECEI                  | W       |                  | Signal and the same of the sam | The second second |
| Agencies Notified  | Type Notification              |          |                  |                             | Address      | 1 0106   |  | FED = /               | 2001    | n                |  |                   |
| ⊠ EPA  | I ppe Notification             |          |                  | and the same of the same of |              | laval Air Base   |  | FEB 7                 | 2021    | U                | المنتعا إ  | 1                 |
| □ DOLWD  | ☐ Amended                      |          |                  |                             | State, Zip ( | 200 St. 100 St   |  |                       |         | and the second   | 1  | - 1               |
| ☑ DHSS   | _ Amendment #                  |          |                  |                             |              | NJ 08733   |  | Lastale & Part C.S.   | 11.162  | CLO              | à  | 7                 |
| ☐ DGA<br>(NJAC 5:23-8)   | ☐ Emergency (ir justification) | ncluding | 3                |                             | of Contac    |  | I  | Telephone Numb        | 1412    | the state of the | man di e u l'estrati   | ae i              |
| (110/10/03.20-0)   | ☐ Cancellation                 |          |                  | HOTELSON WAS                | rold Horn    |  |  | 732-323-101°          |         |                  |  |                   |
|  |                                |          |                  |                             |              | IFORMATION   |  | 732-323-101           |         |                  |  |                   |
| Name of Facility Where A                                       | batement is Takin              | n Place  | (3)              | ГА                          | CILITIN      | IFURIVIATION   | Type of Facility (   | 4)                    |         |                  | -  |                   |
| Lakehurst #410   | is a control of a control      | 9 1 1000 | . (0)            |                             |              | *  | School (K-12)  | 1- K:                 |         |                  |  |                   |
| Street Address   | <del></del>                    |          |                  |                             |              |  | Subchapter 8   | (Other than K-12)     |         |                  |  |                   |
| 264 South Hope Ch  | apel Rd.                       |          |                  |                             |              |  | Other (i.e., pri<br>homes, etc.)                                 | vate and commer       | cial bu | uilding          | gs,  |                   |
| City (5)   | •                              |          |                  |                             |              |  | Square Feet  | # of Floors           | IBI     | dg. A            | ne.  |                   |
| Lakehurst, NJ 0873   | 3                              |          |                  |                             |              |  | 7200   | 1                     |         | 40+              | gc   |                   |
| County (6)   |                                |          |                  | Cour                        | nty Code (7  | )(STATE USE ONLY)  |  | or if being demolis   |         |                  |  |                   |
| Ocean  |                                |          |                  |                             |              | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | Vacant Offic   |                       | ,       |                  |  |                   |
| Name of Monitoring Firm  | Hired by Building (            | Owner    | (8)              | ASCM                        | No.          | Name of Abateme  | ent Contractor (9)   |                       |         |                  |  |                   |
| Oak Group  |                                |          |                  | NA                          |              | The second secon | ironmental Sys   | tems                  |         |                  |  |                   |
| Street Address   |                                |          |                  |                             |              | Street Address   |  |                       |         |                  |  |                   |
| 622 Cooper Street  |                                |          |                  |                             |              | 550 East Uni   | on St.   |                       |         |                  |  |                   |
| City, State, Zip Code  |                                |          |                  |                             |              | City, State, Zip C   | ode  | -11                   |         |                  |  |                   |
| Camden, NJ 08102   |                                |          |                  |                             |              | West Cheste  | r, PA 19382  |                       |         |                  |  |                   |
| Project Manager for Moni                                       | toring Firm                    |          | Tele             | ephone                      | No.          | Telephone No.  |  | License No.           |         |                  |  |                   |
| Ed Eichen  |                                |          |                  | 56-377                      |              | 610-701-9000   | )  | 00508                 |         |                  |  |                   |
| Start Date (10)  |                                |          |                  | etion Da                    |              | Name of OSHA N   | lonitor  |                       |         |                  |  |                   |
| /18/   |                                | 3/       | 6                | / _                         | 20           | AET  |  |                       |         |                  |  |                   |
| Occupancy Status During  |                                |          | 900 CO 1         |                             |              | Street Address   |  |                       |         |                  |  |                   |
| ☐ Facility Closed/Vacate                                       |                                |          |                  |                             |              | 28 N. Pennel   | Road   |                       |         |                  |  |                   |
| Abatement Performed Time of Abatement: 7                       | AMPM/3:3                       | PM       | y Hou            | rs - Des<br>AM              | cribe        | City, State, Zip Co<br>Media, PA 19  |  |                       |         |                  |  |                   |
| Scope of Work (Check all                                       | that apply)                    |          |                  |                             |              |  |  | other Deserves        | -11     |                  |  |                   |
| <ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul> |                                | ⊠ Re     | novat<br>moliti  |                             |              | ☐ Mini-End   | tainment with Nega<br>losure<br>g Procedure<br>mpted (*) and Non |                       | _       |                  |  |                   |
|  |                                | Is       | Loca             | tion                        | T            | ☐ IVOII-EXE  | mpted (*) and Non  | -rriable Procedur     | 1       |                  |  |                   |
| Location   | of                             | 1        | Vorma            | ally                        |              | Description of   | of   |                       | -       | atem             | T  | T                 |
| Asbestos-Containing N  |                                |          | d Sole<br>intena | ely by                      |              | stos Containing Ma   | terial (ACM)   | Amount                | Removal | Repair           | Encapsulate  | Enclosure         |
| TO BE ABA IN Facilit   |                                | 90000    | todial           | Staff?                      | (I.e         | ., thermal systems<br>surfacing, VAT   |  | (Specify<br>SF or LF) | ova     | ¥.               | psu  | unso              |
| (13)   |                                |          | (12)             | T                           | -            | other miscellane   |  | /                     | _       |                  | late   | œ.                |
|  |                                | Yes      | No               | N/A                         |              |  |  |                       |         |                  |  |                   |
| Main Floor   | 471                            |          |                  |                             | VAT / M      | astic  |  | 4350 SF               |         |                  |  |                   |
|  |                                |          |                  |                             |              |  |  |                       |         |                  |  |                   |
|  |                                |          | П                | $t_{\Box}$                  |              |  |  |                       |         |                  |  |                   |
|  |                                | П        |                  | <del> -</del>               |              |  |  |                       |         |                  |  |                   |
| Name of Registered Wast  | e Hauler                       |          |                  | JDEP /                      | Monto        | Cubia Vanda - f  | News - f D   |                       |         | Ш                | Ш  | Ш                 |
| Mazza Recycling  | e i laulei                     |          | 1000             | lauler IC                   | O No.        | Cubic Yards of<br>Waste  | Name of Registe<br>G.R.O.W.S.                                    | ered Landfill         |         |                  |  |                   |
| City, State  |                                |          |                  | 00368                       | 91           | 30<br>Disposal Date  |  |                       |         |                  |  |                   |
| Neptune, NJ  |                                |          |                  |                             |              | TBD  | City, State Tullytown, I   | ٥٨                    |         |                  |  |                   |
| Completed By (Print or Ty                                      | pe) Title                      |          |                  |                             |              |  | Tunytown, i  |                       |         |                  |  |                   |
| Mark Griffin   |                                | stima    | tor              |                             |              | Signature  | MAH  | Dat                   | e /2    | 1/               | フノ   | 2                 |
| ASB-41<br>MAY 11   | *                              | Do not   | use th           | nis form                    | for asbest   | os licensure exemp   | ted activities   |                       | 1       | 1                |  |                   |

| 7 V V V Z  | ENHI  | 770  | NOTI                        | FICATIO            | state of Ne<br>N OF ASE<br>t to NJAC    | BESTOS                                   | ABATE     | MENT             |  | NE           | <u> </u>                       | <u> </u>       | П       | 7                    | 9  |  |
|--|---|--|-----------------------------|--------------------|---|--|-----------|------------------|--|--------------|--------------------------------|----------------|---------|----------------------|--|--|
| Date of Notification (1) 01.30.2020                                  | T FAIL  |  | ,,                          | Name o             | of Building                             | Owner/                                   | Operator  |                  | Transport (Control Control Con |              |                                |                |         |                      | And the second s | A THE PARTY OF THE |
| Agencies Notified  EPA   | Type Notification   |  |                             | Street             | Address<br>Jniversit                    |  |           |                  |  |              | FEB                            | <del>-</del> 7 | -20     | 20_                  | e-mail )   |  |
| DEP<br>DOL   | Amended Amendmen  Emergency   |  |                             | Newa               | ate, Zip C<br>urk, NJ 0                 | 7102                                     |           |                  |  | Alter Blance | 1167-watersteamen              | ENSI           | ાંહ     | TV.                  | ČA   | No.  |
| DOH DCA  | justification<br>Cancellation   | )  |                             | Jeff S             | of Contact<br>hapiro                    |  | 1011      |                  |  |              | 3-877                          |                |         |                      |  |  |
| Name of Facility Where A<br>Essex County Collec                      | batement is Takir<br>ge   | ng Place (   | (3)                         | FAC                | ALIIY IINF                              | ORMAI                                    | ION       | posses.          | of Facility<br>School (K-  |              |                                |                |         |                      |  |  |
| Street Address<br>303 University Ave                                 |   |  |                             |                    |   |  |           |                  | Subchapte<br>Other (i.e.<br>etc.)  | r 8 (Oth     |                                |                | build   | dings.               | hom  | es,  |
| City (5)<br>Newark, NJ 07102   |   |  | ,                           |                    |   |  |           | N/A              | re Feet  | 3            | f Floors                       |                | 1       | ldg. <i>A</i><br>972 | ge   |  |
| County (6) Essex   | Fred by D. Salt   | 0 /0   |                             | (STATE             | Code (7)<br>USE ONLY                    | n  |           | Ren              | nt Use (Pr<br>ovation  |              |                                | olished        | d)      |                      |  |  |
| Name of Monitoring Firm I<br>Iris Environmental La<br>Street Address | aboratories Inc   | Owner (8<br>C.   | )                           | ASCI               | M No.                                   |  | Spes      | Cont             | tement Co<br>tracting I  |              | (9)                            |                |         |                      |  |  |
| 2666 Route 22<br>City, State, Zip Code                               |   |  |                             |                    |   |  | 69 D      | - W              | h Ave  |              |                                |                |         |                      |  |  |
| West Union, NJ 0708 Project Manager for Monit                        |   |  |                             | Telepho            | ana Na                                  |  | Pate      | rson,            | p Code<br>NJ 0750  | 1            |                                |                |         |                      |  |  |
| Rick E. Start Date (10)  | Orang Film  | Schodul  | lad Car                     | 973-49             | 94-3762<br>Date (11)                    |  | 973-8     | 807-6            | 330  |              | Licens<br>01383                |                |         |                      |  |  |
| 01.31.2020 Occupancy Status During                                   | Abatament (Char   | 02.01.   | 2020                        | npiedon            | Date (11)                               |  | Spes      | Cont             | IA Monitor<br>racting L  |              | ****************************** |                |         |                      |  |  |
| Facility Closed/Vacate Abatement Performed Other – Describe:         | ed During Entire  | Period of  | Abaten                      | nent               |   |  | 69 Da     | tate, Zi         | h Ave<br>p Code<br>NJ, 0750  | 1            |                                |                |         |                      |  |  |
| Scope of Work (Check All   | That Apply)   | F-71   |                             |                    |   |  | T CALCO   | 7                |  |              |                                |                |         |                      |  |  |
| ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf                                   |   | (Contracting Contracting Contr | Renova<br>Demolit           |                    |   |  | ×         | Min<br>Glo       | Containm<br>i-Enclosur<br>vebag Pro<br>i-Exempte   | e<br>cedure  |                                |                |         |                      | 9  |  |
| Location of  | of  | 1  | Locati<br>Normal<br>ed Sole | ly                 | *************************************** | Des                                      | scription |                  |  |              | 111 ==0.00+1.11+1              |                |         | Abate<br>Ty          | ment   |  |
| Asbestos-Containing M<br><u>TO BE ABAT</u><br>In Facility<br>(13)    | ED  | Ma   | intenai<br>todial S<br>(12) | nce/               |   | tos Cont<br>thermal<br>surfac<br>other m |           | insulat<br>T, or |  | (S           | mount<br>specify<br>or LF)     |                | Removal | Repair               | Encapsulate  | Enclosure  |
| Welcome Ce   | enter   | 165  | X                           | IN/A               |   | Blac                                     | ck Mas    | tic              |  | 52           | 0 SF                           | ×              |         |                      |  |  |
|  |   |  |                             |                    |   |  |           |                  |  |              |                                |                |         |                      |  |  |
| Name of Registered Waste   | Hauler  |  | N                           | JDEP W             | /aste                                   | Cubic '                                  | Yards     |                  | Name of  | Registe      | red Land                       | dfill          |         |                      |  |  |
| Spes Contracting LLC City, State                                     |   |  |                             | auler ID<br>038075 |   | of Was<br>2.0                            |           |                  | Fearles  | s Land       |                                |                |         |                      |  |  |
| Paterson, NJ 07501   | THE RESIDENCE AND A STREET OF THE PROPERTY OF | T =  |                             |                    |   | TBD                                      | al Date   |                  | City, State<br>Morrisv   |              | A                              |                |         |                      |  |  |
| Completed by<br>Branislav Pavlov                                     |   | Title<br>proje   | ct ma                       | nager              |   | Si                                       | gnature   | 1                | 7  | -            | 1                              | Date<br>01.3   | 0.2     | 020                  |  |  |

|   | TOUH   | - [                    | 791                                     | 0                                   |                                       |                        |  |                          |                                   |          |            | P           | Print l   |
|---|--|------------------------|---|-------------------------------------|---------------------------------------|------------------------|--|--------------------------|-----------------------------------|----------|------------|-------------|-----------|
| VIOLIE  | DATE   | NOTIF                  | FICATION                                | tate of Ne<br>N OF ASB<br>t to NJAC | ESTOS                                 | ABATE                  |  | IN E                     | GE                                | 1 1      |            | 2 2 2       |           |
| Date of Notification (1)  | LALU   |                        |   | of Building                         |                                       |                        | ,  |                          | <b>6 5</b>                        | 11 11    | 1 15       |             | 1         |
| 02/03/2020  |  |                        | Millvil                                 | lle Board                           |                                       |                        | N 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                          | CED -                             | 7 00     | 20         | 200 (D-1)   |           |
| 1   | pe Notification                                |                        |   | Address<br>V. 3rd Sti               | reet                                  |                        | 1  |                          | LED                               | / 20     | ZU         | 1           | 1         |
| X EPA X DEP D   | Initial<br>Amended                             |                        |   | ate, Zip Co                         |                                       |                        | 91                                       | / 1                      |                                   | 7.7      |            | 1           | -         |
|   | Amendment #<br>Emergency (including            | ng                     |   | lle, NJ 08                          | 3332                                  |                        | 1  | 2000                     | 11Cart                            |          |            | ~           | 10.       |
| DOH DCA   | justification)<br>Cancellation                 |                        | 100000000000000000000000000000000000000 | of Contact<br>Cruzan                |                                       |                        |  |                          | Telephone<br>856-498              |          | r          |             |           |
| N 65 W 100  |  |                        |   | ILITY INFO                          | ORMAT                                 | ION                    |  |                          |                                   |          |            |             |           |
| Name of Facility Where Abate<br>Millville Senior High So          |  | (3)                    |   |                                     |                                       |                        | Type of F                                |                          |                                   |          |            |             |           |
| Street Address 200 N. Wade Boulevar                               |  |                        |   |                                     |                                       |                        | ☐ Sub                                    |                          | Other than I                      |          | uilding    | ıs, hor     | nes,      |
| City (5)<br>Millville   |  |                        |   |                                     |                                       |                        | Square F                                 | eet                      | # of Floors                       |          | Bldg<br>67 | Age         |           |
| County (6) Cumberland   |  |                        |   | Code (7)<br>USE ONLY                |                                       |                        |  | lse (Prior if            | being demo                        | olished) |            |             |           |
| Name of Monitoring Firm Hire                                      |  | (8)                    | ASCN                                    | M No.                               |                                       | 1100000                | of Abatem                                |                          |                                   |          |            |             |           |
| Indoor Environmental ( Street Address                             | Concepts, LLC                                  |                        |   |                                     |                                       |                        | de Enviro                                | nmental                  | , LLC                             |          |            | _           |           |
| 286 Sunset Road   |  |                        |   |                                     |                                       | 623                    | Cutler A                                 |                          |                                   |          |            |             |           |
| City, State, Zip Code<br>Barrington, NJ 08007                     |  |                        |   |                                     | , , , , , , , , , , , , , , , , , , , | 4.440.000.000          | tate, Zip Co<br>le Shade                 |                          | 52                                |          |            |             |           |
| Project Manager for Monitorin                                     | g Firm   |                        | Telepho                                 | ne No.                              |                                       |                        | one No.                                  | , 140 000                | Licens                            | e No.    | 1,1        |             |           |
| Mike Menz   | <u>,                                      </u> |                        |   | 28-6020                             |                                       |                        | 755-0099                                 |                          | 0084                              | 2        |            |             |           |
| Start Date (10)<br>02/14/2020                                     |  | uled Cor<br>8/2020     |   | Date (11)                           |                                       |                        | of OSHA N<br>SL Analyti                  |                          |                                   |          |            |             |           |
| Occupancy Status During Aba                                       | atement (Check Only C                          | One)                   |   |                                     |                                       |                        | Address                                  | 0 N - 4                  |                                   |          |            |             |           |
| Facility Closed/Vacated I Abatement Performed O Other – Describe: |  |                        |   |                                     |                                       | City, St               | Route 13<br>tate, Zip Co                 | ode                      | <del>-</del>                      |          |            |             |           |
| Scope of Work (Check All Tha                                      | at Apply)                                      |                        |   |                                     |                                       | Cinn                   | aminson                                  | , NJ 080                 | 77                                |          |            |             |           |
| <ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>    | ×  | Renova<br>Demolit      |   |                                     |                                       | ×                      | Mini-En<br>Gloveba                       | closure<br>ag Procedu    | with Negativ<br>ire<br>and Non-Fr |          |            | ıre         |           |
|   |  | Is Locat               | ion                                     |                                     |                                       |                        | 1 HOIT EX                                | omptod ( )               | and Hon 1                         | labic i  | Aba        | temer       | nt        |
| Location of   | Us Us  | Normal<br>sed Sole     |   |                                     |                                       | scription              |  |                          |                                   | -        | _          | уре         | T         |
| Asbestos-Containing Mate TO BE ABATED                             | N N  | Maintena<br>Istodial S | nce/                                    |                                     | thermal                               | systems                | laterial (AC<br>insulation,              |                          | Amount (Specify                   | 76       | , z        | Enca        | Enc       |
| In Facility<br>(13)   |  | (12)                   |   |                                     |                                       | cing, VAT<br>niscellan |  |                          | SF or LF)                         | Removal  | Repair     | Encapsulate | Enclosure |
| Room A104   | Yes  | No<br>X                | N/A                                     | FI                                  | loor Til                              | le and                 | Mastic                                   |                          | 745 SF                            | X        |            |             | -         |
|   |  |                        |   |                                     |                                       |                        |  |                          |                                   |          |            |             |           |
|   |  |                        |   |                                     |                                       |                        |  |                          |                                   |          |            |             | -         |
| Name of Registered Waste Ha                                       | uler   | Н                      | IJDEP W<br>lauler ID                    |                                     | Cubic of Was                          |                        |  | me of Regi<br>airless La | istered Land                      | dfill    |            |             |           |
| City, State<br>Freehold, NJ                                       |  | 1                      | 5939                                    |                                     | Dispos                                | al Date                | Cit                                      | y, State                 | 0.000                             |          |            |             |           |
| Completed by  | Title  |                        |   |                                     |                                       | ignature               |  | orrisville.              |                                   | Date     |            |             |           |
| Christina Fay   |  | of Ope                 | erations                                | 5                                   | 14                                    | mil                    | atres                                    | /                        |                                   | 02/03    | 3/202      | 0           |           |

|          |   | 1-0                   | V#           | 1                | MII      |                                     |                |                     |   |  |            |                         |             |       | L        | rı          | 1111            |
|----------|---|-----------------------|--------------|------------------|----------|-------------------------------------|----------------|---------------------|---|--|------------|-------------------------|-------------|-------|----------|-------------|-----------------|
|          | K029                                    | PAI                   |              | NOTI             | FICATIO  | tate of Ne<br>N OF ASB<br>t to NJAC | ESTOS          | ABATE               |   | Through the section in                               |            | G                       |             | J     | <u> </u> | TALL C      | A Comment       |
| 1 100000 | te of Notification (1)                  |                       |              |                  |          | of Building                         |                | Operator            | r (2)                                   | Andrew services                                      |            | e                       |             | -     |          |             | 100             |
| -        | encies Notified                         | Type Notification     | 1            |                  |          | Resnick<br>Address                  |                |                     |   |  | <u>iji</u> | FEB                     |             | 20    | 20       | į.          |                 |
|          | EPA                                     |                       | 5            |                  | Street F | Ruuress                             |                |                     |   | ŀ  |            |                         |             |       |          |             |                 |
| ×××      | DEP                                     | Initial Amended       |              |                  | City, St | ate, Zip Co                         | ode            |                     |   |  |            | Take frame.             | <u> </u>    |       | (        | 4           | -               |
| ×        | DOL                                     | Amendmen<br>Emergency |              |                  | Bayor    | nne NJ 0                            | 7002           |                     |   | 1.40   | Carlo Mar  | Parallel and the second | JEKSI       | 1100  | panda    | <del></del> | 69 <del>4</del> |
| ×        | DOH                                     | justification         | )            | 3                |          | of Contact                          |                |                     |   |  | Te         | elephone                | Numb        | er    | V2       |             |                 |
| Ш        | DCA                                     | Cancellation          | n<br>        |                  |          | Scout                               |                |                     |   |  | 8          |                         |             | 2     |          |             |                 |
| Na       | me of Facility Where                    | Abatement is Takir    | ng Place (   | 3)               | FAC      | ILITY INFO                          | DRMAT          | ION                 | Type                                    | of Facility  |            |                         |             |       |          |             |                 |
|          | rivate Dwelling                         |                       | 3,           | -/               |          |                                     |                |                     | - Description                           | •  |            |                         |             |       |          |             |                 |
| Str      | eet Address                             |                       | -            |                  |          |                                     |                |                     |   | School (K-<br>Subchapte                              | r 8 (Ot    | her than                | K-12)       |       |          |             |                 |
|          |   |                       |              |                  |          |                                     |                |                     |   | Other (i.e.  <br>etc.)                               | private    | & comm                  | nercial l   | ouilo | lings    | hom         | es,             |
| 1000000  | y (5)<br>ayonne NJ 07002                |                       |              |                  |          |                                     |                |                     | Squa<br>N/A                             | re Feet  | 222.0      | of Floors               |             | 1000  | ldg. A   | lge         |                 |
|          | unty (6)                                |                       |              |                  | County   | Code (7)                            |                |                     | 200000000000000000000000000000000000000 | ent Use (Pri   | 1          |                         | oliobad     |       | /A       |             |                 |
| D        | udson                                   |                       |              |                  |          | USE ONLY)                           | -              |                     |   | ate Dwel   |            | ang dem                 | onsneo      | )     |          |             |                 |
|          | me of Monitoring Firm                   |                       | Owner (8     | )                | ASC      | M No.                               |                | Name                |   | tement Co  | _          | r (9)                   |             |       |          |             | -               |
|          | one Right Testing                       |                       |              |                  |          |                                     |                | Ama                 | x Cor                                   | ntracting  | LLC        |                         |             |       |          |             |                 |
| 3335     | eet Address<br>88 Lafayette Ave         |                       |              |                  |          |                                     |                |                     | Addres                                  |  |            |                         |             |       |          |             |                 |
| City     | /, State, Zip Code                      |                       |              |                  |          |                                     |                |                     |   | ip Code  |            |                         |             |       |          |             |                 |
|          | awthorne NJ 0750                        |                       |              |                  |          |                                     |                | 197.5               |   | Park NJ  | 0742       | 24                      |             |       |          |             |                 |
|          | ject Manager for Mon<br>eve Scoles      | itoring Firm          |              |                  | Telepho  |                                     |                | Teleph              |   |  |            | Licens                  |             |       |          |             | -               |
|          | rt Date (10)                            |                       | Sahadul      | od Co            |          | 77-8382<br>Date (11)                |                |                     | 692-6                                   |  |            | 0126                    | 6           |       |          |             |                 |
|          | 2-07-2020                               |                       | 02-20-       |                  |          | Date (11)                           |                | - William Co.       |   | A Monitor  | II.C       |                         |             |       |          |             |                 |
| Occ      | cupancy Status During                   | Abatement (Ched       |              |                  |          |                                     |                | Street              |   |  |            |                         |             |       |          |             |                 |
| ×        | Facility Closed/Vaca                    | ated During Entire    | Period of A  | Abater           | nent     |                                     |                | POE                 | 30X 7                                   | '34  |            |                         |             |       |          |             |                 |
| H        | Abatement Performe<br>Other – Describe: | ed Outside of Norn    | nal Facility | / Hour           | S        |                                     |                |                     |   | p Code   |            |                         |             |       |          |             |                 |
| Sco      | pe of Work (Check Al                    | That Apply)           |              |                  |          |                                     |                | Woo                 | dians                                   | d Park N   | J 074      | 124                     |             |       |          |             |                 |
| ×        | ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf    |                       | greeness and | Renova<br>Demoli |          |                                     |                | ×                   | 1000000                                 | Containme<br>i-Enclosure<br>vebag Prod<br>i-Exempted | e<br>edure |                         |             |       |          | e           |                 |
|          |   |                       | ls           | Locat            | ion      |                                     |                |                     |   |  |            |                         |             |       | Abate    | ment        |                 |
|          | Location                                |                       |              | Norma            |          |                                     |                | scription           |   |  |            |                         | -           | 1     | Ту       | ре          |                 |
|          | Asbestos-Containing  <br>TO BE ABA      |                       | Ma           | intena           | nce/     |                                     |                | aining M<br>systems |   |  |            | mount<br>Specify        | 1           | 0     |          | Enc         | Ш               |
|          | In Facilit<br>(13)                      | ty                    | Cusi         | todial (<br>(12) | stan?    |                                     | surfac         | cing, VA            | T, or                                   |  |            | F or LF)                | - Action of | 9     | Repair   | aps         | Enclosure       |
|          | (10)                                    |                       | Yes          | No               | N/A      |                                     | outer it       | iiscellan           | eous)                                   |  |            |                         | 2           | lava  | #        | Encapsulate | sure            |
|          | Baseme                                  | ent                   | 103          | 140              | X        |                                     | Pine           | Insulat             | tion                                    |  | 1          | 00 LF                   | ×           | +     |          |             |                 |
|          |   |                       | 1            |                  |          |                                     | 1 100          | modiai              |   |  | - '        | 00 LI                   | ^           | +     | -        |             | _               |
|          |   |                       | 1            |                  |          |                                     |                |                     |   |  |            |                         |             | +     |          | _           |                 |
|          |   |                       |              |                  |          |                                     |                |                     |   |  |            |                         |             | +     |          | _           |                 |
| Nam      | ne of Registered Wast                   | e Hauler              | 11           | TN               | JDEP W   | aste                                | Cubic '        | Yards               |   | Name of F  | Pagiete    | rad Lan                 | Hein        |       |          |             |                 |
|          | ax Contracting LL                       |                       |              | Н                | auler ID | No.                                 | of Was         |                     |   | Fairless   |            |                         | um          |       |          |             |                 |
| City,    | State                                   |                       |              |                  | 000104   |                                     | 2 CY<br>Dispos | al Date             |   | City, State  |            |                         |             |       |          |             |                 |
| 200000   | odland Park NJ 0                        | 7424                  |              |                  |          |                                     | 02-28          |                     |   | Morrisvi   |            | 4                       |             |       |          |             |                 |
|          | pleted by                               |                       | Title        |                  |          |                                     | Si             | gnature             | 11                                      |  | 7          | T                       | Date        |       |          |             |                 |
| Ion      | ne Maslarkov                            |                       | Proje        | ct Ma            | anager   |                                     |                | 1                   | 1/10                                    | ce /.,   | 1          |                         | 01-2        | 8-2   | 020      |             |                 |

| 2020 03,37511 1                              | NJ ASDESTOS            | Control      | 609               | 1.633.06   | 64                  |   |                      | pag         | e 1                            | entrario de<br>Secretoria | G2 (C  |                  | П        | nn          | in li      |
|--|------------------------|--------------|-------------------|--|---------------------|---|----------------------|-------------|--------------------------------|---------------------------|--|------------------|----------|-------------|------------|
| 02-03 10:48                                  | 1011                   | She          | de E              | invir  | onmen.              | tal'                                    | >>                   | 609         | 633 0                          | 664                       |  |                  |          | P           | 2/4        |
|  | TYNT                   | 1            | 1                 | ML   | +                   |   |                      |             | 2                              |                           |  |                  | L        | -           | int        |
| 712601                                       | I O TO A               | TTO          | NOTIFI            | STO  | to of Nov           | Jersey<br>ESTOS                         | ABATE                | MENT        | - 1                            |                           | FE   | :B _             | 7        | 2021        | J          |
| CKIQU  | HAC/I                  |              | (P                | Meuant (   | o NJAC I            | 8:60 and                                | 12:120               | 1)          | Contract Contract (M. see      |                           | · Indonesia and  |                  |          |             |            |
| Date of Notification (1)                     |                        |              | T                 |  | Building (          |   |                      |             |                                | DOL                       | 4-10   | DAY              | 1        | 11/1        |            |
| 02/03/2020<br>Assurates Notified             | Town Stanffeetter      |              |                   | Fair SI  |                     | using                                   | Develo               | pme         | nt, inc                        |                           |  |                  | $\angle$ | U           |            |
| •  | Type Noticetion        |              |                   |  | i Lawre             | nne Re                                  | rulava               | vel .       |                                |                           |  | /                |          |             |            |
| EPA<br>ED DEP<br>MI DOL                      | initial O Amended      |              | ٠ ١               | The state of the s | e, Zip Co           |   | 7010101              | -           |                                |                           | -1   | -/               | -        |             | +          |
| M DOL  | Amendment<br>Emergency |              | _                 | Mount  | Laurel,             | NJ 08                                   | 054                  |             | -                              |                           | 11   |                  |          |             | -          |
| DOH DCA                                      | justification)         |              |                   | Name of  |                     |   |                      | 7           | MI                             | , Jak                     | 6-983-8  | Amber            | 921      |             | 7          |
| ☐ DCA  | ☐ Cancollation         |              |                   |  | Richard<br>ITY INFO |   | AL)                  |             | k                              | 85                        | 6-963-8  | 332 K            | 12       | )<br>-      |            |
| Name of Facility Where                       | Abalement is Takin     | Place (2     | 3)                | - FAICH  | TILA MALE           | ZKMALI                                  | UN.                  | Type        | of Facility                    | 4)                        |  |                  |          | -           |            |
| North Gate II                                | ALL LINE               |              |                   |  |                     |   |                      |             | School (K-                     |                           | 127 200  |                  |          |             |            |
| Street Address<br>500 N. 7th Street          |                        |              |                   |  |                     |   |                      |             | Subchapter<br>Other (Le. )     | 8 (Oth)                   | e than K-  | 12)<br>sial buil | dinge,   | home        | 85,        |
| City (5)                                     | -                      |              |                   |  |                     |   |                      | -           | are Fact                       |                           | Floors   |                  | udg, A   |             |            |
| Camden                                       |                        |              |                   |  |                     |   |                      |             | 000                            | 23                        |  | 0.000            | 41       | An          |            |
| County (6)                                   |                        |              |                   | County C   | ada (7)             |   |                      |             | ant Uso (Pri                   |                           |  | thed             |          |             |            |
| Camden<br>Name of Monitoring Firm            | Rised hu Rulldine      | Whor file    |                   | ASCM   |                     | Bearing .                               | Momo                 |             | artment Co                     | W                         | Selection of the select |                  |          |             |            |
| Management & En                              |                        |              |                   |  | 1401                |   |                      |             | nvironme                       |                           |  |                  |          |             |            |
| Street Address                               |                        | -            |                   |  |                     |   | Street               | _           |                                |                           |  |                  |          |             |            |
| PO Box 341                                   |                        |              |                   |  |                     |   |                      |             | er Avenue                      | E                         |  |                  |          |             |            |
| City, State, Zip Code<br>Chesterfield, NJ 08 | 1616                   | () A - S     |                   |  |                     |   |                      |             | zip Code<br>hade, NJ (         | seeca                     |  | 40,1             |          |             |            |
| Project Manager for Mor                      |                        |              | _                 | Telephor   | n No.               |   | Telepi               |             |                                | 16052                     | License  | No.              | -        |             |            |
| Bil Welagarber                               |                        |              |                   |  | 8-4070              |   |                      |             | -0089                          |                           | 00842  |                  |          |             |            |
| Start Date (10)                              |                        |              |                   | nplation (   | Date (11)           |   | and the second       |             | HA Monitor                     |                           |  |                  |          |             |            |
| 02/07/2020<br>Occupancy Status Durin         | O Abstract (Char       | 02/10/       |                   |  |                     |   | Street               | Lancon      | nalytical, I                   | nc.                       |  |                  |          |             | _          |
| ☐ Facility Closed/Vac                        |                        |              |                   | 444  |                     |   |                      |             | te 130 No                      | rth                       |  |                  |          |             |            |
| Abolement Perform                            | ed Outside of Norn     | tol Positity | Houn              | <b>A</b>   | n ud.               |   |                      |             | Zip Qods                       |                           | -  | -                | -        |             | _          |
| Bar  |                        | ormed in V   | emotos -          | פומ ום הפיא  | Bringado            |   | Cinr                 | ami         | nson, NJ I                     | 8077                      | -  |                  |          |             |            |
| Scope of Work (Check A                       | III That Apply)        | CO.          |                   |  |                     |   |                      |             |                                |                           |  | 4                |          |             |            |
| 图 22 sf or 23 if<br>图 2160 ef or 2260 if     |                        |              | tenova<br>Nemak   |  |                     |   | 2                    | I M         | uit Contein m<br>ilnì-Englosur | 0                         | Negative   | Pressu           | (本       |             |            |
|  |                        |              |                   |  |                     |   | E                    | i G         | on-Exempte                     |                           | d Non-Frie   | ble Pro          | cedu     | 'de         |            |
|  | *                      | la           | Local             | ign  |                     | *************************************** |                      |             |                                |                           |  |                  | Abet     | -           | 4          |
| Location                                     | n of                   |              | Normel<br>ed Sole |  |                     |   | soription            |             | -140.001.0                     |                           |  | -                | 1 59     | pe          | ī          |
| Asbestos-Containing<br>IO.RE.AR              | ATED                   | Me           | ensons<br>Rodial  | DOS/   | ASDGG<br>(l.e.      | thermal                                 | system               | a insu      | el (ACM)<br>fation.            | (8                        | mount<br>specify   | 8                | 75       | Encapeutate | g          |
| In Faci<br>(13)                              |                        |              | (12)              |  |                     |   | cing. VA<br>niscella |             |                                | Si                        | or LF)   | Removal          | Repair   | produc      | ENTADORISE |
|  |                        | Yes          | No                | N/A  |                     |   |                      |             |                                |                           |  | 12.              |          | -           | 1          |
| Unit 1401 - I                                | Bedroom                | 1            | X                 |  | F                   | loor T                                  | le and               | Mas         | tic                            | 23                        | 34 SF  | X                |          |             | 1          |
|  |                        |              |                   |  |                     | -                                       |                      |             |                                |                           |  |                  |          |             |            |
|  | .02                    | -            |                   | -  |                     |   |                      |             |                                |                           |  | +                | -        | _           | -          |
| Name of Registered Wo                        | ste Hauler             |              |                   | JOEP W   |                     |   | Yarda                | -           | Nama of                        | Registe                   | red Land   | 11               | 1        |             | _          |
| Freehold Cartage                             |                        | (5)          |                   | 43ulor 10<br>5939  | No.                 | of Wa                                   | ala                  |             | Fairles                        | s Lan                     | drill  |                  |          |             |            |
| City, State                                  |                        | 25           |                   |  | -                   | Dispo                                   | aal Date             |             | City, Ste                      |                           |  | -                | -        | all and the | mau        |
| Freehold, NJ                                 |                        | -            |                   |  |                     | Particular Control                      | 0/2020               | Marian Land | Morris                         | ville, F                  | -  |                  |          |             | - 30       |
| Completed by<br>Christina Fav                |                        | Title        | of On             | erations   |                     | 1                                       | Santur               | D           | 1                              |                           | 1.5  | Date<br>02/03/   | 202      | >           |            |
| Author Las                                   | 47                     | 41-1         | اداحه ۱۰          | mi certima (d  | -                   |   | ATINO                | 7           | WW/                            |                           |  | - VU             | www file |             |            |

Inv# 17882

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Chh #2: 3673

| K 3673 PA  | D                                       | (P              | ursua                         | nt to NJ    | AC 8                                    | :60 and 5:16   | 6)                |                                       |                 | Windowski    | estati turi | in the second |
|--|---|-----------------|-------------------------------|-------------|---|--|-------------------|---------------------------------------|-----------------|--------------|-------------|---|
| Date of Notification (1)  6 / 21 /   | 19                                      |                 | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | of Buildin  | (1 <del></del>                          | ner/Operator (2  | 2)                | DEG                                   |                 | $\mathbb{M}$ |             | The second  |
| Agencies Notified Type Notific   | ation                                   |                 | Stree                         | t Address   |   |  |                   |                                       |                 | 000          |             | 100   |
| ☑ EPA ☑ Initial  |   |                 | 401                           | N Michi     | igan                                    | Ave.   | 34                | ∏ Pi FER                              | - 7             | 202          | 0           | 100   |
| ☑ DOLWD   ☑ Amender     ☑ DHSS   Amender                                   | d<br>ient # <b>2-2/3/</b> :             | 20              | City,                         | State, Zip  | Code                                    |  |                   | 1                                     |                 |              |             | 1   |
|  | ncy (including                          |                 | Ch                            | icago, IL   | 6061                                    | 11   |                   | Fairle (2011)                         | 55 (.0          | 1000         | it A        | _£  |
| (NJAC 5:23-8) justificati  |   | 9               | Name                          | of Contac   | ct                                      |  | 1                 | Telephone Nu                          |                 |              | a va CA     |   |
| ☐ Cancella   | tion                                    |                 | Ge                            | naro Hol    | guin                                    |  |                   | 312-796-65                            | 93              |              | Cardy vier  | en formation in a   |
|  |   |                 | FA                            | CILITY IN   | VFOF                                    | RMATION  |                   |                                       |                 |              |             |   |
| Name of Facility Where Abatement is  |   | (3)             |                               |             |   |  | Type of Facility  | (4)                                   |                 |              |             |   |
| Former Mercer Generating Sta   | tion                                    |                 |                               |             |   |  | School (K-1       |                                       | 2005            |              |             |   |
| Street Address   |   |                 |                               |             |   |  | ☐ Subchapter      | 8 (Other than K-1<br>private and comm | 2)<br>ercial hi | uilding      | ne          |   |
| 1366 Lamberton Rd  |   |                 |                               |             |   |  | homes, etc.       | )                                     | Croidi Di       | andin ig     | ,,,         |   |
| City (5)   |   |                 |                               |             |   |  | Square Feet       | # of Floors                           | BI              | ldg. A       | ge          |   |
| Trenton  |   |                 |                               |             |   |  |                   |                                       |                 |              |             |   |
| County (6)   |   |                 | Cour                          | nty Code (7 | 7)(STA                                  | TE USE ONLY)   | Current Use (Pr   | rior if being demo                    | lished)         |              |             | 12  |
| MERCER   |   |                 |                               |             |   |  |                   |                                       |                 |              |             |   |
| Name of Monitoring Firm Hired by Build                                     | ding Owner                              | (8)             | ASCM                          | No.         | 1000000                                 |  | ent Contractor (9 |                                       |                 |              |             |   |
| WCD Group  |   |                 |                               |             |   |  | VIRONMENTA        | L, INC.                               |                 |              |             |   |
| Street Address 23 Rt 31  |   |                 |                               |             |   | et Address   |                   |                                       |                 |              |             |   |
|  |   |                 |                               |             |   | 123 BEAVER   |                   |                                       |                 |              |             |   |
| City, State, Zip Code Pennington, NJ 08534                                 |   |                 |                               |             |   | , State, Zip Co  |                   |                                       |                 |              |             |   |
| Project Manager for Monitoring Firm  |   | T-1-            |                               | N           |   | RISTOL, PA   | 19007             |                                       |                 |              | 5011        |   |
| Scott McDonald   |   |                 | phone                         |             | 7                                       | ephone No.   |                   | License No.                           |                 |              |             |   |
|  | Cohodulad C                             |                 | 09-730                        |             |   | 15-788-6040  |                   | 00509                                 |                 |              |             |   |
| _7_ / _8 / 19  | Scheduled C<br>2 /                      |                 |                               | - 15 M      |   | ne of OSHA M   |                   | LING                                  |                 |              |             | .   |
|  |   |                 | _ ′ -                         |             |   |  | /IRONMENTA        | L, INC.                               |                 |              |             |   |
| Occupancy Status During Abatement (  Facility Closed/Vacated During Entire |   |                 |                               |             |   | et Address   |                   |                                       |                 |              |             |   |
| ☐ Abatement Performed Outside of No  | ormal Facility                          | Abate<br>/ Hou  | ment<br>rs - Des              | cribe       | _                                       | 123 BEAVER   |                   |                                       |                 |              |             |   |
| Time of Abatement: 7:00AM-3:30F  | PM/PI                                   | у г юші<br>И    | AM                            | CIDE        | 1                                       | , State, Zip Co  |                   |                                       |                 |              |             |   |
| Scope of Work (Check all that apply)                                       | 11.                                     |                 |                               |             | Ь                                       | RISTOL, PA   | 19007             |                                       | <u> </u>        |              |             |   |
|  | □ Re<br>⊠ De                            |                 |                               |             |   | <ul><li>✓ Full Conta</li><li>✓ Mini-Enclo</li><li>✓ Glovebag</li></ul>   |                   | gative Pressure                       |                 |              |             |   |
|  | 230                                     |                 |                               |             |   | Non-Exen     Non-Exen | npted (*) and No  | n-Friable Proced                      | ure             |              |             |   |
| 20 20 20   | 1 | Locat           |                               |             |   |  |                   |                                       | Ab              | ateme        | ent Ty      | уре   |
| Location of<br>Asbestos-Containing Material (ACM                           | 200                                     | lorma<br>d Sole |                               | Asha        |   | Description of   |                   |                                       | D.              | R            | ш           | ш   |
| TO BE ABATED   | "   Ma                                  | intena          | nce/                          |             |   | Containing Matemal systems in  |                   | Amount (Specify                       | Removal         | Repair       | Encapsulate | Enclosure   |
| IN Facility<br>(13)  | Cust                                    | odial :<br>(12) | Staff?                        |             |   | urfacing, VAT,   |                   | SF or LF)                             | Val             | 7            | suk         | sure  |
| (13)   | Yes                                     | No              | N/A                           | 1           | otn                                     | er miscellaneo   | ous)              |                                       |                 |              | ate         |   |
| Asphalt-Type Material  |   | П               |                               | North 9     | Sal                                     | th Stacks  |                   | TDD                                   |                 |              |             |   |
| Aspirate Type Material   |   |                 |                               | NOTHI       | 300                                     | IIII Stacks  |                   | TBD                                   |                 |              | Ш           |   |
|  |   |                 |                               |             |   |  |                   |                                       |                 |              |             |   |
|  |   |                 |                               |             |   |  |                   |                                       |                 |              |             |   |
|  |   |                 |                               |             |   |  |                   |                                       |                 |              |             |   |
| Name of Registered Waste Hauler  |   | 3868            | JDEP V                        |             | 100000000000000000000000000000000000000 | ic Yards of  | Name of Regis     | stered Landfill                       |                 |              |             |   |
| SERVICE TRANSPORT GROUP  | INC                                     | H               | auler II<br>18706             |             | Was                                     | te   |                   | . NORTH LAN                           | OFILL           |              |             |   |
| City, State  |   |                 | 10100                         |             | Disp                                    | osal Date  | City, State       |                                       |                 |              |             |   |
| YARDLEY, PA  |   |                 |                               |             |   |  |                   | LLE, PA 19067                         | •               |              |             |   |
| Completed By (Print or Type)   | Title                                   |                 |                               |             |   | Signature  | 65200 (045 KIN)   | , 10                                  | ate             |              |             |   |
| Brian Scafiro  | Project                                 | Mana            | ager                          |             |   | Bridge   | SCALI             | o Mu                                  | 2-3             | 3 -          | 20          |   |

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

| Date of Notification (1)  |                                       |                |                     | Man         | o of Duild                              | ina Ouma-10                               | - (0)   | -11                      |             |         |             | 11                    |
|---|---------------------------------------|----------------|---------------------|-------------|---|---|---|--------------------------|-------------|---------|-------------|-----------------------|
|   | 1                                     | 9              |                     |             | RP Merce                                | ing Owner/Operato<br>er LLC               | r (2)   | FEB -                    | 7 2         | 2020    |             | Section of the second |
| DCA Emerging [ ] Emerging justified                             | ded<br>dment #<br>gency (i<br>cation) | # <u>1-11/</u> |                     | City,<br>CI | State, Zip<br>nicago, II<br>ne of Conta | Code<br>L 60611                           |   | /50 155 163              | CON<br>RONG | The Co  |             |                       |
| ☐ Cance   | ellation                              |                |                     | G           | enaro Ho                                | lguin                                     |   | 312-796-659              | 93          |         |             |                       |
|   |                                       |                |                     | F           | CILITY                                  | NFORMATION                                |   |                          |             |         |             | -                     |
| Name of Facility Where Abatement<br>Former Mercer Generating 5  |                                       |                | e (3)               |             |   |   | Type of Facility                              | •                        |             |         |             | el Ge                 |
| Street Address  | ration                                |                |                     |             |   |   | School (K-12                                  | ?)<br>3 (Other than K-12 | 2)          |         |             |                       |
| 1366 Lamberton Rd   |                                       |                |                     |             |   |   | Other (i.e., p                                | rivate and comme         | rcial b     | uildin  | gs,         |                       |
| City (5)  |                                       |                |                     |             |   |   | homes, etc.)<br>Square Feet                   |                          | 1.0         | I-I - A |             | _                     |
| Trenton   |                                       |                |                     |             |   |   | Square reet                                   | # of Floors              | B           | ldg. A  | ige         |                       |
| County (6)  |                                       | -              | - 1377              | Cou         | inty Code                               | (7)(STATE USE ONLY                        | Current Use /Pr                               | ior if being demoli      | ahad)       |         |             | _                     |
| MERCER  |                                       |                |                     | 1000000     | ,                                       | (.)(0                                     | Ourient ose (i ii                             | ior ii being demoii      | sneu)       |         |             |                       |
| Name of Monitoring Firm Hired by B                              | uilding                               | Owner          | (8)                 | ASCN        | 1 No.                                   | Name of Abater                            | nent Contractor (9)                           |                          |             |         |             | _                     |
| WCD Group   |                                       |                |                     |             |   |   | NVIRONMENTA                                   |                          |             |         |             |                       |
| Street Address  |                                       |                |                     |             |   | Street Address                            |   | ,                        |             |         | 111112      | -                     |
| 23 Rt 31  |                                       |                |                     |             |   | 1123 BEAVE                                | ER STREET                                     |                          |             |         |             |                       |
| City, State, Zip Code   |                                       |                |                     |             |   | City, State, Zip (                        | Code  |                          |             |         |             |                       |
| Pennington, NJ 08534  |                                       |                |                     |             |   | BRISTOL, P                                | A 19007                                       |                          |             |         |             |                       |
| Project Manager for Monitoring Firm                             |                                       |                | Tele                | phone       | No.                                     | Telephone No.                             |   | License No.              |             |         |             | -                     |
| Scott McDonald  |                                       |                | - ANN               |             | 0-0007                                  | 215-788-604                               | 0   | 00509                    |             |         |             |                       |
| Start Date (10)7 /8 /19   |                                       | duled (        |                     | tion D      | ate (11)                                | Name of OSHA<br>BRISTOL EI                | Monitor<br>NVIRONMENTAL                       | ., INC.                  |             |         |             |                       |
| Occupancy Status During Abatemen                                |                                       |                |                     |             |   | Street Address                            |   |                          |             |         |             | _                     |
| Facility Closed/Vacated During E                                | ntire Pe                              | riod of        | Abate               | ment        |   | 1123 BEAVE                                | R STREET                                      |                          |             |         |             |                       |
| Abatement Performed Outside of<br>Time of Abatement: 7:00AM-3:3 | Normal<br>ODM/                        | Facilit        | y Hour              | s - De      | scribe                                  | City, State, Zip C                        | Code  | 0000                     | -           |         |             | -                     |
| Scope of Work (Check all that apply)                            |                                       |                |                     |             |   | BRISTOL, P.                               | A 19007                                       | A Same of the            |             |         |             |                       |
| scope of work (Check all that apply)                            |                                       |                |                     |             |   | ⊠ Full Cor                                | ntainment with Neg                            | ative Pressure           |             |         | erinse.     |                       |
| ☑ ≥3 sf or ≥3 lf<br>☑ ≥160 sf or ≥260 lf                        |                                       |                | enovati<br>emolitio |             |   |   | closure<br>ag Procedure<br>empted (*) and Nor |                          | re          |         |             |                       |
|   |                                       |                | Locat               |             |   |   |   |                          |             | atem    | ent T       | ·v                    |
| Location of<br>Asbestos-Containing Material (A)                 | - R #\                                |                | Norma<br>ed Sole    |             | l                                       | Description                               |   |                          |             |         | 1           | T                     |
| TO BE ABATED  | JIVI)                                 | Ma             | intena              | nce/        |   | estos Containing M<br>e., thermal systems |   | Amount<br>(Specify       | Removal     | Repair  | Encapsulate |                       |
| IN Facility<br>(13)   |                                       | Cus            | todial (12)         | Staff?      |   | surfacing, VAT                            | Γ, or   | SF or LF)                | val         | =       | Insc        |                       |
| (10)  |                                       | Yes            | No                  | N/A         |   | other miscelland                          | eous)   |                          |             |         | ate         | 1                     |
| ee attached sheet   |                                       |                |                     |             |   |   | -   |                          | +           |         |             | ł                     |
|   |                                       |                |                     |             |   |   |   |                          |             |         |             | 1                     |
|   |                                       |                |                     |             |   |   |   |                          | 12          |         |             | -                     |
|   |                                       |                |                     |             | -                                       |   |   |                          |             |         |             |                       |
| lame of Registered Waste Hauler                                 |                                       | Ш              |                     |             | 10/                                     | To 11 1/2 1                               |   |                          |             |         |             |                       |
| SERVICE TRANSPORT GROU  | JP INC                                |                | 100000              | auler I     |   | Cubic Yards of<br>Waste                   | Name of Regist                                | ered Landfill NORTH LAND | FILL        |         |             |                       |
| City, State   |                                       | *******        |                     | 1870        | 5                                       | Disposal Date                             | City, State                                   |                          |             |         |             | _                     |
| YARDLEY, PA   |                                       |                |                     |             |   | J.opoca. Bato                             |   | LE, PA 19067             |             |         |             |                       |
|   |                                       |                |                     |             |   |   |   |                          |             |         |             |                       |
| completed By (Print or Type)                                    | Title                                 | 2              |                     |             |   | Signature                                 |   | Da                       | 4-4         |         |             |                       |

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

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT CLUT 3593 (Pursuant to NJAC 8:60 and 5:16)

| Date of Notification (1)   |           |                   | Na      | me of Buildi              | ng Owner/Operator  | (2)                           |  | FI                | W/     | E           | -         |
|--|-----------|-------------------|---------|---------------------------|--|-------------------------------|--|-------------------|--------|-------------|-----------|
| 6/21/  | 19        |                   | 1       | HRP Merce                 |  |                               |  |                   |        | LTD         | - Total   |
| Agencies Notified  ☐ EPA #0.15 ☐ Initial ☐ DOLWD #0.59 ☐ Amended |           |                   |         | eet Address<br>101 N Mich |  |                               | FEB FEB  | - 7               | 2020   | 1           |           |
| ☐ DOLWD 4039 ☐ Amended Amended Amended                           |           |                   | Cit     | y, State, Zip             | Code   |                               |  |                   |        | -           | -         |
| □ DCA □ Emergence  | 100       | ina               | (       | Chicago, IL               | _  |                               | Andrew 18  | 23 (10)           | 17171  | 1. 79       | Æ         |
| (NJAC 5:23-8) justification                                      |           | mg                | Na      | me of Conta               | ct   | 1                             | Telephone N  | 4 - 4             |        |             |           |
| ☐ Cancellati   | on        |                   | (       | Genaro Ho                 | lguin  |                               | 312-796-6  |                   |        |             |           |
|  |           |                   | F       | ACILITY II                | NFORMATION   |                               |  |                   |        |             |           |
| Name of Facility Where Abatement is T                            |           | ce (3)            |         | W.                        |  | Type of Facility              | ` '  |                   |        |             |           |
| Former Mercer Generating Stat                                    | ion       |                   |         | ii).                      |  | School (K-12                  |  | 4.00              |        |             |           |
| Street Address   |           |                   |         |                           |  | ☐ Subchapter ☐ Other (i.e., p | 8 (Other than K-<br>private and comm   | ·12)<br>nercial b | uildin | ns          |           |
| 1366 Lamberton Rd  |           |                   |         |                           |  | homes, etc.)                  | )  | noroiai b         | unum   | 93,         |           |
| City (5)   |           |                   |         |                           |  | Square Feet                   | # of Floors  | В                 | ldg. A | ge.         |           |
| Trenton  |           |                   |         |                           |  |                               |  |                   |        |             |           |
| County (6)   |           |                   | C       | ounty Code (              | 7)(STATE USE ONLY)   | Current Use (Pr               | ior if being dem   | olished)          |        |             | -         |
| MERCER   |           |                   |         |                           |  |                               |  |                   |        |             |           |
| Name of Monitoring Firm Hired by Build                           | ng Owne   | r (8)             | ASC     | M No.                     | Name of Abateme  | ent Contractor (9)            |  |                   |        |             |           |
| WCD Group  |           |                   |         |                           |  | VIRONMENTA                    |  |                   |        |             |           |
| Street Address   |           |                   |         |                           | Street Address   |                               | _,   |                   |        |             |           |
| 23 Rt 31   |           |                   |         |                           | 1123 BEAVE   | RSTREET                       |  |                   |        |             |           |
| City, State, Zip Code  |           |                   |         |                           | City, State, Zip Co  |                               |  |                   |        |             |           |
| Pennington, NJ 08534   |           |                   |         |                           | BRISTOL, PA  |                               |  |                   |        |             |           |
| Project Manager for Monitoring Firm                              |           | Tel               | enhor   | ne No.                    | Telephone No.  | 10007                         | License No.  |                   |        |             |           |
| Scott McDonald   |           |                   |         | 30-0007                   | 215-788-6040   |                               | V 90000 (V900000 + 0   |                   |        |             |           |
|  | hadulad   |                   |         | Date (11)                 |  |                               | 00509  |                   |        |             |           |
| 7 / 8 / 19   | _12_      | / _3              |         | /19                       | Name of OSHA M<br>BRISTOL EN   | ONITOR<br>VIRONMENTA          | L, INC.  |                   |        |             |           |
| Occupancy Status During Abatement (C                             |           |                   |         |                           | Street Address   |                               |  |                   |        |             | _         |
| Facility Closed/Vacated During Entire                            | Period o  | f Abate           | ement   |                           | 1123 BEAVER  | RSTREET                       |  |                   |        |             |           |
| Abatement Performed Outside of Nor                               | mal Faci  | ity Hou           | ırs - D | escribe                   | City, State, Zip Co  | de                            |  |                   |        |             |           |
| Time of Abatement: 7:00AM-3:30PI                                 | /u        | PIVI              | A       | M                         | BRISTOL, PA  | 19007                         |  |                   |        |             |           |
| Scope of Work (Check all that apply)                             |           |                   |         |                           |  | in at any part                | 723  |                   |        |             |           |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf                                |           | lenova<br>emoliti |         |                           |  |                               |  | dure              |        |             |           |
|  |           | ls Loca           |         |                           |  | 1                             | The section of the se | Ah                | atem   | ent T       | wne       |
| Location of  | 111       | Norma             |         |                           | Description of   |                               |  |                   | _      |             | T         |
| Asbestos-Containing Material (ACM) TO BE ABATED                  | N N       | ed Sol            | ance/   | Nane.                     | stos Containing Mat  | erial (ACM)                   | Amount   | Removal           | Repair | Encapsulate | Enclosure |
| IN Facility  |           | stodial           | Staff   | ? (1.6                    | e., thermal systems in<br>surfacing, VAT,  |                               | (Specify<br>SF or LF)  | SVO               | ai-    | sde         | uso       |
| (13)   | -         | (12)              |         |                           | other miscellaned  | ous)                          | 0. 0. 1.   | =                 |        | ılatı       | 9         |
|  | Yes       | No                | N/      | A                         |  |                               |  |                   |        | (D          |           |
| See attached sheet   |           |                   |         |                           |  |                               |  |                   |        |             |           |
|  |           |                   |         |                           |  |                               |  | П                 | П      | П           |           |
|  |           |                   |         |                           |  |                               |  | -1-               | 12     |             |           |
|  |           | 12                | -       |                           |  |                               |  | ᆜᆜ                | Ш      | Ш           |           |
|  |           |                   |         |                           | A CONTRACTOR OF THE CONTRACTOR |                               |  |                   |        |             |           |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP          | NC        |                   | Hauler  | Waste<br>ID No.           | Cubic Yards of<br>Waste  | Name of Regist<br>G.R.O.W.S.  | tered Landfill<br>NORTH LAN  | DFILL             |        |             |           |
| City, State  |           |                   | 209     | 90                        | Disposal Date  | City, State                   |  |                   |        |             |           |
| YARDLEY, PA  |           |                   |         |                           |  |                               | LLE, PA 1906   | 7                 |        |             |           |
|  | Title     |                   | -       |                           | Signature  |                               |  |                   |        |             |           |
| Brian Scafiro  | 0.870 800 | t Man             | ager    |                           | Signature  | Scafire                       | 1.0  | 6/21              | 1/1    | 9           |           |
| Ditali Coulii C  |           |                   |         |                           |  |                               |  |                   |        |             |           |

Proj. #: 20-34

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 2020 10 12 1/10 14 1/12 10 1 Elliot Malone Agencies Notified Type Notification Street Address X Initial **EPA** ADDIETUS CONTROLA Amended DEP City, State, Zip Code Amendment #: DOL M Emergency closter, NJ 07624 (including X DOH Name of Contact Telephone Number justification) DCA Elliot Malone Cancellation FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) Residential Street Address Other (Private/Commercial Bldgs./Homes, etc. # of Floors Bldg. Age Square Feet 2,200 SF 60 County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) Residential closter Bergen Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. KLOMAX, LLC Street Address Street Address 309 W. End Ave City, State, Zip Code City, State, Zip Code Hopatcong, NJ 07843 License Number Telephone Number Project Manager for Monitoring Firm Phone Number 02007 833-455-6629 Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) KLOMAX, LLC Street Address 02/17/2020 02/21/2020 Occupancy Status During Abatement (Check only one) 309 W. End Ave Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Normal Hours Hopatcong, NJ 07843 Other-Describe: Full Containment w/negative pressure Scope of Work (check all that apply)  $\ge 3$  sf or >3 If Mini-enclosure Renovation Glovebag procedure >160 sf or >260 lf Demolition Non-Exempted (\*) and Non-friable procedure Is location normally used solely E E Location of e е by maintenance/custodial n Amount asbestos-containing Description of asbestos-containing n m p C staff(12) (Specify SF or material (acm) to be material (ACM) C 0 a a LF) L abated in facility (13) N/A Yes No 96 SF X Vermiculite BATHROOM Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler !D# Registered Waste Hauler TULLYTOWN, RESOURCE RECOVERY 0038241 2 yds. KLOMAX, LLC Disposal Date City, State City, State TBD TULLYTOWN, PA Hopatcong, NJ 07843 Signature Completed by (Print or Type) Data Title 02/04/2020 Paige Boylan Owner

not use this form for schooles linkneura evernnted activities

| Proj. #: 20-23  | するか                                     | Noti   | State               | of No   | J<br>s Abatement<br>) and 12:120)      |  | <u>е</u> г і                 | NA         | <br>         | r-ections  |                 |
|---|---|--|---------------------|---------|--|--|------------------------------|------------|--------------|--|-----------------|
| CK1259  | PAI                                     | D (Fuls  | sua: It to NJA      | C 0.00  | ) and 12.120)                          |  | C E I                        | V          |              | THE STATE OF THE S | The Later Marks |
| Date of Notification (1)  |   | of Building Ov<br>an Gishta                            | vner/Operator (2    | 2)      |  | F  | EB - 7                       | 2020       | )            | buttered 3   | 4               |
| Agencies Notified   Type Notificatio                                      |   | Address  |                     |         |  | Land Control   | ECARCON<br>FRINCIN           | i d        | 19.6         | 1  | 4               |
| Amendment #:_  DOL  Emergency   | fair                                    | ate, Zip Code<br>lawn, nj 074                          |                     |         |  | LTolophon  | e Number                     |            | معاد تبدین ۱ |  |                 |
| DOH (including justification)  DCA Cancellation                           |   | f Contact  |                     |         |  | relephon   | a Number                     |            |              |  |                 |
|   |   | FA   | CILITY INFORM       | ATION   | V                                      |  |                              |            |              |  |                 |
| Name of facility where abatement is                                       | taking place (3)                        | )  |                     |         |  | Type of Facility (   |                              |            |              |  | _               |
| Residential   | 1/,                                     |  |                     |         |  | <u></u>  | I (K - 12)<br>apter 8 (Other | than       | K-12         | 2)   |                 |
| Street Address  |   |  |                     |         |  |  | Private/Comm<br>Homes, etc.  | nerci      | al           |  |                 |
|   |   |  |                     |         |  |  | # of Floors                  | T          | Bidg         | . Age  | -               |
| City (5)  | County (6)                              |  |                     |         | inty Code (7)<br>ite use only)         | 1,700 SF Current Use (Programme Residential  | 02<br>rior if being de       | 9<br>emoli | _            |  |                 |
| fair lawn  Name of Monitoring Firm Hired by Bl                            | Bergen                                  |  | ASCM No.            |         | Name of Abatemen                       |  |                              |            |              |  | _               |
| N/A   | -9 (-/                                  |  |                     |         | KLOMAX, LL                             | C  |                              |            |              |  |                 |
| Street Address  |   |  |                     |         | Street Address                         |  |                              |            |              |  |                 |
|   |   |  |                     |         | 309 W. End Av<br>City, State, Zip Code | THE RESERVE OF THE PARTY OF THE |                              |            |              |  | - T             |
| City, State, Zip Code   |   |  |                     |         | Hopatcong, NJ                          |  |                              |            |              |  |                 |
| Project Manager for Monitoring Firm                                       |   | Phone Nun  | nber                |         | Telephone Number                       |  | License Nu                   | mber       |              |  |                 |
|   |   |  |                     |         | 833-455-6629                           |  | 02007                        | _          |              |  |                 |
| Start Date (10)   | Sched. Com                              | pletion Date (   | (11)                |         | Name of OSHA Mo<br>KLOMAX, LL          |  |                              |            |              |  |                 |
| 01/23/2020  | 01/27/202                               | THE R. P. LEWIS CO., LANSING MICH. LANSING PRINCIPLES. |                     |         | Street Address                         |  |                              |            |              |  |                 |
| Occupancy Status During Abatement   |   |  |                     |         | 309 W. End Av                          |  |                              |            | _            |  | _               |
| Facility closed/vacated during e Abatement performed outside of Describe: | ntire period or a<br>of normal facility | abatement.<br>hours-                                   |                     |         | City, State, Zip Cod                   |  |                              |            |              |  |                 |
| Other-Describe: Normal Ho   | urs                                     |  |                     | $-\bot$ | Hopatcong, NJ                          |  |                              | _          |              |  | _               |
|   | Renovation<br>Demolition                |  |                     |         |  | Full Containment v Mini-enclosure Glovebag procedu Non-Exempted (*)  | ire                          |            |              | lure   |                 |
| Location of   | Is location norm                        | nally used sol   | ely                 |         |  |  | F                            |            | R            | E  | E               |
| sahaataa santaining   | by maintenance<br>staff(12)<br>Yes      | e/custodial  | - materia           |         | asbestos-containing                    | Amount<br>(Specify S<br>LF)  | l n                          | 1          | pa           | n<br>c<br>a<br>p   | n<br>c<br>L     |
|   | 165                                     |  | Pipe Insul          | ation   |  | 35 LF  | e                            | -          | -            | 7  | П               |
| basement  |   |  | Tipe histi          | ation   |  | 33 EI  |                              |            |              | =  | 一               |
|   |   |  |                     |         |  |  |                              |            |              |  |                 |
|   |   |  |                     |         |  |  |                              |            |              |  |                 |
|   | AUDEDIA                                 | ules ID#   | Cubic Yards of      | Wasta   | Name of Register                       | ad Landfill  |                              | 11         |              |  | ᆜ               |
| Registered Waste Hauler<br>KLOMAX, LLC                                    | NJDEP Ha<br>0038241                     |  | 1 yds.              |         | TULLYTOWN                              | I, RESOURCE R  | ECOVERY                      | -          |              |  |                 |
| City, State<br>Hopatcong, NJ 07843  |   | Disposa<br>TBD   |                     |         | City, State TULLYTOW                   | N, PA  |                              |            |              |  |                 |
| Completed by (Print or Type)  | Title                                   |  | Signature           |         |  |  | Date 01/21/20                | 20         |              | . 4  |                 |
| Paige Boylan  | Owner                                   | form for acho  | othe linesteries of | yemnt   | ed activities                          |  | 01/21/20                     | 20         |              |  | _               |

|  |                                    |         |   |             |           | w Jersey                      |                                | FA                | e i                 | nn               | E-          | -  |
|--|------------------------------------|---------|---|-------------|-----------|-------------------------------|--------------------------------|-------------------|---------------------|------------------|-------------|--|
| V0128  | PAID NO                            |         | 100000000000000000000000000000000000000 |             |           | ESTOS ABATI<br>8:60 and 12:12 |                                | D) EC             | L U                 | y                | L           | Distribute Contract  |
| Date of Notification (1)   | )                                  |         | N                                       |             |           | Owner/Operator                | (2)                            |                   |                     | 2222             |             | -  |
| 2-3-20   |                                    | - 41    |   |             | You       | NG                            | 11                             | FEE               | /                   | 2020             |             |  |
| gency Notified   | Type Notification                  |         | S                                       | treet A     | ddress    |                               |                                |                   |                     |                  |             | -  |
| ⊒ EPA  | ₩ Initial                          |         |   |             |           |                               |                                |                   | <del>436 (.60</del> | 1116             | - (X        | -  |
| DEP<br>DOL   | Amended Amendment#                 |         | 17                                      | My, Com     | TAI       | AIR, N                        | T x7                           | A113              | CHRON-              | ia               |             |  |
| ii DOL   | D Emergency (includin              | g       | N                                       | 10/         | Compa     | HIP, N                        | 7 01                           | Telephone Nu      | mber                |                  |             | _  |
| DOH<br>DCA   | justification)  U Cancellation     | (6)     | 1"                                      | /           | YOUN      | 16                            | 18                             | T. resobuerte     | = -                 |                  |             |  |
| a bon  |                                    |         |   |             | -         | ORMATION                      |                                |                   |                     |                  | 4           | -  |
| lame of Facility Where   | Abatement is Taking Place          | æ (3)   |   | 171010      |           | 1                             | Type of Facility               | (4)               |                     |                  |             | -  |
|  |                                    |         |   |             |           |                               | ☐ School (K-12                 | A                 |                     |                  |             |  |
| L. YOUNG.  | ·                                  |         |   |             |           | · .                           | ☐ Subchapter 8                 | 3 (Other than K-1 |                     |                  |             |  |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | 22                                 |         | 56                                      | 91          |           |                               | Other (i.e. pr<br>homes, etc.) | ivate & commerc   | ribliud lei         | gs.              |             |  |
| Osty (O)   |                                    |         |   |             | 5.        |                               | Square Feet                    |                   | Bldg.               | Age              |             | _  |
| MONTCHAIR  | i                                  |         |   | ,           | *         |                               | 2100 -                         |                   | 93                  | YR.              | 5           |  |
| County (6)   |                                    |         | To                                      | County      | Code (7)  | (STATE USE                    | Current Use (P                 | nor if being demo |                     |                  |             | _  |
| ESSEX  | e                                  |         |   | NLY)        | ٠.        |                               | RESIDE                         |                   |                     |                  |             |  |
|  | m Hired by Building Owne           | r A     | SCM I                                   | Vo.         |           | Name of Abatem                |                                |                   |                     |                  |             |  |
| (8)  |                                    |         |   |             |           | Best Ren                      | noval In                       | С                 |                     |                  |             |  |
| Street Address   |                                    |         |   |             |           | Street Address                | •                              |                   |                     |                  | 100         |  |
|  |                                    |         |   |             |           | 450 Sout                      | th River                       | St                |                     |                  |             | _  |
| City, State, Zip Code  |                                    |         |   |             |           | City, State, Zip C            |                                |                   |                     |                  |             |  |
|  | •                                  |         |   |             |           | Hackensa                      | ick, N.J                       |                   |                     |                  |             | _  |
| Project Manager for Mo   | onitoring Firm                     | Tek     | ephon                                   | e No.       |           | Telephone No.<br>201-329-     | -7/1/// ·                      | 00388             |                     |                  |             |  |
| Start Date (10)  | Scheduled Co                       | moletic | n Date                                  | (11)        |           | Name of OSHA                  |                                | 1 00300           |                     | =                | -           | _  |
|  |                                    |         |   |             |           | Omega I                       | nvironm                        | ental             |                     |                  |             |  |
| Occupancy Status Duri  | 2 - 15<br>ing Abatement (Check onl | y one)  |   |             |           | Street Address                |                                |                   |                     |                  |             |  |
|  | ted During Entire Period o         |         |   |             |           | 280 Ht                        | ıyler St                       | 1                 | to have been        |                  |             |  |
| ☐ Abatement Performs   | ed Outside of Normal Faci          |         |   |             |           | City, State, Zip C            |                                |                   |                     | 7.0 g            |             |  |
| Other - Describe:  | 8Am 5 PM                           |         |   | 10000       |           | S. Had                        | ckensack                       | ,N.J. 0           | 7606                |                  |             | _  |
| Scope of Work (Check   | all that apply)                    |         |   |             | - 25      | □ Full (                      | Containment with               | Negative Press    | ure                 |                  |             |  |
| #23 sf or ≥ 3 ff   |                                    |         |   | Rend<br>Dem | notition  |                               | Enclosure<br>ebag Procedure    |                   |                     |                  |             |  |
| □ ≥ 160 sf or ≥ 260 lf   |                                    |         |   |             |           | ☐ Non-                        | Exempted (*) as                | d Non-Friable Pr  | ocedure             |                  |             | _  |
|  |                                    | * C     | Locatio                                 | 3300        |           |                               |                                |                   |                     | - CONTRACTOR (1) | teme<br>ype | 201  |
| Loca   | tion of                            |         | ormali;<br>I Solel                      |             | -         | Description                   | of                             |                   |                     |                  | T           | T  |
| Asbestos-Contain   | ing Material (ACM)<br>ABATED       | Mais    | ntenan                                  | ce/         |           | stos Containing M             |                                | Amoun<br>(Specif  |                     | 2 -              | Eno         | -  |
| IN F   |                                    | 7       | ustodia<br>Staff?                       | 200         | fere      | surfacing, VAT                | r, or                          | SForL             |                     | Removal          | Encapsulate | The state of the s |
| (  | 13)                                |         | (12)                                    |             |           | other miscellan               | eous)                          |                   |                     | A P              | late        | 1  |
|  | •                                  | Yes     | No                                      | N/A         |           |                               |                                | Sharawa dak       |                     |                  |             | 1  |
| BASEMENTI  |                                    |         |   | ×           | TAF       | RMAL INSC                     | LATION                         | 115               | LF                  | X                | T           | T  |
| 2.1301.1614  |                                    |         |   |             |           |                               |                                |                   | * +                 | TT               |             | T  |
|  |                                    | $\Box$  |   |             |           |                               |                                |                   | ۲,                  | TT               |             | T  |
|  |                                    |         |   |             |           |                               |                                |                   |                     | II               |             | T  |
| Name of Registered W   |                                    |         | 1200                                    | Vaste I     | lauler    | Cubic Yards of                | Name of Reg                    | istered Landfill  | p                   |                  |             |  |
| Best Rem   | oval Inc                           | ID      | No.<br>17                               | 109         | 67        | Waste                         | 10                             | A40 / 111         |                     | Adr =            | ,<br>5.1    | 7  |
| City, State  |                                    |         | Τ1.                                     | 109         |           | Z V05.                        | City, State                    | AND COUN          | 11 4                | ועטון            | 16          | -  |
| Control of the Contro | ck , N.J. 07                       | 601     |   |             |           | 2-18-20                       | 1                              | CH PA             | 1724                | 10               |             |  |
| Completed by   | Title                              | 001     |   |             |           | Signature                     | 11000000                       | 011/11/           | Date                |                  |             | -  |
| P. VELDIPAL  | V Est                              | imat    | or                                      |             |           | R. Vella                      | en                             |                   | 2-                  | 3-21             | 0           |  |
| ASB-41   | * Do no                            |         |   | n for as    | sbestos I | censure exempted              |                                |                   |                     | -                |             |  |

TOV#17825PAID

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

CX35123

| Date of Notification (1)   |                                |  |                                  |   |   | Name of Building Owner/Operator (2)  MERCK SHARP & DOHME CORP. |                  |   |        |      |          |           |          |  |  |
|--|--------------------------------|--|----------------------------------|---|---|--|------------------|---|--------|------|----------|-----------|----------|--|--|
| 2 / 3 /2020  |                                | [ ] [ ] property and the second secon |                                  |   |   |  |                  |   |        |      |          |           |          |  |  |
| Agencies Notified Type Notifi  |                                | Street Address 126 E. LINCOLN AVENUE   |                                  |   |   |  |                  |   |        |      |          |           |          |  |  |
| EPA X Initial Notification DEP Amended Notification X DOL Cancellation X DOH On Hold                                       |                                |  |                                  |   |   | City, State, Zip Code RAHWAY, NEW JERSEY 07065                 |                  |   |        |      |          |           |          |  |  |
|  | TION KI                        |  |                                  |   |   | Telephone Number, 2102 (CATHO)<br>732-594-6352 LICENTING       |                  |   |        |      |          |           |          |  |  |
| Name of Facility Where Abatement is  | FACILITY                       | TY INFORMATION   |                                  |   |   |  |                  |   |        |      |          |           |          |  |  |
| MERCK SHARP & DOHME CORPORA  |                                | Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12)  |                                  |   |   |  |                  |   |        |      |          |           |          |  |  |
| Street Address<br>126 EAST LINCOLN AVENUE - BUILD  |                                |  |                                  | X Other (ie. private & commcl. bldgs., homes, e Square Feet # of Floors Bldg. Age 98,320 7 71 |   |  |                  |   |        |      |          |           |          |  |  |
| City (5) Coun  | Cor                            |  |                                  |   |   |  |                  | -11   | 71     |      |          |           |          |  |  |
| RAHWAY   |                                |  | JSE ONLY)                        |   |   |  |                  |   | FACII  | 1    |          |           |          |  |  |
| Name of Monitoring Firm Hired by Bu<br>ENVIRONMETAL HEALTH INVESTIGA<br>Street Address                                     |                                |  | ASCM No.<br>104                  | Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION                                |   |  |                  |   |        |      |          |           |          |  |  |
| 655 WEST SHORE TRAIL   |                                |  |                                  | Street Address  |   |  |                  |   |        |      |          |           |          |  |  |
| City, State, Zip Code  | -                              | 313 SPOOK ROCK ROAD City, State, Zip Code  |                                  |   |   |  |                  |   |        |      |          |           |          |  |  |
| SPARTA, NEW JERSEY 07871   |                                |  |                                  |   |   |  |                  | SUFFERN, NEW YORK 10901   |        |      |          |           |          |  |  |
| Project Manager for Monitoring Firm  |                                | Telephone Number License Number  |                                  |   |   |  |                  |   |        |      |          |           |          |  |  |
| WILLIAM S. KERBEL, CIH Expected State Date (10)  | 5649                           |  | 845-369-7500 1101                |   |   |  |                  |   |        |      |          |           |          |  |  |
| 2/   |                                |  |                                  |   |   |  |                  | Name of OSHA Monitor  |        |      |          |           |          |  |  |
| Month Day Year   | /20<br>Year                    | AMERISCI LABORATORIES INC #11480   |                                  |   |   |  |                  |   |        |      |          |           |          |  |  |
| Occupancy Status During Abatement (C  X Facility Closed/Vacated Durin Abatement Performed Outsic X Other - Describe: SATUR | ribe:                          | Street Address 117 EAST 30TH STREET City, State, Zip Code  |                                  |   |   |  |                  |   |        |      |          |           |          |  |  |
| Scope of Work (Check all that apply)  Demolition  X >3SF OR LF  >160 SF OR 260 LF  |                                |  | Mini Enclo<br>Glovebag           | NEW YORK, NEW YORK 10016 ainment with Negative Pressure                                       |   |  |                  |   |        |      |          |           |          |  |  |
| Location of  | Is                             | Loca   | tion                             |   |   |  |                  |   |        |      | hoton    | nent Type |          |  |  |
| Asbestos-containing normally used  |                                |  |                                  |   | Conta   | aining Materia   | al (ACM)         |   | Amount | 00   |          |           |          |  |  |
| Material (ACM) solely by TO BE ABATED Maint/Custodial  |                                |  |                                  |   | (ie. Thermal systems (Specify insulation, surfacing, VAT, SF or LF) |  |                  |   |        | DUST | REPAIR   | ENCAPSUL  | ENCLOSUR |  |  |
| in Facility (13)   |                                |  | ation, surfacil<br>ther miscella |   |   | SF or LF)  | ᅜ                | \frac{1}{2}   | PS     | 100  |          |           |          |  |  |
|  |                                | taff (   | N/A                              | 1   | 0. 0  | and misocha  | or misochaneous) |   |        | ~    |          | E         | I R      |  |  |
| 2ND FLOOR 208  |                                |  | х                                | FIREPRO   | OFI   | NG DUST  |                  |   | 10 SF  | X    | 1        |           |          |  |  |
| 3RD FLOOR 330  |                                |  | X                                | FIREPRO   | OFI   | NG DUST  |                  | 10 SF   |        | Х    |          |           |          |  |  |
| 3RD FLOOR 331  |                                |  | х                                | FIREPRO   | OFI   | NG DUST  |                  |   | 10 SF  |      | T        |           | Н        |  |  |
| 6TH FLOOR 628  |                                |  | X                                | FIREPRO   | OFI   | NG DUST  |                  |   | 10 SF  | X    |          |           |          |  |  |
| 7TH FLOOR 723  |                                |  | Х                                | FIREPRO   | OFI   | NG DUST  |                  |   | 10 SF  | X    |          |           |          |  |  |
| 7TH FLOOR 758  |                                |  | Х                                | 170   |   | NG DUST  |                  |   | 10 SF  | X    | $\vdash$ |           |          |  |  |
| N  |                                |  |                                  |   |   |  |                  |   |        |      |          |           |          |  |  |
| Name of Registered Waste Hauler<br>FREEHOLD CARTAGE, INC.<br>825 HIGHWAY 33  | Haule                          |  | No.                              | Cubic Yar   | 10  |  |                  | Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 |        |      |          |           |          |  |  |
| City, State<br>FREEHOLD, NEW JERSEY  | •                              | Dispos<br>02/15-   |                                  |   |   | 020  | City, S          | City, State  MONTGOMERY, PA 17752   |        |      |          |           |          |  |  |
| Completed by (Print or Type)   Ti  | Title<br>DIRECTOR OF OPERATION |  |                                  |   |   | nature /   | Date 2-3-20      |   |        |      |          | 20        |          |  |  |

| 0.7.000   | New Jersey<br>SBESTOS ABA | TEMENT ~ | Inv# | 170         | 11     | +                     |  |                    |   |             |        |                   |  |  |  |
|---|---------------------------|----------|------|-------------|--------|-----------------------|--|--------------------|---|-------------|--------|-------------------|--|--|--|
|   |                           |          |      |             |        |                       | AC 8:60 and 5:1                            |                    | MEC   | EI          | W      |                   | Ĭ.   |  |  |
| Date of Notification (1)  |                           |          |      |             |        | ne of Buildir         | ng Owner/Operator                          | (2)                |   |             | U)     | 122               | Street, or other street |  |  |
|   | 04 /                      | 20       |      |             | Ly     | nx Waste              | e & Recycling, In                          | c.                 |   |             |        | 2                 | Sandy Spare  |  |  |
| Agencies Notified   | Type Notifi               | cation   |      |             | Stree  | et Address            |  |                    | H FEB   | - 7         | 2021   | )—                | 1 I has  |  |  |
| ☑ EPA<br>☑ DOLWD  | ☑ Initial                 |          |      |             |        | O Box 18              | 8  | 80 mm              | a disease                                     |             |        |                   | -  |  |  |
| ⊠ DOLVVD  |                           |          |      |             |        | State, Zip            | Code                                       |                    | ASLETOS CONTROLA                              |             |        |                   |  |  |  |
| □ DCA   | ☐ Emergency (including    |          |      |             |        | oring Lake            | e, NJ 07762                                |                    | UGENSING                                      |             |        |                   |  |  |  |
| (NJAC 5:23-8)   | 5:23-8) justification)    |          |      |             |        | e of Contac           |  |                    | Telephone Number                              |             |        |                   |  |  |  |
| ☐ Cancellation  |                           |          |      |             |        | chard Hy              |  |                    | 732-762-7365                                  |             |        |                   |  |  |  |
| Name of English Where   | \                         | T 1:     | Di   | (0)         | FA     | CILITY II             | NFORMATION                                 |                    |   |             |        |                   |  |  |  |
| Name of Facility Where Abatement is Taking Place (3)  Residence   |                           |          |      |             |        |                       |  | Type of Facility   |   |             |        |                   |  |  |  |
| Street Address  |                           |          |      |             |        |                       |  | School (K-1        | bol (K-12)<br>chapter 8 (Other than K-12)     |             |        |                   |  |  |  |
| Officer Address   |                           |          |      |             |        |                       |  | Other (i.e.,       | ther (i.e., private and commercial buildings, |             |        |                   |  |  |  |
| City (5)  |                           |          |      |             |        |                       |  | homes, etc         |   |             |        |                   |  |  |  |
| Spring Lake   |                           |          |      |             |        |                       |  | 2000 sf            | 2 65  |             |        | ige               |  |  |  |
| County (6)  |                           |          | _    |             | Cou    | inty Code (           | 7)(STATE USE ONLY)                         |                    |   |             |        |                   |  |  |  |
| Monmouth  | Monmouth                  |          |      |             |        |                       | •  | Residence          |   |             |        |                   |  |  |  |
| Name of Monitoring Firm   | Hired by Bui              | Iding O  | wner | (8)         | ASCM   | No.                   | Name of Abateme                            | ent Contractor (9  | ntractor (9)                                  |             |        |                   |  |  |  |
| N/A   |                           |          |      |             |        |                       | Guardian Co                                |                    |   |             |        |                   |  |  |  |
| Street Address  |                           |          |      |             |        |                       | Street Address                             |                    |   |             |        |                   |  |  |  |
|   |                           |          |      |             |        |                       | 1889 Route 9                               |                    |   |             |        |                   |  |  |  |
| City, State, Zip Code   |                           |          |      |             |        |                       | City, State, Zip Co                        |                    |   |             |        |                   |  |  |  |
|   |                           |          |      |             |        |                       |  | , New Jersey 08755 |   |             |        |                   |  |  |  |
| Project Manager for Monitoring Firm Tele  |                           |          |      |             | ephone | No.                   | Telephone No. License No.                  |                    |   |             |        |                   |  |  |  |
| Start Date (10) Scheduled Complet   |                           |          |      |             | tion D | -1- (44)              | 732-349-9932 00624<br>Name of OSHA Monitor |                    |   |             |        |                   |  |  |  |
| Start Date (10)         Scheduled Complet           _02   |                           |          |      |             |        |                       | E.M.S.L. Anal                              |                    |   |             |        |                   |  |  |  |
|   |                           |          |      |             |        | Street Address        | yucai                                      |                    |   |             | -      |                   |  |  |  |
| Occupancy Status During Abatement (Check only one)    Facility Closed/Vacated During Entire Period of Abatement   |                           |          |      |             |        |                       | 1056 Stelton                               |                    | •   |             |        |                   |  |  |  |
| ☐ Abatement Performed Outside of Normal Facility Hours  |                           |          |      |             |        | scribe                | City, State, Zip Co                        | nde                |   |             |        |                   |  |  |  |
| Time of Abatement:AMPM/PM   |                           |          |      |             |        | _AM.                  |  | New Jersey 08854   |   |             |        |                   |  |  |  |
| Scope of Work (Check all  | that apply)               |          |      |             |        |                       |  |                    |   |             |        |                   |  |  |  |
| □ ≥3 sf or ≥3 lf       □ Renovation         □ ≥160 sf or ≥260 lf       □ Demolition   |                           |          |      |             |        |                       | ☐ Mini-Encl<br>☐ Glovebag                  | osure<br>Procedure | Negative Pressure  Non-Friable Procedure      |             |        |                   |  |  |  |
| Location of Solution of Asbestos-Containing Material (ACM)  TO BE ABATED  IN Facility  IN Facility  Is Location Normall Used Solution Maintenar Custodial S |                           |          |      |             |        |                       |  |                    |   | Ab          | atem   | ent T             | уре  |  |  |
|   |                           |          |      |             | -      | Ashe                  | Description of<br>stos Containing Mat      |                    | A   | R           | Re     | Щ                 | Щ  |  |  |
|   |                           |          |      |             |        |                       | ., thermal systems in                      | nsulation,         | Amount<br>(Specify                            | Removal     | Repair | Encapsulate       | Enclosure  |  |  |
| II T a Cilly  |                           |          |      | (12)        | Stall? |                       | surfacing, VAT,<br>other miscellaned       | SF or LF)          | <u>a</u>                                      |             | sula   | sure              |  |  |  |
| (,  | (13)                      |          |      |             | N/A    |                       | other misochanee                           | ous)               |   |             |        | te                |  |  |  |
| exterior-house  |                           |          |      | $\boxtimes$ |        | asbesto               | s siding                                   |                    | 2200 sf                                       |             |        |                   |  |  |  |
| exterior-garage   | exterior-garage           |          |      | $\boxtimes$ |        | asbesto               | s siding on peal                           | (S                 | 600 sf  | $\boxtimes$ |        |                   |  |  |  |
|   |                           | 1        |      |             |        |                       |  |                    |   | 1           |        | $\overline{\Box}$ |  |  |  |
|   |                           | 1        | 7    |             |        |                       |  |                    |   | 1           |        |                   |  |  |  |
|   |                           |          |      |             | JDEP \ | Naste                 | Cubic Yards of                             | Name of Pegis      | stered Landfill                               |             |        | П                 | Ш  |  |  |
| Guardian Contracting, Inc.  |                           |          |      |             |        | ler ID No. Waste TRRE |  |                    |   |             |        |                   |  |  |  |
| City, State   |                           |          |      |             |        |                       | Disposal Date                              | City, State        |   |             |        |                   |  |  |  |
| Toms River, New Jersey  |                           |          |      |             |        |                       | 02/17/20                                   | Tullytown,         | Pennsylvania                                  |             |        |                   |  |  |  |
| Completed By (Print or Type   | pe)                       | Title    |      |             |        |                       | Signature                                  | 1                  | Di  | ate /       | 1      | ,                 |  |  |  |
| Nicholas Fernicola  |                           | Pro      | ject | Man         | ager   |                       | 1  | /                  |   | 1/1         | 1      | 10                |  |  |  |