| | | | | | | | | | | | | | гш | ιr |
|--|------------------------------|----------------|---------------------|----------------------------------|--------------|-------------------|-----------------------------|--|----------------------|-----------|---------|--------------|-------------|------------|
| CKIDY | NO | | CATION | te of New OF ASBE o NJAC 8 | STOS A | | | |)_E | CE | | \mathbb{V} | | 1 |
| Date of Notification (1) | | 1 | | Building O | | erator | (2) | 1 | | FEB 1 | n : | 2017 | | U |
| 2/7/17 | | | Richar | d Worre | 11 | | | 100 | | red I | U | 2017 | - 1 | MAD HIERON |
| Agencies Notified Type Notification | | 3 | Street Ad | dress | 600 | | | | | | | | | |
| ⊠ EPA ☐ Initial | | | | | | | | | ASBI | ESTOS | CON | NTRO |)L & | _ |
| X DEP X Amended | | | 0.500 | e, Zip Cod | | | | - | | LICEN | ISIN | G | ~~~ | |
| DOL Amendment #_ Emergency (in | | | | n, NJ 08 | 8053 | | | | | | | | | |
| DOH justification) | oluding | - 1 | Vame of | | | | | | Lelepho | one Numb | er | | | |
| DCA Cancellation | | | | d Worre | | | | | 1 | | | | | |
| None of Facility Where Abetement is Taking | Diago (3) | / | FACIL | ITY INFO | RMATIC | N | Type | of Facility (4) |) | | | | - | |
| Name of Facility Where Abatement is Taking Vacant building | riace (5) | | | | | ļ | _ | | | | | | | |
| Street Address | | | | | | | | School (K-12 Subchapter 8 | | nan K-12) | | | | |
| | | | | | | | | Other (i.e. pri | vate & co | mmercial | build | ings, | home | s, |
| 19 Georgetown Road | | | | | | _ | | etc.) re Feet | # of Flo | oore | RI | dg. Ag | 10 | |
| City (5) | | | | | | 1 | 160 | | 2 | 0015 | 9 | | je | |
| Glassboro | | | | -1- (7) | | | | ent Use (Prior | | domolisho | 1.50 | _ | | |
| County (6) | | | County C | SE ONLY) | X | | Vac | | ii being c | demonshe | u) | | | |
| Gloucester | (0) | | | | | Nome | | tement Cont | ractor (9) | | | | | |
| Name of Monitoring Firm Hired by Building Ov | wner (8) | | ASCM n/a | No. | | | | stos Abate | | | | | | |
| Environmental Testing Consultants | | | n/a | | | Street | Designation (CA) | | ment LL | | | | | |
| Street Address | | | | | | | | ss eral Street | | | | | | |
| 413 N. Black Horse Pike | | | | | | | | ip Code | • | | | | | _ |
| City, State, Zip Code | | | | | | | | NJ 08105 | | | | | | |
| Runnemede, NJ 08078 | | | T 1 - 1 | - N- | | Teleph | | | Lti | cense No. | | | 01-10-11-0 | |
| Project Manager for Monitoring Firm | | | Telephor | ie No. 32 1311 | | | 630 3 | | | 1303 | | | | |
| Howard Zenobi | 0 1 1 1 1 | | | | | ALCOHOLD . | CANADA S | HA Monitor | 0 | 1000 | - | | | |
| | Scheduled 2/19/17 | Com | ipietion L | Date (11) | | | moni | | | | | | | |
| 2110/11 | | ` | | | - | Street | (6),107,000 | | | | _ | | | |
| Occupancy Status During Abatement (Check | | | | | | Sueer | Auure | 55 | | | | | | |
| Facility Closed/Vacated During Entire Per Abatement Performed Outside of Norma Other – Describe: | eriod of Ab al Facility F | atem | ent | | _ | City, S | itate, Z | ip Code | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 if≥160 sf or ≥260 if | (0.7.2.2.2 | nova moliti | | | | | Mi | Il Containme ni-Enclosure ovebag Proce n-Exempted | edure | | | | 2 | |
| | 1.0 | ocati | | | | | | Exclipted | () and IV | , nasie | | Abate Ty | ment | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Used | Sole tenar | ly by nce/ | | tos Conta | system ing, VA | Materia s insul T, or | ation, | Amo (Spe SF or | cify | Removal | Repair | Encapsulate | Filchoonie |
| | Yes | No | N/A | | | | | | | | | | (D) | |
| Basement | | | Х | | Duct | insula | ation | | 70 | LF | х | | | |
| | | | | | | | | | | | | | | _ |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | 13,375 | JDEP W lauler ID | | Cubic of Was | | | Name of F | Registered | | | | | |

Name Champion Disposal 32707 Disposal Date City, State City, State Morrisville, PA 2/22/17 Hainsport, NJ Date Signature Title Completed by 2/7/17 Owner Jeff Yekenchik

XXX

CK \$25415

| Data of Nationalian (4) | | | | | | | | 50 | | | | | |
|--------------------------------------|---------------|-------------------------|--------------------|-----------------|--------------|-----------|-----------------------------------|-----------------------------------|---------------------------------------|-------------------|---------|-------------|-----------|
| Date of Notification (1) | /9/17 | | | Nam | e of Buildir | ng C | wner/Operator St. Ba | rnabas Med | ical Center | FEB | 1 (|) 21 | 017 |
| Agencies Notified | Type Notific | cation | | Stre | et Address | | | | | | | | |
| ⊠ EPA | Initial | | | | | | 94 | Old Short H | ills Rd. | | | | |
| DEP DOL | Amende | | | City, | State, Zip 0 | Cod | | | ASE | | | - | TRO |
| DOL. | Amendm | nent # ncy (includii | na | 100 | 0. % | | | vingston, NJ | 07078 | LIU | ENS | SINC | <u>i</u> |
| ⊠ DOH | justifica | tion) | 19 | Nam | e of Contac | ct | | | Telephone Nu | mher | _ | | _ |
| □ DCA | ☐ Cancella | ition | | | Mr. | . R | on Carvalh | 0 | | 7 | | | _ |
| | | | | FA | CILITY INF | FOR | RMATION | | - Alexander | | | | |
| Name of Facility Where | | | | | | | | Type of Facilit | y (4) | 577 | | | |
| | St. Barna | bas Med | lical | Cente | er | | | School (K- | | | | | |
| Street Address | 94 old | d Short I | Hills | Rd | | | | Subchapte Other (i.e., homes, etc | r 8 (Other than K- private & comme | -12) rcial bui | ldings | ς, | |
| City (5) | | | | | | | | Square Feet | # of Floors | E | Ildg. / | Age | _ |
| | Li | vingston | , NJ | | | | | 200000 | 6 | | 7 | 5+/- | |
| County (6) | Essex | | | Cou | inty Code (7 | 7) (| STATE | Current Use (F | Prior if being demo | olished) | | | |
| Name of Monitoring Firm | | dina Owner | | ASCN | _ | I NI | ame of Ahatem | ent Contractor (| 0/ | | | | _ |
| (0) | mental Ta | | | ACCIV | 1110. | 14 | | | mental Servi | cac I | 20 | | |
| Street Address | | | | _ | _ | St | reet Address | CHS EHVHOH | incital Scivi | ccs, II | IC. | | |
| | 64 Broa | d St. | | | | Ŭ. | 100171001033 | PO | Box 322 | | | | |
| City, State, Zip Code | | | | | | Ci | ty, State, Zip C | | BOX 322 | | | _ | _ |
| M | latawan, N | IJ 07747 | 7 | | | (//2002 | ,,, o tato, E.p. o | | n, NJ 08501 | | | | |
| Project Manager for Mon | itoring Firm | | Tel | ephone | No. | Te | elephone No. | | License Ne- | | | | _ |
| Tom (| Geiger | | (7: | 32) 29 | 0-2217 | | (609) 25 | 9-9688 | | 0049 | 3 | | |
| Start Date (10) | 1 5 | Scheduled (| Comple | etion Da | ate (11) | Na | ame of OSHA N | Monitor | | | | | _ |
| 2/20/17 | | | 3/1/ | 18 | | | | N | IECS | | | | |
| Occupancy Status During | | | | | | St | reet Address | | | | | | _ |
| ☐ Facility Closed/Vacate | | | | | 1 | _ | | PO I | 341 Box 341 | | | | |
| Abatement Performed | Outside of No | ormal Facili | ty Hou | rs | | Ci | ty, State, Zip Co | ode | | | | | |
| Other - Describe: | | | | | | _ | | Crosswick | cs, NJ 08515 | 5 | | | |
| Scope of Work (Check al | I that apply) | | | | | | Eull Con | tainmant with Na | antius Drassurs | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | enovat emolitic | | | | Mini-Enc Gloveba | g Procedure | | | | | |
| | | ls | Location | מח | | 1,000,000 | Non-Exe | mpted (*) and N | on-Friable Proced | | | | |
| | | N | omally | / | | | | | | ' | Typ | ment oe | â |
| Location of Asbestos-Containing M | | | d Solel ntenan | | Ashaati | aa (| Description of Containing Mate | -i-L/ACMA | | - | | | \vdash |
| TO BE ABATE | | C | ustodia | | | | mal systems in | | Amount (Specify | ת | 500000 | En | m |
| IN Facility (13) | | | Staff? | | , , , | SU | irfacing, VAT, | or | SF or LF) | Remova | Repair | cap | nclo |
| (13) | | | (12) | | | otn | er miscellaneo | us) | | ova | air | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | | | | te | (D |
| Exterior Variou | ıs Areas | | | × | Va | apo | or Barrier M | 1astic | 600 sf | × | | | |
| Interior Variou | s Areas | | × | | Wa | ter | Proofing N | 1aterial | 480 sf | × | | | |
| Hallway 2317, R | oom 3313 | | × | | | | VAT/Masti | с | 150 sf | × | | | |
| Exterior Windov | | | | × | | | Chalking | | 120 lf | × | | | |
| Name of Registered Wast | e Hauler | | P10000 | JDEP V | | | bic Yards | Name of Regi | stered Landfill | | | | |
| Stevens Environm | ental Serv | ices, Inc | . H | auler ID 182 | | | Waste 15 CU | | GROWS La | ndfill | | | |
| City, State | 15.063 | 5,000,00 | | | | | posal Date | City, State / | | | | | _ |
| | Allentown | n, NJ | | | | _ | 3/1/18 | | Morrisville | , PA | | | |
| Completed By | | Title | | | | | Signature// | 1// | Date | | | | |
| Mahlon E. Stev | rens | Pr | oject | Man | ager | | 11/ | | | 2/9/ | /17 | | |



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

| Date of Notification (1) | | | | Nan | ne of Build | ing Owner/Operator | (2) | | | _ | | | |
|--|-----------------------------------|-------------------|--|---------------------------|---|--|--|---------------------------------|----------|---------|-------------|-------------|-----------|
| | / | 16 | | | | ership, LLC | A1750 | lob #1611-2 | 136 | CI | nk. # | NA | |
| ☐ EPA ☐ Initi ☑ DOLWD ☑ Ame | ended endment | :# <u>4</u> | | City | et Address King St State, Zip over, NJ | reet Code | | | | | | | |
| (NJAC 5:23-8) just | ergency fication) cellation | | ng | Nam | ne of Conta | ıct | | Telephone | Numbe | ır | | | |
| | | | | F | CILITY | NFORMATION | | - | | | _ | | |
| Name of Facility Where Abatemer | nt is Tak | ing Plac | ce (3) | . , | (OILITTI | NI OKIMATION | Type of Facility | . (4) | | | | | |
| Commercial Property Street Address | | | | | | | Type of Facility School (K-1 Subchapter | 2) | K-12) | | | | |
| 69 King Street | | | | | | | Other (i.e., homes, etc | private and co | mmercia | al bi | uildin | gs, | |
| City (5) | | | | | | | Square Feet | # of Floor | S | В | ldg. A | Age | |
| Dover | | | | | | | 217,800 | 4 | | 1 8 | 107 | | |
| County (6) Morris | | | | Cou | inty Code | (7)(STATE USE ONLY) | Current Use (P | | emolishe | ed) | | | |
| Name of Monitoring Firm Hired by | Building | Owner | (8) | ASCN | No. | Name of Abatem | | | | _ | | | |
| Criterion Laboratories | | | | | | With the second | d Mold Servic | • | | | | | |
| Street Address | | | | | | Street Address | | ,, | | | | | |
| 3370 Progress Drive, Suite | J | | | | | 3859 Sylon E | Boulevard | | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip C | | | | _ | | | |
| Bensalem, PA 19020 | | | | | | Hainesport, I | | | | | | | |
| Project Manager for Monitoring Fire | n | | Tele | phone | No. | Telephone No. | | License N | 0 | | | | _ |
| Mike Panepresso | | | 2 | 15-244 | 1-1300 | 609-702-0400 |) | 00862 | 0. | | | | |
| Start Date (10) | Sche | duled (| Comple | tion Da | ate (11) | Name of OSHA M | Monitor | 00002 | | _ | | | |
| 1 /10 /17 | _ | 2 | 28 | _ / | 17 | EMSL Analyt | ical, Inc. | | | | | | |
| Occupancy Status During Abateme | nt (Che | ck only | one) | | | Street Address | | | | _ | | | |
| ☐ Facility Closed/Vacated During | Entire Pe | eriod of | Abater | nent | | 200 U.S. Rou | te 130 North | | | | | | |
| Abatement Performed Outside of Time of Abatement:AM- | f Norma | al Facilit PM/ | y Hour PM- | s - Des | scribe AM | City, State, Zip Co | ode | | | | | | |
| Scope of Work (Check all that apply | ') | | | | | Cinnaminson | i, NJ 08077 | | | | | -10 | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | enovatio emolitio | | | | | | | | | | |
| Location of | | | Locati Normal | | | | | | | Aba | atem | ent T | vpe |
| Asbestos-Containing Material (A TO BE ABATED IN Facility (13) | CM) | Use Ma Cus | ed Sole intenar todial S (12) | ly by nce/ | Asbe: (i.e | Description of stos Containing Mat , thermal systems i surfacing, VAT, other miscellaneo | terial (ACM) nsulation, or | Amount (Specify SF or LF) |) | Removal | Repair | Encapsulate | Enclosure |
| 2 nd Floor - 2 rooms | | Yes | No | N/A | | 10 W250 | | | | | | o . | |
| 2 nd Floor - 1 room | | | | | Pipe Ins | | | 640 LF | 0 | | | | |
| 2 nd floor - 1 room & 2 hallway | | | | | | le & Mastic | | 400 SF | 0 | | | | |
| Boiler Room/Basement | reas | | | | Pipe Ins | | | 80 LF | [2 | + | | | |
| Name of Registered Waste Hauler | | | | | | nsulation/Pipe In | | 2 SF/55 L | F [| | \boxtimes | | |
| Waste Management | | | Ha | DEP V uler ID 17273 | No. | Cubic Yards of Waste 5 | Name of Regist Grand Cent | | | S | | | |
| City, State | | | | | | Disposal Date | City, State | | | _ | | | |
| Lafayette, NJ | | | | | | 2/28/17 | Penn Argyl | e, PA | | | | | |
| Completed By (Print or Type) Kimberly A. Trumbetti | Title | ffice C | oordi | nator | | Signature | | | Date 1/2 | 5/2 | 01 | 7 | |
| SB-41 | | | | | | - LIXIL | The state of the s | | 1/2 | 112 | .01 | | |

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

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

| | | | (P | ursua | int to NJ | AC 8:60 and 5:1 | 6) | | | 0 1 | 1 [| 7 |
|---|----------------|--------|---|--------------------------|--------------|---|-------------------|--|-----------|-----------|-------------|-----------|
| Date of Notification (1) | | A | 111111111111111111111111111111111111111 | Nam | e of Buildir | ng Owner/Operator | (2) | | 0 . | | _ | 3 |
| | 17 | _ | | Je | rsey Cen | tral Power & Lig | ht Company | Job #1702-2 | 2153 | Chk | 7#40 | 616 |
| Agencies Notified Type Not | ification | | | Stree | et Address | | | 405 | | | | - |
| □ EPA □ Initial | new res | | | 30 | 0 Madiso | n Avenue PO BO | Ox 1911 | ASBEST | OS CO | ONTE | ROL | 8 |
| ☑ DOLWD ☐ Amen ☑ DHSS Amen | ded dment # | | | City, | State, Zip | Code | ž_ | The state of the s | ICENS | MG | | |
| | gency (inclu | uding | | Mo | orristown | , NJ 07692 | | | | | | |
| | cation) | uumg | , | Nam | e of Contac | ct | | Telephone N | Viimhor | | | |
| ☐ Cance | ellation | | | An | nna Sulliv | an | | | | | | |
| V | | | | FΑ | CILITY IN | NFORMATION | | | | | | |
| Name of Facility Where Abatement | | | | | | | Type of Facility | (4) | | | | |
| Sea Isle City Former Manufa | ctured G | as F | Plant | Site | | | School (K-1 | | | | | |
| Street Address | | | | | | | Subchapter | 8 (Other than horivate and com | (-12) | بالمائييط | | |
| 39 th Street & Central Avenue |) | | | | | | homes, etc. | | imerciai | bullair | igs, | |
| City (5) | | | | | TEN AMERICA | | Square Feet | # of Floors | | Bldg. / | Age | - |
| Sea Isle City, NJ | | | | | | | NA | NA | | 7.7 | rox. | 75 |
| County (6) | | | | Cou | nty Code (7 | 7)(STATE USE ONLY) | Current Use (P | rior if being den | nolished) | | | |
| Cape May Count | | | | | | | NA | | | | | |
| Name of Monitoring Firm Hired by B | uilding Ow | ner (| 8) | ASCM | No. | Name of Abateme | ent Contractor (9 |) | | | | |
| Horizon Environmental | | | | | | Asbestos and | d Mold Service | es, Corp. | | | | |
| Street Address | | | | | | Street Address | | | | | | |
| PO Box 316 | | | | | | 3859 Sylon B | oulevard | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Co | ode | | | | | |
| Thorofare, NJ 08086 | | | | | | Hainesport, N | IJ 08036 | | | | | |
| Project Manager for Monitoring Firm | | | Tele | ephone | No. | Telephone No. | | License No | i. | | 7/- | - |
| David Flanigan | | | 8 | 56-848 | 3-0800 | 609-702-0400 | | 00862 | | | | |
| Start Date (10) | Schedule | ed Co | mple | tion Da | ate (11) | Name of OSHA M | onitor | | | | | |
| 2 /22 /17 | 3 | _ / | 1 | / | 17 | EMSL Analyti | cal, Inc. | | | | | |
| Occupancy Status During Abatemen | t (Check or | nly or | ne) | | | Street Address | | | | | | |
| ☐ Facility Closed/Vacated During E | ntire Period | d of A | bate | ment | | 200 U.S. Rout | e 130 North | | | | | |
| ☐ Abatement Performed Outside of | Normal Fa | cility | Hour | s - Des | scribe | City, State, Zip Co | | | | | | |
| Time of Abatement:AM | PM/_ | | _PM- | | _AM | Cinnaminson | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf | | Pon | ovati | 00 | | Full Conta | ainment with Neg | gative Pressure | | | | |
| ⊠ ≥160 sf or ≥260 lf | | | nolitic | | | ☐ Mini-Encl ☐ Glovebag | | | | | | |
| | | | | | | ⊠ Non-Exer | npted (*) and No | n-Friable Proce | edure | | | |
| 74 | | | ocat | | | | | | A | batem | ent T | ype |
| Location of Asbestos-Containing Material (AC | 7.41 | | orma Sole | ily ely by | A = b = - | Description of | | | 7.00 | | T | T |
| TO BE ABATED | , | Mair | itena | nce/ | Asbes | stos Containing Mat , thermal systems in | erial (ACM) | Amount (Specify | Removal | Repair | nca | ncio |
| IN Facility | | Custo | dial (12) | Staff? | , | surfacing, VAT, | or | SF or LF) | ova | = | Encapsulate | Enclosure |
| (13) | V | es | No No | N/A | - | other miscellaneo | us) | | | | late | 0 |
| Exterior | | 1 | П | N/A | Troncito | Dine | | 00015 | | - | _ | + |
| | | 1 | | _ | Transite | Fipe | | 320 LF | | | Ш | L |
| | L |] | | Ш | | | | | | | | |
| | |] | | | | | | | | | | |
| | |] | | | | | | | | | | |
| Name of Registered Waste Hauler | | | | JDEP V | | Cubic Yards of | Name of Regis | tered Landfill | | | | |
| Waste Management | | | | auler ID 17273 | | Waste 5 | Grand Cen | tral | | | | |
| City, State | | | | | | Disposal Date | City, State | | | | | |
| Lafayette, NJ | | | | | | 12/7/16 | Penn Argyl | le, PA | | | | |
| Completed By (Print or Type) | Title | | n celle | | | Signature A | - | | Date | | | |
| Kimberly A. Trumbetti | Offic | e Co | ord | inator | | XA II | | | | 7 - 10 | 1 | |

ASB-41 MAY 11

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

2017-16 B & G proj. #: Check # 8240 Date of Notification (1) Name of Building Owner/Operator (2) 10 | 2 | / | 0 | 8 | / | 1 | 7 | Michelle Capporino Type Notification FEB 1 0 2017 Street Address Agencies Notified ☐ EPA X Initial ☐ DEP City, State, Zip Code ASBESTOS CONTROL & Amendment Lyndhurst, NJ 07071 X DOL Telephone Number Name of Contact X DOH Cancellation Michelle Capporino ☐ DCA **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) Michelle Capporino Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age # of Floors Square Feet County Code (7) County (6) City (5) Current Use (Prior if being demolished) (State use only) residential Lyndhurst, NJ 07071 Bergen Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. n/a B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 00378 (973)696-6869 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 02/21/2017 02/22/2017 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-LincolnPark, NJ 07035 Describe: Other-Describe: Scope of Work (check all that apply) Glovebag procedure X Full Containment w/negative pressure Renovation Demolition Non-friable procedure Mini-enclosure × >160 sf or ≥260 lf 3 sf or 3 IfE Is location normally used solely E e n Location of Amount by maintenance/custodial n m Description of asbestos-containing p C asbestos-containing (Specify SF or staff(12) C material (ACM) 0 a material to be abated in facility (13) p N/A Yes No X 660 sf X VAT, mastic, & entire basement laminated flooring (boiler room side) Name of Registered Landfill Cubic Yards of Waste Registered Waste Hauler NJDEP Hauler ID# Tullytown Resource & Recovery Center 19563 10 B & G Restoration, Inc. Disposal Date City, State Tullytown, PA 02/23/2017 Lincoln Park, NJ Date Signature Completed by (Print or Type) Gordana Luna 02/08/2017 Secretary/Treasurer Gordana Luna

| CKB | | | NOT | | ATIO | | BEST | rsey OS ABA 0 and 5:1 | | ENT | D | | G | 7 7 7 | Townson T | \mathbb{V} | |
|----------------------------|-----------------|-----------------|----------|-------------------|-----------------|--------------|-------------------|-----------------------------|----------|----------------------------|------------|----------|----------|----------|-----------|-------------------|-----------|
| Date of Notification (1) | - | | | | Name | e of Buildin | ng Owne | r/Operator | (2) | | | 1 [| rD | 1 0 | 2 | 017 | - !! |
| | 3 / | 17 | <u> </u> | | Le | vin Mana | gemen | nt Corp | | | | ı r | EB | 1 (| 1 2 | 017 | 1 |
| Agencies Notified | Type Notific | cation | | 777 | Stree | t Address | | | | | + | | | | | | 1 |
| ⊠ EPA | | | | | 97 | 5 US Hwy | y 22 We | est | | | | ASBE | | | | | L & |
| ☑ DOLWD | ☐ Amende | | | | City, | State, Zip | Code | | | | | ****** | LICE | IV | ZIDIC | 7 | |
| ☑ DHSS ☐ DCA | Amendm Emerger | DOGGO DOGGO | aludina | | No | rth Plain | field, N | J 07060 | | | | | | | | | |
| (NJAC 5:23-8) | justificat | | Jiuuiiių | 3 | Name | e of Contac | ct | | | | Teler | ohone N | lumber | | | | |
| | ☐ Cancella | | | | Ste | ve Pratt | | | | | | | | | | | |
| | | | | | FA | CILITY IN | NFORM | IATION | | | | | | | | | |
| Name of Facility Where A | batement is | Taking | Place | (3) | 386-342 | | -202 (2023)14-102 | | Туре | of Facility | (4) | | - | | | | |
| Former Shoprite | | | | | | | | | | chool (K-1 | | | | | | | |
| Street Address | | | | | | | | | | ubchapter ther (i.e., p | | | | l h. | امانه | | |
| 2657 Morris Ave. | | | | | | | | | | omes, etc. | | ind Com | mercia | ı bu | liaing | JS, | |
| City (5) | | | | | | | | | Squa | re Feet | # of | Floors | | Blo | dg. A | ge | |
| Union, NJ 07083 | | | | | | | | | 40 | ,000 | 1 | | | | 45+ | O 7.5 | |
| County (6) | | | | | Cour | nty Code (7 | 7)(STATE | USE ONLY) | Curre | ent Use (P | rior if be | ing dem | nolished | d) | | | |
| Union | | | | | | | | | 0.00000 | cant Ret | | | | -393 | | | |
| Name of Monitoring Firm | Hired by Buil | lding O | wner (| (8) | ASCM | No. | Name | of Abatem | ent Co | ntractor (9 |) | | | | | | |
| AET | | | | | NA | | Alli | ance Env | ironm | ental Sy | stems | | | | | | |
| Street Address | | | | | | | Street | Address | | | | | - | | | | |
| 28 N. Pennell Rd. | | | | | | | 550 | East Uni | on St | | | | | | | | |
| City, State, Zip Code | | | | | | | City, S | State, Zip C | ode | | | | | | | | |
| Media, Pa 19063 | | | | | | | Wes | st Cheste | r, PA | 19382 | | | | | | | |
| Project Manager for Monit | oring Firm | | | Tel | ephone | No. | Teleph | none No. | | | Lice | ense No. | | | 100 | | |
| Eric Sutherland | | | | 6 | 10-558 | -8902 | 610 | -701-9000 |) | | 00 | 0508 | | | | | |
| Start Date (10) | | Schedu | ıled C | ompl | etion Da | ite (11) | Name | of OSHA N | /lonitor | ii | | | | | | | |
| _2 / _20 / . | 17 | 3 | / | 1 | 7_ / . | 17 | AE1 | Γ | | | | | | | | | |
| Occupancy Status During | Abatement (| Check | only o | ne) | | | Street | Address | | | | | | | | | |
| ☐ Facility Closed/Vacated | | | | | | | 28 1 | N. Pennel | Road | | | | | | | | |
| Abatement Performed | | | | | | cribe | City, S | state, Zip Co | ode | | | | | | | | |
| Time of Abatement: 7/ | AIVIPI | VI/ <u>3.30</u> | PIVI- | | AIVI | | Med | dia, PA 19 | 063 | | | | | | | | |
| Scope of Work (Check all | that apply) | | | | | | | 75.0 | | | | Se. | | | | | |
| ☐ >3 sf or >3 lf | | 0.15 | ⊠ Re | novat | tion | | | | | nt with Ne | gative P | ressure | | | | | |
| ≥160 sf or ≥260 lf | | | ☐ De | | | | Ī | Gloveba | g Proc | | | | | | | | |
| | | | | | | Т | L | ☐ Non-Exe | mpted | (*) and No | n-Friab | le Proce | | | | | |
| Location of | √f. | | | Loca Iorma | | | D | escription c | £ | | | | | Aba | _ | ent Ty | /pe |
| Asbestos-Containing N | | A) | | | ely by | Asbe | | ntaining Ma | | ACM) | Α | mount | | Rer | Repair | Enc | Enc |
| TO BE ABAT | | 58 | | | ance/ Staff? | (i.e | | al systems | | ion, | | pecify | | Removal | pair | aps | Enclosure |
| IN Facility (13) | / | | Ouot | (12) | | | | acing, VAT miscellane | | | SF | or LF) | 1 | <u>n</u> | | Encapsulate | ure |
| ***** | | | Yes | No | N/A | | 2011/201 | | / | | | | | | | e e | |
| Main Floor | | | | | | VAT / M | lastic | | | | 27, | 300 LF | : [2 | | | | |
| Main Floor | | | | | | Transite | e Pipe | | | | 3(| 00 LF | | | П | П | П |
| | | | П | П | | | | | | | | | Г | 7 | | | \exists |
| | | | | $\overline{\Box}$ | 1_ | | | | | | | | | 7 | | $\overline{\Box}$ | 귀 |
| Name of Registered Waste | e Hauler | | _ | | JDEP V | Vaste | Cubic \ | Yards of | Nam | ne of Regis | stered I | andfill | | | | | _ |
| Freehold Cartage | | | | 100 | Hauler II | No. | Waste | | | estern B | | | nitv L | an | dfill | | |
| City, State | | | | | 15939 | | 120 Dispos | al Date | | State | | | - | recellă | er-outden | | - |
| Freehold, NJ | | | | | | | TBD | | | rdsboro. | PA | | | | | | |
| Completed By (Print or Typ | ne) | Title | | | | | | ignature | | M | 1 | | Date | 1 | | 1 | |
| Mark Griffin | | 1/30/00/20 | timat | or | | | 0. | 3.14(4)0 | | AH | | | 7 | /= | 2 / | 17 | |

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

| MENT |) EGE | | √/ [017 | | |
|--|--|---------|-------------|-------------|-----------|
| mede Corp | / Job #1502-195 |) Chl | k. 46 | | |
| | ASBESTOS C LICEN | | | L & | |
| | | | | | |
| | Telephone Numb | er | | | |
| | 1 | _ | | | |
| ype of Facility School (K-1 Subchapter Other (i.e.,) homes, etc | 2) 8 (Other than K-12) private and commend.) | cial bi | uildin | gs, | |
| quare Feet | # of Floors | | dg. A | ge | |
| 9000 | 1 | | 40 | | |
| urrent Use (P R-2 | rior if being demolis | hed) | | | |
| Contractor (9 | 1) | | | | |
| Mold Servic | | | | | |
| noia dei vic | es, corp. | | | | |
| llevard | | | | | |
| | | | | | |
| 08036 | | | | | |
| | License No. | | | | |
| | 00862 | | | | |
| itor | | | | | |
| I, Inc. | | | | | |
| 130 North | | | | | |
| IJ 08077 | | | | | |
| ure rocedure | gative Pressure | • | | | |
| | | T | atem | ent T | уре |
| al (ACM) ulation, | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| per unit) | approx. 5 SF | | | | |

| Date of Notification (1) | | | | Name | e of Buildin | g Owner/Operator (| 2) | E FEB 1 |) 21 | 11/ | See | last |
|---|------------|---------|---------|-------------------|------------------------|--|--------------------|----------------------|-------------|----------|-------------|-----------|
| | 17 | _ | | | | ior Citizens Runi | | | | | | |
| Agencies Notified Type Noti | ication | 10.5 | | Stree | t Address | | | ASBESTOS C | | | _ & | |
| ☑ EPA ☑ Initial | | | | 100 | Runnyn | nede Drive | | LICEN | SINC | <u>i</u> | | |
| ☑ DOLWD ☐ Amend | | | | City, | State, Zip (| Code | | ***** | | | | |
| ☑ DHSS Amend ☐ DCA ☐ Emerg | ment #_ | | | Wa | yne, NJ | 07470 | | | | | | |
| (NJAC 5:23-8) justific | | luding | | Name | e of Contac | et | | Telephone Numb | er | | - | |
| ☐ Cance | | | | Vir | ncy Brund | 0 | | 1 | 1000 | | | |
| | | | | FA | CILITY IN | NFORMATION | | | | | | |
| Name of Facility Where Abatement i | Taking | Place | (3) | | | | Type of Facility | (4) | | | | |
| Edward Sisco Sr. Citizens Vi | lage | | | | | | ☐ School (K-12 | 2) | | | | |
| Street Address | | | | | | | | 8 (Other than K-12) | | nun. | | |
| 100 Runnymede Drive | | | | | | | homes, etc.) | rivate and commer | ciai bi | ullaing | js, | |
| City (5) | | | | | | | Square Feet | # of Floors | В | dg. A | ge | |
| Wayne | | | | | | | 9000 | 1 | 0.00 | 40 | | |
| County (6) | | | | Cour | nty Code (7 | 7)(STATE USE ONLY) | Current Use (Pr | ior if being demolis | hed) | | 000 | |
| Passaic | | | | | | | R-2 | | | | | |
| Name of Monitoring Firm Hired by B | ilding Ov | vner (8 | 3) | ASCM | No. | Name of Abateme | ent Contractor (9) | | | | | |
| Criterion Laboratories | | | | | | Asbestos and | Mold Service | es, Corp. | | | | |
| Street Address | | | | | | Street Address | | | | | | |
| 3370 Progress Drive, Suite J | | | | | | 3859 Sylon B | oulevard | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Co | ode | | | | | |
| Bensalem, PA | | | | | | Hainesport, N | IJ 08036 | | | | | |
| Project Manager for Monitoring Firm | | | Tele | phone | No. | Telephone No. | | License No. | | | | |
| Mike Panepresso | | | 2 | 15-244 | -1300 | 609-702-0400 | | 00862 | | | | |
| Start Date (10) | Schedu | | 150 | | 3. 5 | Name of OSHA M | onitor | | | 22.00 | | |
| //// | | | | _ / _ | 17 | EMSL Analyti | cal, Inc. | | | | | |
| Occupancy Status During Abatement | | | | | | Street Address | | | | | | |
| ☐ Facility Closed/Vacated During Er | tire Perio | od of A | bate | ment | | 200 U.S. Rout | e 130 North | | | | | |
| Abatement Performed Outside of Time of Abatement:AM | Normal F | acility | Hour | s - Des | cribe | City, State, Zip Co | de | | | | | |
| Scope of Work (Check all that apply) | 1 141/ | | | | / IVI | Cinnaminson | , NJ 08077 | | | | | |
| Scope of Work (Check all that apply) | | | | | | ☐ Full Conta | ainment with Neg | ative Pressure | | | | |
| ⊠ ≥3 sf or ≥3 lf | | Ren | | | | ☐ Mini-Encl | osure | alive i lessure | | | | |
| ☐ ≥160 sf or ≥260 lf | L |] Dem | nolitic | n | | ☐ Glovebag | Procedure | n-Friable Procedure | | | | |
| | | ls i | ocat | ion | | M Moll-Exel | ripted () and No | n-Friable Procedure | T | -1 | | |
| Location of | | No | orma | lly | | Description of | 0 | | 3000 | ateme | | 1 |
| Asbestos-Containing Material (AC | M) | Used | Sole | , , | | stos Containing Mat | erial (ACM) | Amount | Removal | Repair | Enc | Enclosure |
| TO BE ABATED IN Facility | | Custo | | | (i.e. | thermal systems in surfacing, VAT, | | (Specify | TOV | air | aps | losu |
| (13) | | | (12) | | | other miscellaned | | SF or LF) | <u>=</u> | | Encapsulate | lle |
| | | Yes | No | N/A | | | | | | | Ф | |
| Units 801, 802, 803, 804, 901, 90 | 2, [| | | \boxtimes | Popcori | n Ceiling (1 " str | ip per unit) | approx. 5 SF | | | \boxtimes | |
| 903 & 904 | | | | \boxtimes | | | | | | | | |
| SAME UNITS AS ABOVE | | | | \boxtimes | Floor Ti | le & Mastic (14 S | F per unit) | 140 SF | \boxtimes | | | |
| | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | | 10000 | JDEP V | | Cubic Yards of | Name of Regist | ered Landfill | | | A | - |
| Carnevale Disposal | | | 1000 | auler ID 17297 | Security of the second | Waste 5 | GROWS La | ndfill | | | | |
| City, State | -0.00 | | | 11201 | | Disposal Date | City, State | | | | | |
| Hamilton, NJ | | | | | | 2/18/17 | Morrisville, | PA 19067 | | | | |
| Completed By (Print or Type) | Title | | | | | Signature | 1 | Date | 9 | | | |
| Kimberly A. Trumbetti | Offi | ce Co | ord | inator | | (18) | V | | | 2-11 | 7 | |
| 00.11 | | | | | | 111 | A/ | Ú | 0 | | 1 | |

ASB-41 **MAY 11**

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

| CK181 | 93 | ١ | ITOM | | MOITA | N OF AS | BEST | S ABA | | at [| DE | C | | \mathbb{V} | E | |
|---|--|---------------------|---------|--|-----------------------------|----------------------|--------------------------------|--|--------------------------------|--|--------------------------|--------|--------------|--------------|-------------|-----------|
| Date of Notification (1) 02 / | 08 / | 17 | | | 1 | e of Buildin | | Operator (| (2) | 100 | | FEB | 1 0 | 201 | 7 | |
| ☐ EPA ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ | ype Notifica ✓ Initial ✓ Amended Amendm | d ent # | ludia a | | City, | t Address State, Zip | | | | Books and the second se | tool too | ESTO | S CC ENSI | NTF | | & |
| (NJAC 5:23-8) | ☐ Emergen justificati ☐ Cancellat | on) | iuaing | | Name | of Contac | ct | | | | Telephon | e Num | ber | | | |
| | | | | | FA | CILITY IN | NFORM | ATION | | | | | | | | |
| Name of Facility Where Aba Residential Street Address | atement is T | Faking F | Place | (3) | | | | | ☐ Sch | | | | | uilding | ıs, | |
| City (5) Totowa, NJ 07512 | | | | | | | | | Square | res, etc.) Feet | # of Floo | ors | Bl | dg. A | ge | |
| County (6) Passaic | | | | | Cour | nty Code (7 | r)(STATE (| ISE ONLY) | Current | Use (Pri | or if being o | demoli | shed) | | | |
| Name of Monitoring Firm Hi Bio Terra Solutions | red by Build | ding Ow | vner (| 8) | ASCM | No. | | of Abateme | | | ı c | | | | | |
| Street Address P.O. Box 1224 | | | | | | | Street | Address utwater | | | | | | | | |
| City, State, Zip Code Union, NJ | | | | | | | City, St | ate, Zip Co | ode | | | | | | | |
| Project Manager for Monitor Rick Eustaquio | | | | 97 | | -3762 | Telepho 973- | one No. 928-4888 | | | License 1188 | No. | | | | |
| Start Date (10)/ | 17 | 03 | _ / | 04 | | te (11) 17 | | FOSHA M | | MENT LI | _C | | | | | |
| Occupancy Status During A Facility Closed/Vacated I Abatement Performed Of Time of Abatement: | During Entirutside of No | e Perio ormal Fa | d of A | Abaten | s - Des | cribe AM | City, St | oddress utwater I ate, Zip Co leld, NJ | ode | | | | | | | |
| Scope of Work (Check all th ⊠ ≥3 sf or ≥3 lf ⊡ ≥160 sf or >260 lf | at apply) | | | novatio | | | | | ainment losure | 4 | ative Press | ure | | | | |
| | | | | Locati | | I | Ē | | | | n-Friable Pr | ocedu | | ateme | nt Ti | /mc |
| Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13) | | | Used | ormal d Sole ntenar odial S (12) No | ly by nce/ | Asbe: (i.e | stos Con ., therma surfa | scription o taining Ma I systems i cing, VAT, niscellane | terial (AC insulation or | OM) | Amou (Spec SF or I | ify | Removal | | Encapsulate | Enclosure |
| Basement | | | | | | Pipe Ins | sulation | V. | | | 150 L | .F | | | | |
| | | [| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Name of Registered Waste I | Jaular | L | | | | N/ | 0.11.1 | | Lu | | | | | | | |
| ATC | nauier | | | Ha | JDEP V auler ID SW-24 | No. | Cubic Y Waste As N | ards of eeded | | 3 | ered Landf terprises | | | | | |
| City, State Shirley, NY | | | | | | | Disposa TBD | | City, S Way | tate /nesbur | g, OH | | | | | |
| Completed By (Print or Type Allen Monchik |) | Title Pro | ject l | Mana | ger | | Sig | nature / | 101/ | | | Da | te / (| BI | 17 | |
| CD 44 | | | | | | | | V | 1X V | | | | Y | - 1 | | |

| . 0.1/ | 1 . 0 | 20 | NOT | F10 | | | ew Jersey | | | | | | |
|--|--------------------|--------|---------|------------------|----------------|--------------|---------------------------------------|--|---------------------------------------|----------|--------|-------------------|-----------|
| UK 19 | 394 | 1 | NOII | | | | BESTOS ABAT AC 8:60 and 5:10 | | DEG | | | E | |
| Date of Notification (1) | / | | | | Name | of Buildin | g Owner/Operator (| 2) | In | | | | |
| 02/ | 08 / _ | 17 | | | Cor | nfort Gu | ard Contracting | | III FEB | 1 0 | 201 | 7 | 14 |
| Agencies Notified | Type Notifica | ation | | | Street | Address | | | | | | | l |
| ⊠ EPA | ☐ Initial | | | | 304 | Farnhar | n Avenue | | ASBESTO | 10.00 | MITE | 101 | 10 |
| ☑ DOLWD | Amended Amendme | | | | City, S | State, Zip (| Code | | | ENSI | | UL | α |
| □ DCA | ☐ Emergen | | cluding | | Loc | li, NJ 076 | 644 | | | M | | PROFES CONTRACTOR | |
| (NJAC 5:23-8) | justification | on) | | | Name | of Contac | t | | Telephone Num | ber | | | |
| | ☐ Cancellat | ion | | | Fre | d Hirsch | | | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | FAC | CILITY IN | FORMATION | | | | | | |
| Name of Facility Where A | Abatement is T | aking | Place | (3) | | | | Type of Facility | 201.1000 | | | | |
| Residential | | | | | | | | School (K-12 | 2) 8 (Other than K-12 | 1 | | | |
| Street Address | | | | | | | | Other (i.e., p | rivate and comme | | ilding | s, | |
| 0:1- (5) | | | | | | | | homes, etc.) | | | | | |
| City (5) | | | | | | | | Square Feet | # of Floors | Bio | dg. Ag | е | |
| Paterson, NJ County (6) | | | | | Cour | ty Codo /7 |)(STATE USE ONLY) | Current Hee /Pr | ior if boing domolis | shod) | | | |
| Passaic | | | | | Cour | ity Code (/ |)(STATE USE ONLT) | Cullelli Ose (Fi | ioi ii beilig delliolis | illeu) | | | |
| Name of Monitoring Firm | Hired by Build | lina O | wner (| 8) [| ASCM | No | Name of Abateme | ent Contractor (9) | | | | | |
| Bio Terra Solutions | | | | -/ | | | | NAGEMENT L | | | | | |
| Street Address | | | | | | | Street Address | | | _ | | | \neg |
| P.O. Box 1224 | | | | | | | 27 Outwater | Lane | | | | | |
| City, State, Zip Code | | | | | | | City, State, Zip Co | ode | - | | | | \neg |
| Union, NJ | | | | | | | Garfield, NJ | 07026 | | | | | |
| Project Manager for Moni | toring Firm | | | | phone | | Telephone No. | | License No. | | | | |
| Rick Eustaquio | | | | 1000 | 73-494 | | 973-928-4888 | | 1188 | | | | |
| Start Date (10) | 1 | | | | tion Da | 157 50 | Name of OSHA M | | 1101-2000 | | | | |
| 02 /18 / | | | | | _ / _ | | ALL PRO MA | NAGEMENT L | LC | | | | |
| Occupancy Status During | | | | | 07287 | | Street Address | | | | | | |
| ☐ Facility Closed/Vacate☐ Abatement Performed | | | | | | cribo | 27 Outwater | PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PR | | | | | |
| Time of Abatement: | | | | | | AM | City, State, Zip Co | | | | | | |
| Scope of Work (Check all | | | | teth | | | Garfield, NJ | 07026 | | | | | |
| | i tilat apply) | | | | | | | tainment with Ne | gative Pressure | | | | |
| $\boxtimes \ge 3$ sf or ≥ 3 lf $\square \ge 160$ sf or ≥ 260 lf | | | ⊠ Re | novat molitic | 10000000 | | ☐ Mini-Enc | losure g Procedure | | | | | |
| | | | | month | 711 | | | | n-Friable Procedu | re | | | |
| 70 7d | 8 | | | Loca | | | | | - | Ab | ateme | ent Ty | /ре |
| Location Asbestos-Containing | | n | | lorma d Sol | | Asho | Description of estos Containing Ma | | Amount | Re | Re | En | m |
| TO BE ABA | TED | ' | | intena | nce/ Staff? | | e., thermal systems | insulation, | (Specify | Removal | Repair | cap | Enclosure |
| IN Facili (13) | ty | | Cusi | (12) | | | surfacing, VAT, other miscellane | | SF or LF) | <u>a</u> | | Encapsulate | ure |
| (10) | | - | Yes | No | N/A | 1 | other misochane | ousy | | | | te | |
| Bathroom Ceiling | | | | | | Plaster | | | 90 SF | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | П | П | П |
| | | | | | | | | | | += | | | |
| Name of Registered Was | te Hauler | | Ш | | JDEP \ | Maste. | Cubic Yards of | Name of Regi | stered I andfill | | | | ш |
| ATC | are an extensive f | | | | lauler II | O No. | Waste | 34 | nterprises | | | | |
| City, State | | | | | SW-2 | 4310 | As Needed Disposal Date | City, State | | | | | - |
| Shirley, NY | | | | | | | TBD (| Waynesbu | ırg, OH | | 214 | | |
| Completed By (Print or Ty | ype) | Title | | | | | Signature | 11 ^ | | ate | - | 1-11 | _ |
| Allen Monchik | | | roject | Man | ager | | 1 (41) | UV - | | ate 2 | 01 | 14 | |

| Date of Notification (1) Second 12:12:10 PEB 1 0 2017 | | | | | | | | | | Inserted | | 6 | | _ | P | rint l |
|--|---|-----------------------|-------------------|--------------------|-------------|---|-----------------|---------|-------------------------------|----------------|-------------------|----------------|--------------|--------------------|----------|--------------|
| Agencies Notified Size Address ASBESTOS CONTROL & ICENSING | CKIDTG | | | FICATIO Pursuan | N OF AS | BESTOS A | ABATE 112:12 | 20) | IT | |) | <u>C</u> | | | <u> </u> | TI. |
| Ascendent Notified Type Notification Initial Anneholded Anneho | | | | Name Antho | of Building | g Owner/O | perato | r (2) | | | | EB | 1 | 0 2 | 017 | - The second |
| Initial | Agencies Notified Type Notification | on | | | | | | | | | | | | | | |
| DEP Amended Amended | X EPA X Initial | | | | | | | | | 1 | ASBE | | | | | L & |
| DOH | DEP Amended | 0000 | | | | | | | | 700000000 | - | LIL | <u>- M</u> | SIM | 1 | - |
| DOH | | | <u>п</u> | | | | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential Home Sireet Address City (6) Cakland County (7) County (8) Bergen County (8) Residential Home Squaire Feet Squaire Type Type Type Squaire Feet Squair | ☐ DOH ☐ justification | n) | 9 | | | S | | | | Те | lephone | e Num | ber | | | |
| Size Address Street Address Street | | | | | | CO IMONO | ON | | | | | | _ | | | |
| Sireet Address City (5) Oakland County (6) Bergen County (7) County (7) Square Feet if of Floors is if of Floors is if of Floors is if of Floors is incompleted by Building Owner (8) ASCM No. ASCM No. Name of Monitoring Firm Hired by Building Owner (8) ASCM No. ASCM No. Name of Monitoring Firm Hired by Building Owner (8) AII Stages Abatement Street Address 280 N. Midland Ave City, State, Zip Code City, State, Zip Code City, State, Zip Code Saddle Brook, NJ 07663 Start Date (10) Z1/11/17 Docupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: 8 AM - 4 P.M Asbestos-Containing Material (ACM) TO BE Abattar Location of Asbestos-Containing Material (ACM) TO BE Abattar Location of Asbestos-Containing Material (ACM) To Be Abattar Asbestos-Containing Material (ACM) To Be Abattar Location of Asbestos-Containing Material (ACM) To Be Abattar Asbestos-Containing Material (ACM) To Be Abattar Location of Asbestos-Containing Material (ACM) To Be Abattar Asbestos-Containing Material (ACM) To Be Abattar Location of Asbestos-Containing Material (ACM) To Be Abattar Asbestos-Containing Material (ACM) To Be Abattar Asbestos-Containing Material (ACM) To Be Abattar Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) To Be Abattar Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) To Be Abattar Type Ababetic DNo. Other miscellareous) Asbestos-Containing Material (ACM) City, State Street Address Asbestos-Containing Material (ACM) City, State Tipo To Courte Use (The Office of Abatement Type To Courte Use (The Office of Abatement Type To Courte Theory of Courte (The Offic | Name of Facility Where Abatement is Tak Residential Home | ing Place | (3) | | | | | Тур | e of Facility | 4) | | | | | | |
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| Oakland County (6) Bergen County (7) County (7) County (8) Bergen County (8) County | City (5) | | | - | | | | | etc.) | | | | | - | | 100, |
| STATE USE ONLY) | | | | | | | | | | 1000000 | it Floors | 5 | 1.000 | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) All Stages Abatement Street Address Street Address Street Address 280 N. Midland Ave City, State, Zip Code Saddle Brook, NJ 07663 Telephone No. 201-600-3184 City State (10) 2/10/17 Scheduled Completion Date (11) 2/11/17 Decupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other — Describe: SAM - 4 P.M Sope of Work (Check All That Apply) 23 sf or 2260 If Renovation Demolition Facility Closed/Nacated Address Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exemp | County (6) | | | County | Code (7) | | | Cur | rent Use (Pri | or if be | ing dem | nolishe | ed) | | | |
| Street Address Street Address Street Address 280 N. Midland Ave | | | | | | | | Re | sidential H | ome | | | | | | |
| City, State, Zip Code Saddle Brook, NJ 07663 Telephone No. Telephone No. Telephone No. Tolephone No. T | Project Manager | g Owner (8 | 3) | ASC | M No. | | Name All S | of Al | patement Cor es Abateme | tractor ent | (9) | | | | | |
| City, State, Zip Code City, State, Zip Code Saddle Brook, NJ 07663 Project Manager for Monitoring Firm Telephone No. 201-600-3184 City State (10) 2710/17 Scheduled Completion Date (11) 2/11/17 Street Address Street Address Street Address Street Address Street Address City, State, Zip Code Saddle Brook, NJ 07663 Telephone No. 201-600-3184 City State Street Address Street Address City, State, Zip Code Street Address Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Street Address Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Basement X VAT 325 SF X Image: The Counter of Asalter of Asalter State S | Street Address | | | | | | Street | Addr | ess | | | | - | | | |
| Staddle Brook, NJ 07663 Start Date (10) 2/10/17 Scheduled Completion Date (11) 2/11/17 Scheduled Completion Date (11) 2/11/17 Scheduled Completion Date (11) 2/11/17 Start Date (10) 2/10/17 Scheduled Completion Date (11) 2/11/17 Name of OSHA Monitor Street Address Street Address City, State, Zip Code City, St | City. State. Zin Code | | | | | | | | | | | | | | | |
| Telephone No. 201-600-3184 License No. 01305 | only, otato, zip oode | | | | | | | | | 7663 | | | | | | |
| Start Date (10) 2/10/17 Scheduled Completion Date (11) 2/11/17 Street Address | Project Manager for Monitoring Firm | | | Telepho | one No. | - E | | | | | 2277 | | | | | |
| 2/10/17 2/11/17 2/11 | Start Date (10) | Schedu | led Cor | nnletion | Date (11) | | | | | | 0130 |)5 | | | | |
| Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code C | | 2/11/1 | 7 | p.o.o.ii | Date (11) | OE 202 | IVAILIC | 01 00 | SHA WOULD | | | | | | | |
| Abatement Performed Outside of Normal Facility Hours Other - Describe: 8 A.M - 4 P.M Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement X VAT Service Variable Procedure Abatement Type Abatement Type Abatement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Basement X VAT 325 SF X Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Abatement Type Abatement Type Abatement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Basement X VAT 325 SF X Disposal Date City, State Evark, NJ Disposal Date Title Signature (iv) Regative Pressure Mini-Enclosure Glovebag Procedure Non-Friable Procedure Non-Exempted (*) and Non-Friable Proce | Occupancy Status During Abatement (Che | ck Only O | ne) | | | | Street | Addre | ess | | | | | | | |
| ≥3 sf or ≥3 if ≥160 sf or ≥260 if Renovation Demolition Renovation Description of Abetement. Type Asbestos Containing Material (ACM) (Specify Specify | Abatement Performed Outside of Nor | Period of mal Facilit | Abaten y Hours | nent S | | | City, S | tate, | Zip Code | | | | | O dice- | | |
| ≥3 sf or ≥3 if ≥160 sf or ≥260 if Renovation Demolition Renovation Description of Abetement. Type Asbestos Containing Material (ACM) (Specify Specify | Scope of Work (Check All That Apply) | | | | | | | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Basement X VAT Abatement Type Abatement Type Abatement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Yes No N/A VAT 325 SF X Jame of Registered Waste Hauler Lewark Carting NJDEP Waste Hauler ID No. 04509 Disposal Date TBD Disposal Date Bethlehem, PA | ≥3 sf or ≥3 lf | | | | | | × | M | ini-Enclosure lovebag Proc | edure | | | | | 0 | |
| Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Basement X VAT Segistered Waste Hauler ewark Carting Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A VAT Segistered Waste Hauler ewark Carting Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Yes No N/A VAT Segistered Waste Hauler Hauler ID No. O4509 Disposal Date Type Type Remoth Title Remoth Type | | | s I neati | กก | | | | | on Exempted | () and | 1 INOTIFI | Tiable | | | | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Basement X VAT Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Yes No N/A WAT Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Yes No N/A NAT Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) NAT Republic Process Republic Process Republic Proces | | | Normal | ly | | Desc | ription | of | | | | | | | | |
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| Basement X VAT 325 SF X Iame of Registered Waste Hauler lewark Carting Sity, State ewark, NJ Disposal Date TBD Title Signature // / Date | (13) | | (12) | | | other mis | scellan | eous) |) | 0,1 | J. L.) | | nova | pair | sula | osur |
| lame of Registered Waste Hauler lewark Carting NJDEP Waste Hauler ID No. 04509 Disposal Date TBD Date Output Date Date | | Yes | No | N/A | | | | | | | | | | | ate | Э. |
| ewark Carting Hauler ID No. Of Waste 2 CU IESI Landfill Disposal Date TBD City, State Bethlehem, PA Title Signature // / Date | Basement | | х | | | V | /AT | | | 32 | 5 SF | - 1 | x | | | |
| ewark Carting Hauler ID No. Of Waste 2 CU IESI Landfill Disposal Date TBD City, State Bethlehem, PA Title Signature // / Date | | | | | | | | | | | | | | | | |
| ewark Carting Hauler ID No. Of Waste 2 CU IESI Landfill Disposal Date TBD City, State Bethlehem, PA Title Signature // / Date | | | | | | | | | | | | | | | | |
| lewark Carting | Name of Registered Waste Hauler | | 1000000 | | | | | | Name of R | egister | red Lan | dfill | | | | |
| city, State ewark, NJ Disposal Date TBD City, State Bethlehem, PA Completed by Title Signature // / Date | lewark Carting | | | | No. | | | | | | | | | | | |
| ewark, NJ completed by Title Signature // / Date | City, State | | | | | | Date | - | City. State | | _ | | | | | |
| completed by Title Signature // / Date | lewark, NJ | | | | | 10.000000000000000000000000000000000000 | | | | | A | | | | | |
| | Completed by Richard Cristofol | 10000000 | dent | | | Sign | nature | 111 | // | | | | | | | |

| _CK10 | 30 | | NOTIF | CATIO | N OF ASI | BESTOS | ABATE | MEN 0) | IT T | | rrn 4 | ^ ^ | 047 | A sec. Leaves 170 Black | |
|--|--|------------------------|---------------------|--|------------------------|---------|------------------|-----------|---|-------------|-------------------------|------------------|---------|-------------------------|-----------|
| Date of Notification (1) 2/8/17 | | | | | of Building n Pauls | | Operator | r (2) | L | | FEB 1 | 0_2 | 017_ | | |
| Agencies Notified | Type Notification | | | Street A | Address | | - | | - | ASE | BESTOS | | | 18 | - |
| EPA DEP | Initial Amended | | | City Ct | ete 7in C | a da | | | i compa | | LICE | VSIN | 3 | | |
| X DOL | Amendment | | | | ate, Zip Cont, NJ (| | | | | | | | | | |
| □ DOH | Emergency justification) | (includin | 9 | | of Contact | | | | | Te | lenhone N | ımher | | | |
| ☐ DCA | Cancellation | | | | n Pauls | | | | | | | | | | |
| Name of Facility Where A | batement is Takin | g Place (| (3) | FAC | ILITY INF | ORMAT | ION | Tyr | e of Facility | (4) | | | | | |
| Residential Home | | | | | | | | 17 | School (K- | 100.5 | | | | | |
| Street Address | | | | | | | | × | Subchapte | er 8 (Oth | ner than K- & commer | 12) cial buil | dings | hom | es, |
| City (5) Dumont | | | | | | | | | uare Feet | 10000000 | of Floors | 100 | Bldg. A | - | |
| County (6) | | | | County | Code (7) | | | 25 | | 3 | in a dans st | 100 | 55+/- | | |
| Bergen | | | | | USE ONLY | 0 | | | rent Use (Presidential I | | ing aemoli | snea) | | | |
| Name of Monitoring Firm Project Manager | Hired by Building | Owner (8 |) | ASC | M No. | | | | patement Co es Abatem | | r (9) | | | | |
| Street Address | | | | | | | Street | | | | | | | | |
| City, State, Zip Code | | | | | | | 11.2500.00000000 | | fidland Av | e | | | | | |
| .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | | | Zip Code Brook, NJ | 07663 | | | | | |
| Project Manager for Monit | oring Firm | | | Telepho | ne No. | | Teleph | none | | | License 01305 | No. | | | |
| Start Date (10) 2/17/17 | | Schedul 2/18/1 | | mpletion | Date (11) | | Name | of O | SHA Monitor | | | | | | |
| Occupancy Status During | Abatement (Chec | k Only O | ne) | | | | Street | Addr | ess | | | | | | |
| Facility Closed/Vacat Abatement Performe | d Outside of Norm | Period of all Facility | Abaten y Hours | nent | | | City S | tate | Zip Code | | £1. | | | | |
| Other – Describe: 8 | A.M - 4 P.M | | | | | _ | ony, o | icio, | Zip Code | | | | | | |
| Scope of Work (Check All | That Apply) | _ | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | | (Contracting) | Renova Demolit | | | | × | M G | ull Containm lini-Enclosur llovebag Pro on-Exempte | e cedure | | | | <u> </u> | |
| | | Is | Locati | ion | | | | | | | | T | Abate | ment | |
| Location of Asbestos-Containing M | | | Normal ed Sole | | | | scription | | | | | - | Ту | pe | |
| TO BE ABAT | TED . | | intenai todial S | CO T T T T T T T T T T T T T T T T T T T | Asbes (i.e. | thermal | systems | insu | al (ACM) lation, | 1 | mount Specify | 20 | _ | Enc | 四 |
| In Facility (13) | | | (12) | zum. | | | cing, VA | |) | SI | or LF) | Remova | Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | 8 | | | <u>ai</u> | | late | ıre |
| Basemer | nt | | х | | | | VAT | | | 58 | 55 SF | x | | | |
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| Name of Decistors d March | U-d- | | | | | | * | | | | | | | | |
| Name of Registered Waste Newark Carting | Hauler | | Н | JDEP W auler ID 4509 | | of Was | 7 | | Name of IESI La | | red Landfil | I | | | |
| City, State Newark, NJ | 8 | | | | | | al Date | | City, Stat | | PA | | | | |
| Completed by Richard Cristofol | | Title Presi | dent | | | Si | ignature | // | 1// | | Da | ate /8/17 | - C-1 | | |

| | N | | CATION | of New OF ASBE ONJAC 8 | STOS | ABATE | | | C | HE | CK 7 | 华、 | 32 | 209 |
|---|-----------------------|---|--------------------|------------------------------|------------------------|---|-------------------------------|---|-------------|------------------------|----------------|--------------|---------------|-----------|
| Date of Notification (1) 2/1/17 | | | | Building O Dyke, L | | Operator | (2) | SAL THE CHARGE AND | D)_E | C | | \mathbb{V} | E | |
| Agencies Notified Type Notification | | 8 | Street Ad 52-64 | ddress Van Dyk | e Str | eet | | | | FFR | 1 0 | 201 | 7 | |
| EPA Initial Amended Amendment #_ | 3 | | | te, Zip Cod gton, NJ | | 57 | | 100 | hed hos | | | | | |
| Emergency (inc justification) DCA Cancellation | luding | 9 | | Contact roczek | | | | The second second | Telepi | oneNu | OHRAF " | 4 | :OL | & |
| | | | FACIL | ITY INFO | RMA | TION | | 19 | | | | | | |
| Name of Facility Where Abatement is Taking F 52 van Dyke LLC | Place (3) |) | | | | | _ | of Facility (School (K-1 | | V0 8004-0 | 0048 | | | |
| Street Address 52 Van Dyke | | | | | | | × | Subchapter Other (i.e. p etc.) | | | | lings, | home | s, |
| City (5) Wallington, NJ | 12 | | | | | | | re Feet | # of F | loors | В | ldg. A | ge | |
| County (6) Bergen | | | County C | Code (7) ISE ONLY) | | | Curre | ent Use (Pri | or if being | demolis | shed) | | | |
| Name of Monitoring Firm Hired by Building Ow CA Environmental | ner (8) | | ASCM | No. | | Device of the second | of Aba er, LL | atement Cor C | ntractor (9 |) | | | | |
| Street Address 2200 Paterson Plank Road | | | | | | | Addre Belmo | ss ont Ave | | | | | | |
| City, State, Zip Code North Bergen, NJ 07047 | | | | | | | | ip Code NJ 07508 | } | | | | | |
| Project Manager for Monitoring Firm Carmelo Altomonte | | | Telephor 201 86 | ne No. 4-6583 | | 1 | none N 336-0 | | 11 65 | icense 11196 | No. | | | |
| | chedule /25/17 | | pletion [| Date (11) | | 1 TOTAL | of OSI or Te | HA Monitor ch | | | | | | |
| Occupancy Status During Abatement (Check C | Only On | e) | | | | | Addre | | | | | | | |
| Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: | riod of A Facility | batem Hours | ent | | | City, S | 9 Jac State, Z NY 11 | ip Code | | | | | | |
| Scope of Work (Check All That Apply) | | <u> </u> | | | | Liot | | 101 | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | enova emoliti | | | | > > | Mi Glo | III Containm ni-Enclosure ovebag Pro- on-Exempte | e cedure | | | | e | |
| | ls | Locati | on | | | | | | | | | Abate | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Use Mai | lormall d Solel ntenar odial S (12) | y by nce/ | | os Co therm surf | escription ntaining Mal system facing, VA | /lateria s insul \T, or | ation, | (Spe | ount ecify r LF) | Removal | Repair | e Encapsulate | Enclosure |
| **** | Yes | No | N/A | | | | | | | | 8 | | ate | Ĩe |
| Roof 16,000 SF | | | X | A | CM F | Roof 16, | 000 5 | SF | 16,00 | 00 SF | Х | | | |
| Warehouse Pipes 146LF | | | Х | | Pi | pes 146 | LF | | 146 | LF | X | | | |
| | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | l N | JDEP W | laste | Cubi | ic Yards | | Name of | Registere | d Landf | fill | _ | | |
| Super, LLC | | Н | auler ID H1632 | No. | of W | /aste) | | Waste | Manage | | | | | |
| City, State 203 Belmont Ave | | | | | Disp TBD | | | City, Stat | | V. | | | | |
| Completed by Tailor Dominguez | Title Proje | ct Ma | nager | | | Signatur | e / | ofle | Tone of | | Date 2/1/17 | | | |

| | 1 | | | | MEG | E | ∏ W | E | |
|--|-----------|--|-------------------|---|--|----------|---------------------------|-------------|----------|
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Use Ma | Location formally described des | y y by ice/ | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount EB (Specify SF for LF) ASBEST(LIC 240 SF | 1 Remova | Type | 7 Enclosure | 3 |
| | Yes | No | N/A | 1) | LIC | EN | SING | | 1 |
| Labs l | | | ! X | Table Top - Black /Brown | 240 SF | X | _ | _ | - |
| Labs 1 | | | 1 | Flame Hood | 14001 | 1 | _ | | 4 |
| 2nd Floor Office | | | 1 | 12x12fl. Tile & Mastic Beige | 160 SF | X | - | - | - |
| 2nd Floor Office | | | 1 | 12x12fl. Tile & Mastic Black | 160 SF | X | | _ | - |
| 1st Fl Warehouse | | | 1 | Box Wall Gasket Grey | 3,000 SF | X | - | - | - |
| 1st Fl Warehouse | | | | Molding Panel Separator Red | | X | | | - |
| Exterior Tank Between Bldgs | | | X | Exterior Tank Black | 100 SF | X | | | - |
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State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

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| Date of Notification (1) 0 2 1/0 8 1/1 7 | | me of Build alph and r | | er/Operator (2 strafaci | 2) | | | ASBE | STOS C | | ROL | 80 | |
| Agencies Notified Type Notification | | eet Addres | | Stratuci | | | | TOTAL PROPERTY OF MANAGEMENT | STEEL | | | | |
| | | | | | | | | | | | | | |
| DEP Amendment #: | Cit | y, State, Zi | p Code | | | | | | | | | | |
| ☑ DOL ☐ Emergency | | WESTFIE | ELD, NJ | 07090 | | | | | | | | | |
| DOH (including | 11 | me of Cont | | | | | | Telephone | Number | | | | |
| justification) DCA Cancellation | - 11 | ralph and | marylou | ı strafaci | | | | _i | | _ | | | |
| | | | | LITY INFOR | MATION | | | • | | 1 2 2 2 | | | |
| Name of facility where abatement is | taking place | ce (3) | | | | | T | ype of Facility (4 | (K - 12) | | | | |
| ralph and marylou strafaci | | | | | | | | | pter 8 (O | ther th | an K- | 12) | |
| Street Address | | | | | | | 11 | Other (I | Private/Co | ommer | | 53 | |
| Street Address | | | | | | | | | Homes, et | | DId | α Λο | |
| | | | | | T . | | . ` | Square Feet | # of Floor | s | Diu | g. Ag | |
| City (5) | Count | ty (6) | | | | nty Code (7) e use only) | - | Current Use (Pr | ior if being | dem | olishe | d) | |
| WESTFIELD, | UNI | ON | | | (0.0. | | | ourront ooo (t) | | 3 (17 m/s) (1 | | | |
| Name of Monitoring Firm Hired by B | 3ldg. Owner | r (8) | | ASCM No. | 1 | Name of Abateme | nt Cor | ntractor (9) | | | | | |
| | | | | | | D & S RESTO | RAT | ION, INC. | | | | | |
| Street Address | | | | | | Street Address | | | | | | | |
| | | | 1 | | | 20 California | | | - | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Co | | | | | | | |
| | | | | | | Paterson, NJ Telephone Number | | 3 | License | Numh | er | | |
| Project Manager for Monitoring Firm | | Pho | ne Numb | er | | 973-345-80 | | | AND COURSESSED | 1169 | C1 | | |
| | | | | | | Name of OSHA M | | | | | | | |
| Start Date (10) | Sched. | Completio | n Date (1 | 1) | | D & S Restor | | Inc. | | | | | |
| 02/16/17 | 03/10 | /17 | | | | Street Address | | | | | | | |
| Occupancy Status During Abatemer | | | | | | 20 California | Aven | ue | | | | | |
| Facility closed/vacated during | entire perio | od of abater | ment. | | | City, State, Zip Co | de | | | | | | |
| Abatement performed outside Describe: | | acility nour | S- | | | 2 | 0=50 | 2 | | | | | |
| Other-Describe: NORMAL H | OURS | | | | <u> </u> | Paterson, NJ | | | | | | | |
| Scope of Work (check all that apply | y) | | | | | | | l Containment w | //negative | press | ure | | |
| \boxtimes >3 sf or >3 lf | Renovatio | n | | | | | | n-enclosure ovebag procedu | re | | | | |
| ≥160 sf or ≥260 lf | Demolition | | | | | | No | n-Exempted (*) | and Non- | | | | |
| Location of | Is location | normally u | sed solel | У | | | | | | R e | R | E n | E |
| asbestos-containing | by mainte staff(12) | nance/cust | odial | | | sbestos-containing | 3 | Amount (Specify S | SE or | m | р | c | n |
| material (acm) to be abated in facility (13) | | No | N/A | - materia | al (ACM) | | | LF) | , , | o v | a | a | L |
| | Yes | No | IN/A | | | (0) | | 2461 777 | | e | 5 | | - |
| BASEMENT | PIPE INS | | | | 246 L FT 40 L FT | | | 片 | | # | | | |
| BASEMENT | IENT X BARE | | | | | | | 40 LFI | | ╁┼ | 片 | H | 卄 |
| | | | | | in no the last of | Sensor Sensor | | - | | 岩 | H | 片 | 卅 |
| | | | | 4 | | | | - | | 붐 | H | 片 | 青 |
| | 1115 | Dusilari | D# 17 | Cubic Yards o | of Wasta | Name of Registe | red I | andfill | | -1 | | | 1- |
| Registered Waste Hauler D & S RESTORATION, INC. | | EP Hauler I 606 | | 3 L FT | n vvasio | TULLYTOW | N, R | ESOURCE R | ECOVE | RY | | | |
| City, State | _ | | Disposal | | | City, State | | | | | | | |
| PATERSON, NJ 07503 02/17/17 | | | | | | TULLYTOV | VN, P | A | | | | | |
| Completed by (Print or Type) | Title PRESID | | | Signature | | | | | Date | 0/201 | 7 | | |
| BOGDAN JOLDZIC | | | | | 02/0 | 8/201 | 1 | - | | | | | |

| | 居 | P | 居 | N | W | E ' | 1 |
|------------------|---|-----|---|---|-----------|-----|---|
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| | | | | | 200000000 | | |
| 1111. | | EFR | 1 | n | 2017 | | 1 |

| Date of Notification (1) | 092101111241 | | T | Name | of Building | Owner/Operator | | -1.01 | I.a.a | | | | |
|--------------------------------------|---------------------------|---|-------------------|----------------------|---|--------------------------------------|-----------------------------------|--------------------|-----------|----------|--------------|------------|--|
| | /8/17 | | | | | Francis Pa | rker Memori | | | 50.7 | CONT | 120 | |
| Agencies Notified | Type Notification Initial | | | Street | Address | | 443 River R | d. AS | SBEST(| JS (| SING | ì | |
| DEP | Amended | | - | City, S | tate, Zip C | ode | | THE SECONDARY | - | | | | |
| ⊠ DOL | Amendment # | | | | | | land Park, N. | J 08904 | | | | | |
| M DOH □ DCA | justification) | | T | Name | of Contac | | | Telephone I | Number | | | | |
| | Canociation | | | | | eph Orillaza | | | | | | = | |
| | | Disease | (0) | FAC | ILITY INF | ORMATION | Type of Escility | (A) | | | | _ | |
| Name of Facility Where | | ig Place identia | | | | | Type of Facility School (K-1) | | | | | | |
| Street Address | TCS | Identic | | | | | Subchapter | 8 (Other than | K-12) | ildina | c | | |
| | | | | | | | Other (i.e., p homes, etc. | | | | | | |
| City (5) | | | | _ | | | Square Feet | # of Floors | S | Bldg. | | | |
| | New Bri | inswic | k, N | | | | 1600 Current Use (Pr | l l | molichod | | 0+/- | _ | |
| County (6) | ddlesex | | | | ty Code (ONLY) | 7) (STATE | Current Use (Pi | nor if being de | emonsneu |) | | | |
| Name of Monitoring Firm | | Owner | | ASCM I | No. | | nent Contractor (9 | | | | | _ | |
| (8) | NA | | _ . | | | Stev | ens Environi | mental Ser | rvices, | Inc. | | | |
| Street Address | | | | | | Street Address | DO I | 30x 322 | | | | | |
| | | | | | | City, State, Zip C | | 30X 32Z | | | | $=$ \mid | |
| City, State, Zip Code | | | | | | City, State, Zip C | | n, NJ 08501 | | | | | |
| Project Manager for Mo | nitoring Firm | | Tele | phone I | No. | Telephone No. License Ne- | | | | | | | |
| | | | (60 | 9) 259 | 9-9688 | (609) 2: | 59-9688 | | 004 | 93 | | | |
| Start Date (10) | Sche | duled C | | | te (11) | Name of OSHA | | ECS | | | | | |
| 2/20/17 | | | 3/2/1 | 7 | | Street Address | IVI | ECS | | | | _ | |
| Occupancy Status Duri | | | | ment | | Street Address | PO I | 30x 341 | | | | | |
| ☐ Abatement Performe | | | | | | City, State, Zip C | | | | | | _ | |
| Other - Describe: | | | | Crosswicks, NJ 08515 | | | | | | | | | |
| Scope of Work (Check | all that apply) | | | | | □ Full Co | ntainment with Ne | gative Pressu | ure | | | | |
| ≥3 sf or ≥3 lf | | | novati | | | ☐ Mini-En | closure | J | | | | | |
| ≥160 sf or ≥260 lf | | X De | molitic | n | | | ag Procedure cempted (*) and N | on-Friable Pro | ocedure | | | | |
| | | 100000 | ocatio | (1) (A) | | | | | | | temen ype | t | |
| Location | | Used | ormally Solel | y by | | Description of | | | - | Τ. | 1 | \vdash | |
| Asbestos-Containing TO BE ABA | Material (ACM) | (0.000000000000000000000000000000000000 | ntenan ustodia | | | tos Containing Ma thermal systems | | Amount (Specify | (4) | . 0 | Enc | 四 | |
| IN Facilit | y | | Staff? | | (| surfacing, VAT other miscellane | , or | SF or LF |) { | Remova | Encapsulate | Enclosure | |
| (13) | | | (12) | l | | Other miscellane | ous) | | 1 | <u> </u> | ılate | ure | |
| | | Yes | No | N/A | | | | =10 (| | | - | + | |
| Exteri | or | - | | × | | Transite Sic | | 740 sf | | | - | \vdash | |
| Roo | <u>f</u> | | × | Ro | ofing flashing | g, mastic | 1600 s | f > | | + | \vdash | | |
| | | | | | | | | | | - | - | +- | |
| Name of Degistered Wests Houler | | | | | NJDEP Waste Cubic Yards Name of Registered Landfill | | | | | | \perp | | |
| Hame of registered videto risalis. | | | | | Hauler ID No. of Waste | | | | | | | | |
| Stevens Environmental Services, Inc. | | | | | 292 | 15 CU Disposal Date | City, State/ | JROWS | Landi | LAL | | | |
| City- State | Allentown, | NJ | | | | 3/31/17 | 40)/ | Morrisy | ville, PA | 1 | | | |
| Completed By | Title Tit | | | Signature Date | | | | | | | | | |
| Mahlon E. St | evens | Pı | rojec | ect Manager 2/8/17 | | | | | | | | | |

CK4093

| (n) | E | C | E | | \mathbb{V} | E | F |
|-----|------------|-----|------|-----------|---------------|-------|---|
| | Validation | EB | 1 | 0 | Print 2017 | | |
| A | SBE | STO |)S (| 00 SI | NTRO |) | |

| Date of Notification (1) 02/07/2017 | | | Wood-Ridge Public School District LICENSING | | | | | | | | | | | | | |
|--|---|------------------------------|--|-------------------|---|--------------------------------|--|----------|--|----------|--------------|---|-------------|------------|--|--|
| Agencies Notified | Type Notification | | | Street A 540 W | ddress Vindsor | Road | | | | | | | | | | |
| DEP DOL | Initial Amended Amendment | # | _ | | ate, Zip Co -Ridge, | | 75 | | | | | | | | | |
| DOH DCA | Emergency justification) Cancellation | | - re- | | f Contact | Morales | s | | | Tel | enhona Ni | unper. | | | | |
| | LI Carcellation | | j | | ILITY INF | | | | | | | | | | | |
| Name of Facility Where A Wood- Ridge High | | g Place (3 | 3) | TAG | 111111111 | OLCHES I | ON . | Ту | pe of Facility (| | | | | | | |
| Street Address 258 Hackensack St | reet | | | | | | | É | School (K-1 Subchapter Other (i.e. p | 8 (Oth | | | dings | , hom | es, | |
| City (5) Wood-Ridge | | | | | | | | | etc.) uare Feet 0,000 | #0 | f Floors | 4 | idg. # | \ge | | |
| County (6) Bergen | | | | | Code (7) USE ONLY | 7 | | Cu | rrent Use (Pri | | ing demolis | | | | | |
| Name of Monitoring Firm Envirovision Consul | | Owner (8) | | ASCN 0007 | | | | of A | batement Cor onstruction | | | Inc | | | | |
| Street Address 20-21 Wagaraw Ro | | | - | 10007 | | | Street | Add | | | | HIG | - | | | |
| City, State, Zip Code Fair Lawn, NJ 0741 | | | | | | | City, S | State | , Zip Code | | | 60m3445040404040404041040440444444444444444 | | | | |
| Project Manager for Moni Guillermo M. Morale | itoring Firm | | T | Telepho | | | Teleph | hone | | | License N | Vo. | | - | | |
| Start Date (10) | 25 | | | | 49-3525 Date (11) | | Name | of C | S-7010 SHA Monitor | | 0666 | | | - | | |
| 02/16/2017 | Abasanasas | 02/19/ | | | | | | | onstruction | & Res | storation, | Inc | | | | |
| Occupancy Status During Facility Closed/Vaca | ited During Entire I | Period of A | Abaten | | | | | | | ite 3D | | | | | | |
| Abatement Performe Other – Describe: | | hal Facility | Houn | S | | | | | , Zip Code NJ 07512 | | | | | | | |
| Scope of Work (Check Al | That Apply) | 60000 | | E. P. H. W. B. C. | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Same | Renova Demoli | | | | E | American | Full Containmonth Mini-Enclosure Glovebag Processing Glovebag Processing Full Containment Glovebag Processing Glovebag Processing Glovebag Glovebag Processing Glovebag Processing Glovebag Glovebag Processing Glovebag Processing Glovebag Processing Glovebag Processing Glovebag Processing Glovebag Processing Gl | edure | - | | | | | |
| A | | T | | | 1 | | | 1 1 | Von-Exempted | 1 (*) an | d Mon-Frial | ble Pro | | e emen | | |
| 1 | . 5 | | Locat | 175.50 | er untransité en | | | | | | | | | тре пре | . | |
| Location Asbestos-Containing i TO BE ABA In Facilit (13) | Material (ACM) TED | Ma | d Sole intena todial ((12) | nce/ | 100000000000000000000000000000000000000 | tos Conta thermal surfac | Description of Containing Material (ACM) Amount ermal systems insulation, surfacing, VAT, or SF or LF) | | | | | Repair | Encapsulate | Enclosure | | |
| | | Yes | No | N/A | | | | | | | | | | क | | |
| 1st Fl Classro | | | Х | | | eiling pl | | | | 4 | SF | X | | | | |
| Special Ed, Social St | Х | | | eiling pl | | | | | 2 SF | Х | | | | | | |
| Math Class, Readir | Х | | Ce | eiling pl | aster I | Mat | erial | 8 | SF | X | | | | | | |
| Name of Registered Wast | - | LIDED VA | / | 10111 | | | - Inches | | | | | | | | | |
| Bako Construction & | H | IJDEP W lauler ID 0889 | | of Was | te | | | | red Landfil source R | | ery F | acili | ty | | | |
| City, State Totowa, NJ | | | | | | Dispos 02/19 | | | City, State Tullytov | | ι | | | | The state of the s | |
| Completed by Damir Valjevac | | Title Proje | ect Ma | anager | | Si | gnature | | - Kw | 5- | | ate 2/07/2 | 2017 | | | |
| | | | | | -/ | / | | | 0 | | | | | | | |

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| | E | C | E | | \mathbb{V} | E | \Box |
|---|---|-----|---|---|--------------|-----|--------|
| M | | FEB | 1 | 0 | 201 | KA. | |

| | - I con a series | , | NOT | | MOITA | | BE | STOS ABAT 8:60 and 5:10 | | LI LI | BIV | | | |
|---|---------------------|--------------|----------------|----------------|-----------------|--------------|------------|--------------------------------|--|------------------|--|-----------------|--|-----------|
| Date of Notification (1) | | | | | Name | of Buildin | g Ov | vner/Operator (| 2) | LASSES | Fdb @ | DNE | ROT | 18/ |
| 01, / | 31 / | 201 | 7 | | | E Prope | | 12 12 | | <u> </u> | LICENS | ING | - | y A |
| Agencies Notified | Type Notif | ication | | | | Address | | | | , 1, 1, 1, 1 | 3 201 | Ī | 7 1/8 | 11 |
| ⊠ EPA ⊠ DOLWD | ☐ Amend | | | | | | | East | ř. | | | | | |
| ⊠ DOH | | ment # | | | City, 8 | State, Zip (| Çode | | 1 | 15288700 | The state of the s | 575,700 | 1 | 7 |
| DCA | ☐ Emerge | ency (In | cluding | l | | | | ew Jersey (| 07002 | 3,4,32 | Section 1 | TE Jan 6 | St. | |
| (NJAC 5:23-8) | justifica Cancel | | | | | of Contac | 500 | 60 | | Telephone N | umber | 000 8 | | 20 A |
| | 1000 | | | - | - | k Heils | _ | | | _ | | - | | _ |
| Name of Facility Where A | botomentic | Taklas | Olman | /21 | FA | CILITY IN | NFQ! | RMATION | - 15 | 7.5 | | | _ | |
| 1 <u></u> | | a raking | FIECE | (3) | | | | | Type of Facility | | | | | |
| Runyon Property Street Address | | 75 | _ | - | | | _ | | School (K-12 Subchapter 8 | Other than K | -12) | | 66 | |
| | 1 | ar A | | | | | | | Other (l.e., p | rivate and comm | mercial by | ıllding | \$, | |
| City (5) | | | - | | | | | | homes, etc.) Square Feet | # of Floors | T PI | de Ac | - | |
| Annandale | | - | | _ | | • | | | 1,326 | 2 | | dg. Ag 66 Ye | | . 1 |
| County (6) | | | | - | Cour | ty Code (7 | 71/57/ | ATE USE ONLY) | Current Use (Pr | | | 00 10 | ears | |
| Hunterdon | | , | | | 1 | , /. | ,,,,,, | | Unaccupie | | onariou) | | | - [|
| Name of Monitoring Firm | Hired by B | ilding C |) renw(| a) | ASCM | No. | Na | me of Abateme | int Contractor (9) | | | | _ | - |
| Kleinfelder | | | | | | | 1 | | racting Servi | | | | | 1 |
| Street Address | | | | | | | | est Address | | | | | | |
| | irst Floor | | | | | | | 5100 West | Michigan Av | /enue | | | | |
| City, State, Zip Code | | | | | | | Cit | y, State, Zip Co | de | | | | | |
| Hamilton, NJ 086 | | | _ | | | | | Kalamazoo | , MI 49006 | | | | | |
| Project Manager for Moni | | | | 1 | ephone | | Te | lephone No. | | License No. | | | The state of the s | |
| Erik Colonna-Ro | omano | 1 | | | | 1-5271 | | (269) 375- | | 01208 | | | | |
| Start Date (10) 02 / 14 / | 2017 | Sched 0 | | | etion Da 4 / | | l constant | me of OSHA M Green Path | onitor Environme | ntal Inc | | | | |
| Occupancy Status During | Abatement | (Check | only o | ne) | | | | reet Address | | 1110 | | | | = |
| ▼ Facility Closed/Vacate | | | | | | | | | | | | | | |
| Abatement Performed Time of Abatement: _ | Outside of | Normal PA | Facility #/ | Hou PM | rs - Des - | cribe AM | | y, State, Zip Cr | | | | | | |
| | | | | | | - III | | Staten ' 4 | and, NY 10308 | | | | | |
| Scope of Work (Check all | that apply) | į | | | 50 | | 3878 | □ Eull Coot | alnment with Neg | sekhia Denosiina | | | | |
| XI ≥3 af or ≥3 lf □ ≥160 af or ≥260 lf | | İ | □ Re | | | ¥ | | ☐ Mini-Enc | | | | | | |
| | | | 2.09553 | Loca | | | | | | | Ab | ateme | nt Ty | /pe |
| Location Asbesios-Containing I | | has | | lorma d Sal | aly by | Anha | | Description o Containing Ma | | Amount | 23 | Re | 5 | 四 |
| TO BE ABA | TED | ,,,, | Ma | inten | ançe/ | | | ermal systems i | | (Specify | Remova | Repair | Encapsulate | Enclosure |
| IN Facility (13) | ty | i// | Gust | (12) | Staff? | | | surfacing, VAT, | | SF or LF) | 3 | | Sulls | ure |
| (13) | | | Yes | No | | | O | ther miscellane | cus) | | | | E E | |
| Bullding Exterior | | | | | | Tra | nsit | e | | 40 SF | [23] | | | |
| | | | | | | | | | | | | | m | |
| | | + | | - | | | _ | | | - | | 131 | 님 | = |
| | | - | 므 | | | | _ | | | | | 닏 | 4 | ᆜ |
| | | | | | | | | | | | | | | |
| | | | | | NJDEP I | | | bic Yards of | Name of Regis | stered Landfill | | | | |
| Hazmat Environmental Group 1665 | | | | | | 5 | VVS | tste 10 CY | High Acre | s Landfill | | | | |
| City, State | | | | | | | Dis | sposel Date | City, State | | | | | |
| Buffalo, NY | | İ | | | | - 1 | | | Fairport, | NY | | | | |
| Completed By (Print or T) | 3.5 E | Title | | | | | | Signature | The state of the s | | Date | | | |
| Steve Dixor | 7 | 0.5 | V | ice I | Presid | ent | | 1 41 | · · · · · · · · · · · · · · · · · · · | | 01/3 | 1/201 | 7 | |

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

CHECK #_

| Date of Notification (| | Name of Building Owner / Operator (2) Toll NJ XII LP | | | | | | | | | | | | | | | |
|--|--|---|-------------|---|---------|---|--|---|---------|-----------|----------|-----------|---------|----------|--------|-------------|-----------|
| Agencies Notified | 2-09-17 Type Notifi | cation | | Stree | | 010100000000000000000000000000000000000 | | | | - 1 | 17 | | | | - | | 111 |
| ⊠ EPA | Type Hour | oation | | | | altar R | oad | | | | | FEB | 1 0 | 201 | 7 | | 11 |
| ☐ DEP | | al | | | | & Zip (| | <u> </u> | | | ME HALL | : | 1 0 | | | fo, years | 1 |
| ☐ DOL | | ended | | 2000 | | | | ania 1904 | 4 | | | | | | | _ | 1 |
| □ DOH | ☐ Eme | ergency | İ | Name | e of C | Contact | | | | | AS | BESTO | Teler | hol | ne N | úmbe | er |
| ☐ DCA | ☐ Car | cellation | | Jame | es H | oltz | | | | | | | | | | | |
| | | | | | CILI | TY INF | | MATION | | | | | | | | | |
| Name of Facility Wh | | nent is Taking P | lace (| 3) | | | Ţ | ype of Facil | | | | | | | | | |
| High Mountain G | olf Club | | | | | | _ | School (| E (S | | 19.33 | | | | | | |
| Street Address | | | | | | | Į | | | (Other th | | | | | | | |
| 845 Ewing Avenu | е | | | | | | | Other (i. | | | | ai bulla | | | | IC.) | _ |
| City (E) | | 0(0) | | | 0 - 1 - | (7) | _ 5 | quare Feet | | # of FI | oors | | Bldg. | | | | |
| City (5) | | County (6) | 100 | ounty | Code | (7) | | | /D -: - | :61: | 1 | 11 | Over | 40 | yea | rs | |
| Franklin Lakes | | Bergen | | | | | | urrent Use | (Prior | it being | aemolis | nea) | | | | | |
| NI | F: | <u> </u> | 100 | | 1.0 | | | acant | | | (0) | | | | | | |
| Name of Monitoring | Firm Hired | by Building Owi | ner (8) |) | AS | SCM No | | lame of Aba interprise | | | | | nérnaé | inc | | _ | |
| Street Address | | | | - 100 | | | | treet Addres | | TOTA NE | Solutio | 115 001 | IIIIaci | ing | , LL | U. | |
| 01.00171001000 | | | | | | | | 74 Piney F | | w Road | . PO B | ox 70 | | | | | |
| City, State & Zip Coo | le | | | | | | | ity, State & | | | , | | | | | | |
| | | | | | | | | Vinslow, N | | | | | | | | | |
| Project Manager for | Monitoring | Firm | Telep | phone | Nun | nber | | elephone N 09-567-060 | | r | L | icense | | | 2 | | |
| Scheduled Start Date | e (10) | Scheduled Cor | nnleti | on Da | to (1 | 1) | | ame of OSI | | onitor | | | 01 | 26 | 3 | | |
| 2-20-17 | 2-20-17 | | | | 10 (1 | 1) | 1.00 | MSL Anal | | | | | | | | | |
| | ccupancy Status During Abatement (Check or | | | | | | S | treet Addres | SS | | | | | | | | |
| the state of the s | | During Entire P | | | | | - | 00 Route 1 | | | | | | | | | |
| | erformed (| outside of Norm | al Ho | urs – | 7am | to 3pm | | ity, State & | | | | | | | | | |
| Describe: | | | | Cinnaminson, NJ 08077 | | | | | | | | | | | | | |
| Facility Occu | | | | | | | | | | | | | | | | | _ |
| Scope of Work (Chee | ck all that a | ppiy) | | Full Containment w | | | | | | | ent with | Negati | ive | Pres | sure | | |
| X ≥3 sf or ≥3 lf | | | П | Rer | ovat | ion | | Full Containment with Negative Presso X Mini-Enclosure | | | | | | | | | |
| ≥160 sf ≥260 | If | | \boxtimes | Der | noliti | on | Glove Bag Procedures | | | | | | | | | | |
| | | | | | | | | | | Non-Ex | empted | and No | on-Fria | ble | Proc | edur | е |
| 1 25 5 TA | cation of | | | Locati | | | | Description | | | 10072 | mount | F | Aba | teme | nt Ty | /pe |
| | s-Containir | ng | | mally to solely b | | | | bestos-Con | | g | | pecify | | | | т | |
| | rial (ACM) E ABATED | | | ntenan | | | | Material (A) | | ne | SF | or LF) | | Re | Z | inca | Enclsoure |
| | Facility | 22. | Cust | odial S | Staff? | | | ation, surfac | | | | | | Removal | Repair | squ | SISO |
| | (13) | 350 | Yes | (12) No | N/A | | | ther miscella | | | | | | <u>a</u> | ₹. | Encapsulate | ure |
| | | | | | | | | | | | 1 | | K | 7 | | | _ |
| Club House Buildi | | | Ц | Ц | | Floo | | | | | 155 sc | - | | | | \sqcup | 닏 |
| Club House Buildi | | | \perp | | X | | | sulation | | | 60 sq. | | | X | H | 닖 | 닏 |
| Club House Buildi | | r Level | H | Н | X | Pipe | | | | | 25 Fitt | | | X | H | 뭐 | 님 |
| Small Garage Roof | | | | \vdash | X | | | Sealer | | | 100 ln | | - | ζ. | H | H | 님 |
| Small Garage Roof | | | | 井 | X | Shin | gles | | | | 400 sc | η. π. | | <u> </u> | H | H | 님 |
| ame of Registered Waste Hauler | | | | INI | DED | Masta | Cub | ic Varde | Nam | a of Rec | rictored | I andfill | L | | | | Ш |
| Name of Registered vvaste Hauler | | | | 1000 | | D No. | e Cubic Yards Name of Registered Landfill of Waste | | | | | | | | | | |
| Bull Waste & Recy | cling, LL | С | | 11 100000000000000000000000000000000000 | 435 | | 20 Salem County Landfill | | | | | | | | | | |
| City, State | | | | | | | Disp | osal Date | _ | State | | | | | | | |
| Berlin, NJ | | | | | | | 5/30 | /30/17 Alloway Township, NJ | | | | | | | | | |
| Completed By (Print of | | | | Titl | | | Signature Date | | | | | | | | | | |
| Theodore S. Budz | ynski | | | Pre | esid | ent | | | | | | | 2-0 | 9-1 | 7 | | |
| | | - 1 | | | I | | | | | | | | | | | | |

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

CHECK#

Date of Notification (1) Name of Building Owner / Operator (2) 2-09-17 Toll NJ XII LP Agencies Notified Type Notification Street Address M EPA 250 Gibraltar Road FFB 1 0 2017 DEP Initial City, State & Zip Code X DOL Amended Horsham, Pennsylvania 19044 \boxtimes DOH Emergency ASBESTOR ELEPHONE Number Name of Contact DCA Cancellation James Holtz **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) High Mountain Golf Club School (K-12) Street Address Subchapter 8 (Other than K-12) 839 Ewing Avenue Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) Over 40 years Franklin Lakes Current Use (Prior if being demolished) Bergen Vacant Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Enterprise Network Resolutions Contracting, LLC. Street Address Street Address 874 Piney Hollow Road, PO Box 70 City, State & Zip Code City, State & Zip Code Winslow, New Jersey 08095 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 609-567-0600 01263 Scheduled Start Date (10) Name of OSHA Monitor Scheduled Completion Date (11) 2-20-17 5-26-17 **EMSL Analytical** Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 200 Route 130 North Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: Cinnaminson, NJ 08077 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥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 Solely by Material (ACM) Material (ACM) SF or LF) Encapsulate Enclsoure Maintenance or Remova Repair TO BE ABATED (i.e., thermal systems Custodial Staff? in Facility insulation, surfacing, VAT (12)(13)or other miscellaneous) Yes N/A No Basement Chimney Flue Cement 10 sa.ft. Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill of Waste Hauler ID No. Bull Waste & Recycling, LLC 21435 Salem County Landfill City, State Disposal Date City, State Berlin, NJ 5/30/17 Alloway Township, NJ Completed By (Print or Type) Title Signature Date Theodore S. Budzynski President 2-09-17

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

CHECK# 1478

| Date of Notification (1) | Name of Building Owner / Operator (2) Toll NJ XII LP | | | | | | | | 1 | | | | | | | | |
|-------------------------------------|---|-----------------------------------|--------|----------------------------------|------|--------------|---------|---|------------------------|--------------|---------------------------------|--|---------|---------------|-------------|-----------|--|
| | 09-17 | | | | | | | | | | | | 0 0 | | | Ш | |
| | e Notific | ation | - 1 | Stree | | | | | | | | | | | | | |
| ⊠ EPA | - | | - 1 | | | | tar R | | | - | - | FEB 1 (| 201 | 7 | II | / | |
| DEP E | - | | | - | | | Zip C | | | re e | hed hea | | | | interest of | | |
| □ DOL □ | Ame | | | | | | | sylvania 19 | 044 | ł | | | dan dan | - A-I- | | | |
| □ DOH □ | | rgency | - 1 | | | | ntact | | | | AS | BESTO | repnor | ie;ivi | ambe | erl | |
| ☐ DCA ☐ | Can | ellation | | Jam | | | | | | | - | LICI | - | The Tablesian | | amed . | |
| | | | | | CII | LIT | Y INF | ORMATION | | | | | | S. COLONIA S. | - 0.00 | | |
| Name of Facility Where | | ent is Taking Pl | ace (| 3) | | | | Type of Fa | | | | | | | | | |
| High Mountain Golf | Club | | | | | | | School | | | | 10) | | | | | |
| Street Address | | | | | | | | | Control of the control | er 8 (Othe | | A STATE OF THE PARTY OF THE PAR | 1 | | ·- \ | | |
| 741 Van Houten Ave | nue | | | | | | | | - | | | cial buildings | | | (C.) | | |
| | | | | | | | | Square Fe | et | # 01 | f Floors | | ig. Age | | | | |
| City (5) | | County (6) | Co | unty | Co | de (| 7) | | | | 3 | | er 40 | yea | rs | | |
| Franklin Lakes | | Bergen | | | | | | Current Us | se (F | Prior if bei | ing demol | shed) | | | | | |
| | | | | | | | | Vacant | | | | | | | | | |
| Name of Monitoring Firm | n Hired b | y Building Own | er (8) | | A | ASC | M No. | | | | | | | | | | |
| | | | | | | | | Enterprise Network Resolutions Contracting, LLC. | | | | | | | | | |
| Street Address | | | | | | | | Street Add | | | | | | | | | |
| | | | | | | | | 874 Pine | | | oad, PO | Box 70 | | | | | |
| City, State & Zip Code | | | | | | | | City, State | | | | | | | | | |
| | | | | | | | | Winslow, New Jersey 08095 Telephone Number License Number | | | | | | | | | |
| Project Manager for Mor | nitoring F | irm | Tele | ohone | e Ni | umb | per | Telephone Number License Number 609-567-0600 01263 | | | | | | | | | |
| | heduled Start Date (10) Scheduled Con | | | | | | | Name of OSHA Monitor | | | | | | | | | |
| | cheduled Start Date (10) Scheduled Cor 2-20-17 | | | | | |) | | | | | 143 | | | | | |
| 770.0770.20-00.70 | A I 4 - | | 5-20 | | | | | Street Add | | | | | | | | | |
| Occupancy Status Durin | ig Abate /acated | ment (Check of During Entire P | ny on | e) | ate | me | nt | 200 Rout | | | , | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Abatement Perfo | offiled O | utside of North | ai 110 | Hours – 7am to 3pm City, State & | | | | | | - | 077 | | | | | | |
| Facility Occupie | d Durina | Abatement | | Cinnaminson, NJ 08077 | | | | | | | | | | | | | |
| Scope of Work (Check a | | | | - | - | | | | | | | | | - | | | |
| Coope of Work (Officer) | an triat a | opiy) | | | | | | | | Full | l Containn | nent with Ne | gative | Pres | sure | | |
| X ≥3 sf or ≥3 lf | | | | Re | nov | atio | n | | | X Min | i-Enclosu | re | | | | | |
| ≥160 sf ≥260 lf | | | M | De | mol | litio | n | Glove Bag Procedures | | | | | | | | | |
| | | | | | | | | | Ì | Nor | n-Exempte | ed and Non- | Friable | Pro | cedu | re | |
| Locati | on of | 0 | Is | Loca | tion | | 01231-1 | Descript | tion | of | | Amount | Aba | teme | ent T | ype | |
| Asbestos-C | Containir | g | | mally | | ed | | Asbestos-C | ont | aining | | (Specify | | | | | |
| Material | | | | Solely ntenar | | | | Material | | | | SF or LF) | Z. | | inc | En | |
| TO BE A | | | | todial | | | | (i.e., therma | | | | | ema | Repair | aps | cls | |
| in Fac | | | | (12) | | | | nsulation, sur or other misc | | | | | Remova | జ | Encapsulate | Enclsoure | |
| (13 |) | | Yes | No | N | N/A | | or other misc | Clia | incous) | | | | | ē | 10 | |
| Basement | | | П | П | 1 | X | Pape | r Duct Wrap | 0 | | 20 9 | sq.ft. | | | | | |
| Kitchen | | | Ħ | H | | \ | Floo | | | | The second second second second | sq.ft. | | П | | | |
| First Floor Bathroom | , | | Ħ | H | - | Ž | | n Sheet Flo | ori | na | 20 s | | X | T | П | | |
| Second Floor Bathro | | | H | H | | Ħ | Floo | | | 5 | 30 s | | | Ħ | F | T | |
| Second Floor Bathroom [| | | | | | X | | Tiles | | | | sq. ft. | X | Ħ | Ħ | Ī | |
| Second Floor Bedroom | | | | | 1 | $\hat{\neg}$ | 1 100 | 11100 | | | | | TÀ | Ħ | Ħ | Ī | |
| Name of Registered Waste Hauler | | | | | IDE | -P \ | | Cubic Yards | | Name of | Registere | d Landfill | | | | | |
| Tvalle of registered vvaste fladici | | | | | | | No. | of Waste | | | | | | | | | |
| Bull Waste & Recycling, LLC | | | | | 143 | | | 20 Salem County Landfill | | | | | | | | | |
| City, State | | | | | | | | Disposal Date City, State | | | | | | | | | |
| Berlin, NJ | | | | | | | | 5/30/17 Alloway Township, NJ | | | | | | | | | |
| Completed By (Print or 7 | Tynel | | | T: | tle | | - | Signature | _ | | // | ., | Date | - | | | |
| Theodore S. Budzyn | | | | 1.3 | | ide | nt | Oigi idiai o | | /// | | | 2-09- | 17 | | | |
| or budayii | | 1. | | | < | | / | 1 | | | | | | | | | |

| CK1159 | N | | CATION | of New OF ASBI to NJAC | ESTOS | ABATE | | г | |) <u>[</u> | | | \mathbb{V} | |
|---|---|-------------------------|--|------------------------------|-----------------------------|---|--------------------------|---|-------------------|------------------|----------|---------|--------------|-------------------|
| Date of Notification (1) 2/6/2017 | | | Name of Daniel | Building Klein | Owner/C | perator | (2) | | | F E | EB 1 | 0 8 | 2017 | The second second |
| Agencies Notified Type Notification | | | Street A | ddress | | | | | - | | | | | |
| ☐ EPA 🗵 Initial | | | | | | | | | The second second | ASBES | | | |)L & |
| DEP Amended | | | | te, Zip Co | | 00 | | | | | LICE | 1211 | G_ | |
| DOL Amendment : Emergency (| | | A CONTRACTOR OF THE PARTY OF TH | nfield, N | 47 080 | <i></i> | | | I | | | | | |
| X DOH justification) | | - 1 | | Contact N Ricco | | | | | Tel | ephone N | umber | | | |
| DCA Cancellation | | | | | | ON. | | | | | | | | |
| Name of Facility Where Abatement is Taking | Place (3 |) | FACI | LITY INFO | JRMAII | ON | Typ | e of Facility (| 4) | | | | | |
| Vacant Residence | , | 6 | | | | | | School (K-1 | | | | | | |
| Street Address | | | | | | | H | Subchapter | 8 (Oth | | | | | |
| | | | | | | | × | Other (i.e. p etc.) | rivate a | & commer | cial bui | ldings | , home | es, |
| City (5) | | | | | | | Squ | are Feet | # 0 | f Floors | TI | 3ldg. / | Age | |
| Haddonfield | | | | | | | | | | | | | | |
| County (6) | | | County (| | | | | rent Use (Pri | or if bei | ng demoli | shed) | | 7 | |
| Camden | | | (STATE L | JSE ONLY) | | | Va | cant | | | | | | |
| Name of Monitoring Firm Hired by Building C | wner (8) | | ASCN | 1 No. | | 1 | | natement Cor | | (9) | | | | |
| Street Address | | | 1 | | | Street | Addr | ess | | | | | | |
| City State 7in Code | | | | | | - | | k Road Zip Code | | | | | | |
| City, State, Zip Code | | | | | | | | r, NJ 0803 | 1 | | | | | |
| Project Manager for Monitoring Firm | | | Telephor | ne No. | | Teleph 856. | | No. 6452 | | License 01204 | No. | | | |
| Start Date (10) 2/16/2017 | Schedule 3/23/20 | | pletion [| Date (11) | | | | SHA Monitor Ricco | | | | | | |
| Occupancy Status During Abatement (Check | Only On | e) | | | | Street | | Section 1 | | | | | | - |
| ▼ Facility Closed/Vacated During Entire F | eriod of A | batem | ent | | | | | k Road | | | | | | |
| Abatement Performed Outside of Norm Other – Describe: | al Facility | Hours | | | _ | City, State, Zip Code Bellmawr, NJ 08031 | | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | 100000000000000000000000000000000000000 | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | enova emolit | | | | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure | | | | | | | | |
| | т | | | | | × | U N | on-Exempted | d (*) an | d Non-Fria | ble Pro | | | |
| | E 100000 | Locati | MANAGE | | | | | | | | | | ement ype | |
| Location of | | lormal d Sole | | Ashaa | | scription | | al (ACM) | ^ | mount | | T | T | |
| Asbestos-Containing Material (ACM) TO BE ABATED | Mai | ntenar | nce/ | (i.e. | thermal | system | s insu | al (ACIVI) | | Specify | R | 77 | Enc | 四 |
| In Facility | Cust | odial S (12) | olan? | | | cing, VA | | | SF | or LF) | Remova | Repair | Encapsulate | Enclosure |
| (13) | - | - 05 - 56 - 560 - 50 | | | other in | iliscellai | ieous | " | | | val | = | llate | ure |
| Exterior | Yes | No | N/A X | | Trop | site Si | dina | | 5/ | 00 SF | +x | - | - | |
| Exterior | - | | | | IIali | Site Of | unig | | | 00 01 | + | - | | |
| | | | | | | 4000 | | | | | + | - | - | |
| | | | | | | - | | | | +- | + | - | | |
| | | | | 1 | | | | | | | | | | |
| Name of Registered Waste Hauler | 21 | JDEP W auler ID | | Cubic of Was | | | The second second second | · · · · · · · · · · · · · · · · · · · | red Landf | III | | | | |
| Ricco Construction Corp | | | 28909 | | The second | 3 | | Salem | | У | | | | |
| City, State Bellmawr, NJ | | | | | The second of the second of | sal Date BD | | City, State Alloway | | | | | | |
| Completed by | Title | | | | 4 | Signature | 9 | , , | 7 | Tr | ate | | | |
| Andrew Ricco | Owne | er | | | | 1h | 1 | 1 | h | | 2/6/20 | 17 | | |

Print Form

CK 4 4168

| | G | E | | \mathbb{V} | E | |
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| F | EB | 1 | 0 | 2017 | | |

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|-----------------------------|---------------------------|-----------|----------------------|----------|------------------------|---------------------------------------|--|-----------------------|---------|----------|-------------|-----------|
| Date of Notification (1) | 4-17 | | | Na | me of Build | DON AH | | DUSHESM! | tro | WO. | | |
| Agencies Notified | Type Notificat | ion | | Str | eet Addres | S | | LICEN | | | | _ |
| □ EPA □ DEP | initial Amended | | | _ | | | | | | | - 10 | _ |
| ⊠ DOL | Amendmer | nt # | | Cit | y, State, Zip | Code | | | | | | |
| ₩ рон | ☐ Emergency justification | | ling | - | 10 | | | 1711 | | | | _ |
| DCA | Cancellation | | | Na | me of Conta | _ | | Telephone Nu | mber | | | |
| | - | | | 1- | | | | | | | | _ |
| Name of Facility Where | Abatement is Tal | ring Pla | ce (3) | | ACILITIN | FORMATION | Type of Faci | lity (4) | | | _ | |
| R. | ESIDEN | ĈE | 100 (3) | | | | School (K | | | | | |
| Street Address | 00.000 | | | | | | Subchapt | er 8 (Other than K- | 12) | | | |
| | | | Para Production 1 in | g. a | | | Other (i.e. homes, e | ., private & commer | cial bu | ilding | 5, | |
| City (5) | | - 0 | | | | | Square Feet | # of Floors | E | Bldg. | Age | |
| STON | JE HA | RB | >VOX | | | | 15003 | | _ _ | 20 | + | |
| COUNTY (6) CAPE | MAY | | | | unty Code (E ONLY) | 7) (STATE | | (Prior if being demo | lished) | | | |
| | | Oumo | | | | Name of About | | CANT | | _ | | _ |
| Name of Monitoring Firm (8) | Alied by Building | Owne | | ASC | VI INO, | Name of Abater | tW(() | INC | | | | |
| Street Address | | | | | | Street Address | COLCO | 1100 | | | - | |
| | | | | | | 360 | 3 5. | SPRUCE | AL | 5 | | |
| City, State, Zip Code | • | | | | | City, State, Zip C | Code | | | | | _ |
| | | | | | | MA | IPLE S | HADE N | 1.1 | 08 | 05 | 2 |
| Project Manager for Monit | toring Firm | | Tel | ephone | e No. | Telephone No. | 0000 | License No. | (1,1 | | | |
| 0:-10-1-((0) | 10. | | | | | 876-1 | 19-04) | 2 004 | 44 | | | _ |
| Start Date (10) | Sch | | - 1 | etion D | ate (11) | Name of OSHA | Monitor / / / / | 1 | | | | |
| Occupancy Status During | Abatement (Che | eck only | 01 | | | Street Address | MI | 1 | | _ | | _ |
| Facility Closed/Vacated | | | | ment | | 20 | | | | | | |
| Abatement Performed 0 | Outside of Norma | al Facili | ty Hou | rs | Ì | City, State, Zip C | ode | | | | | |
| Other - Describe: | | | | | | - | | 1 | | | | |
| Scope of Work (Check all | that apply) | | | | | Ĥ Eull Con | tainment with N | legative Pressure | | | | |
| ≥3 sf or ≥3 lf | | _ | enovat | | | ☐ Mini-End | closure | legative Flessule | | | | |
| ∑≥160 sf or ≥260 lf | | D De | emolitic | m | | | g Procedure | Non-Friable Procedi | ire | | | |
| | | Is | Locatio | n | | XI | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1 | 1 | bate | ment | |
| . Location of | | | ormally Solel | | | Description of | | | | Тур | е | |
| Asbestos-Containing Mat | | Maii | ntenan | ce/ | | s Containing Mate | erial (ACM) | Amount | | | ш | |
| TO BE ABATEL IN Facility | ⊇ | 1 350 | ustodia Staff? | ıl | (i.e., 1 | thermal systems in surfacing, VAT, | | (Specify SF or LF) | Rer | Re | nca | Encl |
| (13) | | | (12) | | | other miscellaneo | | 0.0.2. | Remova | Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | = | | ate | 6 |
| SIDING | _ | | | X | 7 | RAWSITE | 5 | 2500 SF | 17 | | - | |
| O (P I'V) | | | | 70. | | -C - M 3 1 1 6 | | 270036 | 12 | | - | \dashv |
| | | | | | | | | | + | \dashv | - | - |
| | | | | | | | | | - | | - | |
| Name of Registered Waste | Hauler | | | JDEP V | | Cubic Yards | Name of Rec | istered Landfill | | | | |
| KLEMCO | TAIC. | | | auler ID | | of Waste | (. M | · Aug and a second | 1 14 | | | |
| City, State | 4700. | | -14 | 190 | | Disposal Date | City, State | , , | | | _ | - |
| MARIE SHAPE W.T. | | | | | | | | DBINE | | | | |
| Completed By | Title | | 0 | | | Signature | 110 | Date | (1 | 1 ~ | | |
| MICHAEL KLOM | M | SU | ľ· | | | Men | 1.h | | - 4- | -1 | 1_ | _ |



| | | | | | | | | 1 | 1 |
|---|---------------------------------|--------------------------|---|----------------------|--|--------------|--------------|------------|-------------------|
| Date of Notification 1 4-17 | | 1/1 | ding Owner Operato Mt/21 (AM | CONTRA | SPESTOS SOL | ATRI VVII | کا کا | 3 | and which control |
| Agencies Notified Type Notification 5PA 25 mits D6P Amended | n. | Stee Addres | | RE RY | SUITE | A | - | | |
| ☐ DSP ☐ Amended Amendment ☐ Emergency | | Car, State Zi | | OR TWY | N.J | - 38 | 23 | 34 | |
| DOH pustification Cancellation | , 030 , | Name of Cont | | | Telephone Num | | | | |
| | | FACILITY II | NFORMATION | | | | _ | | _ |
| Name of Facility Where Abatement is Takin RESIDENCE | | | | Type of Facilit | | | | | |
| Street Address | | | | Subchapte | r 8 (Other than K-1) private & commerci | | ıldıng: | S. | |
| City (5) N. WILWIL | nop | | | Square Feet | # of Floors | E | Sldg / | | |
| County (6) CAPE WAY | | County Code USE ONLY) | (7) (STATE | Current Use (F | Prior if being demolis | shed) | | | |
| Name of Monitoring Firm Hired by Building (8) | Owner | ASCM No. | Name of Abatem | | | | | | |
| Street Address | | | Street Address 369 5 | SPRIX | E AUE | | | | |
| City, State, Zip Code | | | City, State, Zip C | | | 505 | - Z | | |
| Project Manager for Monitoring Firm | Tele | phone No. | Telephone No. 856-77 | 9-0472 | License No | 4 (| | | |
| Start Date (10) Sched | uled Complet | tion Date (11) | Name of OSHA N | fonitor N/A. | | | | | |
| Occupancy Status During Abatement (Chec | | | Street Address | | | 2-11 | | | |
| Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other - Describe: | riod of Abater Facility Hour | nent s | City, State, Zip Co | ∞de | | | | | = |
| Scope of Work (Check all that apply) | | | ☐ Full Cont | ainment with Ne | native Pressure | | | | |
| ≥3 sf or ≥3 H ☑≥160 sf or ≥260 H | Renovation Demolition | | Min-Encl Glovebag | osure g Procedure | on-Friable Procedur | e e | | | |
| | Is Location | 1 | | | | 1 | Cated Typ | | |
| Location of Asbestos-Containing Material (ACM) | Used Solely Maintenance | e/ Asbest | Description of tos Containing Mate | | Amoun: | | | п | _ |
| TO BE ABATED IN Facility (13) | Custodial Staff? (12) | (i.e., | thermal systems in surfacing, VAT, o other miscellaneou | or | (Specify SF or LF) | Removal | Repair | ncapsulate | Enclosure |
| | Yes No | N/A | | | | | | ē | |
| SIDING & ROOFING | | X I | RAWSITE | = | 5720 SE. | X | | | |
| | +++ | | | | | | | | |
| | I N II | DEP Waste | Cubic Yards | Name of Regis | stered Landfill | | | | |
| Name of Registered Waste Hauler KUTM CO IWC, | | Her ID Ng | of Waste | C. W. | C. M.U | . V | 1 | | |
| City, State MAPLE SHADE N | T | | Disposal Date | City, State | DBINE | | | | |
| Completed By Title | UP. | | Signature | Du | Date 2 | - | 7 | | |
| | | | | | | | | | |

State of New Jersey NOTIFICATION ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120)

| n. | E (| C | E | | W | E | n |
|----|-----|---|---|---|------|---|---|
| M | E | В | 1 | n | 2017 | | |

| Date of Notification (1) 2/3/20 | 17 | | | | me of Build | ing Owner/Operato | or (2) | | | | | |
|--|------------------------------------|------------|-------------------------------------|--------------------------|----------------------------|----------------------------------|---|---------------------------------|-------------|------------------|----------------|----------------|
| Agencies Notified EPA DEP | Type Notification | on | | Str | eet Addres | s | | ASBES | LICE | | | 30L |
| ⊠ DOH | Amendmen Emergency justification | (includi | ing | Ri | v, State, Zip verton, N | J | | | | | | |
| DCA | Cancellation | | | Lee | me of Co McAvini | a | | Telephone Nu | mber | | | |
| Name of Facility Where | Abatement is Tak | ing Pla | ce (3) | F | ACILITY IN | FORMATION | Type of Faci | lity (4) | | | _ | |
| Residence Street Address | | | | | | | School (K | (-12) er 8 (Other than K- | 12) | | | |
| 014 (1) | | | | | | | Other (i.e. | ., private 8 commer | 960 | uilding | js, | |
| City (s) Riverton, NJ | | | | | | | Square Feet 2200 | # of Floors | | Bldg 60 y | . Age rs | ; |
| County (6) Burlington | | | | Co US | unty Code E ONLY) | (7) (STATE | Current Use Residence | (Prior if being demo | | | | |
| Name of Monitoring Firm (8) | Hired by Building | g Owner | r | ASCN | / No. | Name of Abaten AEi2, LLC | nent Contractor | (9) | | | | |
| Street Address | | | | | | Street Address 361 E. Flemin | ng Pike | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Hammonton, | | | | | | |
| Project Manager for Mo | onitoring Firm | | Tel | ephone | No. | Telephone No. 609-481-212 | | License No. 00689 | | | | |
| Start Date (10) 2/13/17 | Sche 2/18 | | I — Comple | etion D | ate (11) | Name of OSHA N | 2000 | | | | | |
| Occupancy Status During | | | one) | | | AEi2, LLC Street Address | | - | | | | |
| Facility Closed/Vacate Abatement Performed | d During Entire I | Period | of Aba | temen | t | 361 E. Flemi | | | | | | |
| Other - Describe: Se | | | ty Hou | rs | | City, State, Zip C Hammonton, | ode NJ 08037 | | | | | |
| Scope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | that apply) | Re | enovati emolitio | on n | | Mini-End Gloveba | closure g Procedure | Negative Pressure | ure | | | |
| Location of | | N | ocation or mally | | | Danasistics of | | | | Abate Ty | ment pe | : |
| Asbestos-Containing Ma TO BE ABATE IN Facility (13) | terial (ACM) | Mair Cu | ntenan ustodia Staff? (12) | al (i.e., thermal system | | | erial (ACM) esulation, or | Amount (Specify SF or LF) | R e m o v a | R e p a | E n c e p, s u | E n c l o s u |
| Basement | | Yes | No | N/A | TOI | | | 0015 | 1 | r | a t | e |
| Basement | | | | X | TSI | | | 80 LF | X | | | |
| | | | | | | | *************************************** | | + | - | | |
| Name of Registered Waste | Hauler | | | JDEP V | 1,1000,000,000 | Cubic Yards of Waste | Name of Reg | istered Landfill | | 1 | | |
| AEi2, LLC City, State 21376 | | | | | | 4 | TBD | | | | | |
| Hammonton, NJ | | | | | | Disposal Date TBD | City, State TBD | 0 | | | | |
| Completed By Wm. Minnick Title Program Mgr. | | | | | | Signature | 1/1/2- | Date 2/2/17 | | | | = |
| vv III. IVIIIIIIIUCK | <u>F1</u> | ograin | ivigi. | | | 11/1 | um | 2/3/17 | | | | |

| D | ri | n | + | Form | |
|---|----|----|---|--------|--|
| | 11 | 11 | 1 | CULIII | |

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

| 1 | <u> </u> | | | |
|-------|----------|-----|-------|--|
| | FFR | 1 0 | 20:17 | |
| Pr Pr | ILD | 1 0 | 2017 | |

bo not use this form for asbestos licensure exempted activities.

| Date of Notification (1) 02-06-2017 | | | | | of Building ational | | | (2) ances R&D | | FEE | 1 | n c | 20:17 | |
|--|---------------------------------------|--|-------------------------------------|---------------|---------------------------------|---------------------------------|--|--|--|---------|--------|---------------|------------------|--|
| Agencies Notified | Type Notification | | | Street A | Address | | | | | 1 [[| , , | 0 2 | .9 17 | |
| EPA DEP | Initial Amended Amendmen | t # | | City, Sta | State H ate, Zip C Beach, | ode | | | AS | | | CON MISIN | VTRC IG | |
| ✓ DOH | Emergency justification) Cancellation | | | | f Contact Stapper | | | | Telephone N | umber | | | <u> </u> | |
| 75 10 116 | | | | FAC | ILITY INF | ORMATI | ON | | | | | | | |
| Name of Facility Where A International Flavor | | ng Place (3 |) | | | | | Type of Facility | 5753 | | | | | |
| Street Address 1515 State Highway | y 36 . | | | | | | | Subchapter | r 8 (Other than K- private & commer | | ilding | s, hon | nes, | |
| City (5) Union Beach | | | | | | | | Square Feet | # of Floors | | Bldg. | Age | | |
| County (6) Monmouth | | | | | Code (7) USE ONL | n | | Current Use (Pri factory | or if being demoli | shed) | | | | |
| Name of Monitoring Firm Garden State Enviro | | Owner (8) | | ASC | M No. | | | of Abatement Con Corporation | ntractor (9) | | | | a service a true | |
| Street Address 555 South Broad St | reet | | | | | | Street | Address McBride Ave | | | | | | |
| City, State, Zip Code Glen Rock, NJ 0745 | 52 | | | | | | City, S | state, Zip Code dland Park, N. | 1 07424 | | | | | |
| Project Manager for Mon Bruce Wolf | | | Telepho 201-6 | ne No. |) | Teleph | none No. 225-8400 | License 01104 | No. | | | | | |
| Start Date (10) 02-16-2017 | | Schedule 02-20-2 | | npletion | Date (11) | | Name | of OSHA Monitor | | I.C. | | | | |
| Occupancy Status During | Abatement (Che | | | | | | | Address | | | | | | |
| Facility Closed/Vaca | | - 5 | 8 | nent | | | | Route 22 We | st | | | | | |
| Abatement Performe Other – Describe: 5 | ed Outside of Norn | nal Facility | Hours | 5 | | | | tate, Zip Code n, NJ 07083 | 77 | | | | ****** | |
| Scope of Work (Check Al | l That Apply) | | | | | | | _ | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | presentation of the last of th | enova emolit | | | | Full Containment with Negative Press Mini-Enclosure Glovebag Procedure | | | | | | | |
| | | T | 7.0 | | | | | J Non-Exempted | d (*) and Non-Fria | able Pr | | ure itemer | | |
| Location | of | 100000 | Locati ormal | | | D | | | | | | Гуре | н | |
| Asbestos-Containing TO BE ABA In Facilii (13) | Material (ACM) TED | Used Mair | d Sole ntenar odial S (12) | ly by nce/ | Asbes (i.e | stos Conta thermal surfac | scription aining M systems cing, VA niscellan | laterial (ACM) s insulation, T, or | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure | |
| | | Yes | No | N/A | | | | | | | | 6 | | |
| room 25 | 58 | - | | X | | е | lbows | | 35 LF | х | - | - | | |
| | | | | | | | | | | | | | | |
| Name of Registered Wast | N | JDEP W | /aste | Cubic ` | Yards | Name of | of Registered Landfill | | | | | | | |
| Lillen Corporation 18 | | | | | No. | of Was | | The second second | S Landfill | | | | | |
| City, State Woodland Park, New | Jersey | | | | | Dispos | al Date | City, State Morrisv | | | | | | |
| Completed by Adriana Olejarova | | ent | ent \$ignatu | | | | ercille | | ate)2-06 | 201 | 7 | enter class | | |

| 109345477 | 3-8 | NOTII (I | FICATIO | N OF AS | ew Jerse BESTOS C 8:60 an | ABATE | MEN | ΙΤ | | | | | \mathbb{V} | rintFo | |
|---|----------------------------|-------------------------------------|----------------------------|-----------------------|---------------------------------|--|------------------------|---|---------------------------------------|----------------------|--------------|---------|--------------|-------------------------------|--|
| Date of Notification (1) 02/03/2017 | | | Name of PNC | | g Owner/ | Operator | (2) | | 144 | 11 | В | 1-0- | 201 | | |
| Agencies Notified Type Notification X EPA X Initial | | | | Address Penn Av | enue | | | | AS | | | S CO | | OL & | |
| X DEP Amended X DOL Amendment | | | | ate, Zip (| Code 18501 | | | | - 753 (10) 10 (10) 10 (10) | The State of Tenants | to ever some | | 10 | Acres Salaria de la constanta | |
| ■ Emergency justification) □ DCA Cancellation | | | | of Contac erly Car | 200 | | | | Telephon | e Nur | nber | | | | |
| | | | | | FORMAT | ION | | | 1 | | | | | | |
| Name of Facility Where Abatement is Takin PNC Bank | g Place (| 3) | | | | | Тур | oe of Facility (School (K-1 | 2) | | | | | | |
| Street Address 30 Main Street | | | | | | | × | Subchapter Other (i.e. p etc.) | 8 (Other than rivate & comr | n K-12 merci | 2) al bui | ldings | , hom | es, | |
| City (5) West Orange | | | | | | | Squ N/A | uare Feet | # of Floors | S | | Bldg. / | Age | | |
| County (6) Essex | | | | Code (7) USE ONL | Y) | | | rrent Use (Prid IC Bank | or if being den | nolish | ned) | | | | |
| Name of Monitoring Firm Hired by Building (N/A | Owner (8) | | ASCI | M No. | | | | batement Con atement, In | | | | | | | |
| Street Address | | | | | | Street 11 R | | ress ngren Aver | /enue | | | | | | |
| City, State, Zip Code | | | | | | | | Zip Code NJ 07512 | | | | | | | |
| Project Manager for Monitoring Firm | | | Telepho | ne No. | | Teleph 973-3 | | No. -8685 | Licen 0131 | | 0. | | | | |
| Start Date (10) 02/13/2017 | Schedule 02/14/2 | | | | | | | SHA Monitor atement, Inc | D. | | | | | | |
| Occupancy Status During Abatement (Check | 10 50 500 | 0.000 | 275 | | | Street . | | ess ngren Aven | 110 | - | | | | | |
| Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: Occupied | Period of A al Facility | Abater Hours | nent s | | | City, St | tate, | Zip Code NJ 07512 | <u>ue</u> | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | 10101 | ıva, | 143 07312 | | | | | - 65 | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | lenova emolit | | | | × | M G | ull Containme lini-Enclosure llovebag Proc on-Exempted | edure | | | | ٥ | | |
| Location of | | Locat | 7 | | | | | | () 4.10 (1011) | 1100 | | Abate | | | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Use Mai | d Sole intena odial 8 (12) | ly by nce/ | | stos Conta thermal surfac | | ateri insu Γ, or | llation, | Amount (Specify SF or LF) | | Removal | Repair | Encapsulate | Enclosure | |
| | Yes | No | N/A | | | | | | | | _ | | ite | е | |
| Basement | | Χ | | Pi | pe & Fit | ting In | sula | ation | 20 LF | | Х | | | | |
| | | | | | | 10.5 To 2.5 | | | | | | | | |
| lama of Doglates 144 | | 1 - | | | | | | | | | | | | | |
| lame of Registered Waste Hauler &S Abatement, Inc. | | Н | JDEP W auler ID 0996 | | of Was | | | 110000000000000000000000000000000000000 | egistered Lar lanagemer | | PA | | | | |
| city, State otowa, NJ | | | | | Dispos TBD | al Date | | City, State Morrisvil | le, PA | | | | | | |
| completed by liver Hegedis | et Manager Signature | | | | | 1 | Date 02/03/2017 | | | | | | | | |

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

UIA FAX Ch# 3915

| 1 1 | | | | | | | , |) | () | |
|---|------------|---------------------|----------|-------------|--|-------------------------|---|---------------------------------|---------|---------------|
| Date of Notification (1) | _ | | | ne of Buil | ding Owne | 1 | [m | EGEI | <u></u> | EF |
| Agencies Notified Type Notification | วก | | | et Addre | | 100 | (relike) | | V | <u> </u> |
| EPA Initial Amended | | | | | | | | FFD 4 - 0 | | The second of |
| DEP Amended Amended Amendine | ni # | | 1 - | State, Z | | do | NATI | FEB 10 2 | 017 | 7 |
| Emergenc | y (includi | ng | | le of Con | 1 BET | 1 | ND: | 07201-1 | 7 0 | 7 |
| DOH justification Cancellation | | | 1412 | 01 0011 | wor | | į A | (SR) | | |
| Name of Facility Where Abatement is Tak | ing Dince | (2) | \F | ACRLITY | INFORMA | TION | | | _ | ' |
| reame of racinty where Abatement is tak | ing Place | (3) | | | | | Type of Facil | NE (E)(E) | | |
| Street Address | ~ | | | | | | ☐ School ☐ Subcha | pter 8 (Other than K- | -12) | |
| - Antonio | | | | | 3 | | Other (i. | e. private & commer | cial b | uildings, |
| (a) (b) | 1 | | | | | | Square Feet | # of Floors | | Bldg. A |
| ELIZABETH NO | <i>)</i> . | | Cour | fy Code (| 77\ | | 2,000 | <u>la</u> | 1 | 75 |
| MOTON | | | | E USE O | | | Current Use (| Prior if being demoli 14005E | snea) | |
| Name of Monitoring Firm Hired by Building | Owner (| 8) | AS | CM No. | | 1 0 . | of Abatement | Contractor (9) | | |
| Street Address | | | | | *************************************** | - | NALECI Address | U INC | | |
| | | | | | | P.0 | . 60x | 814 | | |
| City, State, Zip Code | | | | | | 1 | ate, Zip Code | (0)0 | ~ (| 2019 |
| Project Manager for Monitoring Firm | | | Telepi | none No. | The second second | Teleph | BUD: | CE VI). | 07 | 500 |
| | | . | | 1 | | 1737 | 238x | 7500 00° | 200 | 0 |
| Start Date (10) | Schedu | | mpletio | Date (1 | 1) | Name o | OSHA Monito | or | | |
| Occupancy Status During Abatement (Chec | & Only O | 12 | <u>8</u> | LT_ | | Street A | ALECH | INC | | |
| | | 1. | nent / | | | P.0 | HOX 9 | MY | | |
| Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other — Describe: | al Facilit | y Houn | 3 | | | 4 | te, Zip Code | 010 | ~ A | 200 |
| Scope of Work (Check All That Apply) | | | ~~~~ | | | 010 | 13/111 | BE NO. (| 72 | 657 |
| .□, ≥3 sf or ≥3 lf | . D. I | Renova | tion | | | | Full Confaint | nent with Negative P | rsect | ero. |
| ≥160 sf or ≥260 lf | \ / | Demolit | | | | | Mini-Enclosu | re | 10000 | |
| | 1 | | | | | R | Glovebag Pri Non-Exempt | ocecure ed (*) and Non-Friab | le Pro | cedure |
| ¥ | | Locati | | | | | | | | Abater Typ |
| Location of Asbestos-Containing Material (ACM) | Use | d Solel | y by | Asbe | | cription of | erial (ACM) | Amount | - | ΠŤ |
| TO BE ABATED In Facility | 14 | intenar Iodial S | | (1.6 | e. thermal s | systems in ing, VAT, | sulation, | (Specify SF or LF) | Ren | R |
| (13) | | (12) | · | | | iscellaneo | | Si Oi Li | Removal | Repair |
| | Yes | No | N/A | | The state of the s | | | | | |
| | | | | | *************************************** | | and the second second second section (second section) | | | |
| EXIETIOR | | | X | SIL | <u> Jinig</u> | | | 4 200 SIA | X | - Total |
| | | | | | | | | | | |
| Name of Registered Waste Hauler | | 1 211 | DEP W | 4- | T. Gulden | | | | | |
| NOVATECH INI | | | uler ID. | | Cubic Ya | | Name of | Registered Landfill | | |
| City, State | | | 1CO | <u>) [</u> | Disposal | Deth | Cfty, State | .000 | 7 | |
| OID Whole NO | 0.3 | 857 | 1_ | | 12/0 | FAM | Hoxa | - 11 | 11 | 13- |
| ARIOS AMEDA | Title) | 512 | | T | 1 | nature | (3 Ma | Date | 130 | 7: |
| SB-41 (R-06-03) | | | | | * | Do not us | e this form for | asbestos licensure e | xemp | ited as |
| | | | | | | | - | | | |

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

VIA FAX Ch# 3921

* Do not use this form for asbestos licensure exempted activit

| Date of Notification (1) | nlcl | 17 | | | of Building Owner | | | DIDDOT | | | |
|---|---|--|--|---------------|--|-------------------|-------------------------------|-------------------------------|-----------|---------------|-------------------------|
| | | 17 | | | Y OF ELI | 2AE | ETA | E REFER | f C | - | 7 |
| | Type Notification | | | Street 50 | Address WIN Fi | Eld | \$0,4 | FYEALA | | | desertion to the second |
| EPA DEP | initial / Amended | | | City, S | tate, Zip Code | | | | | | II |
| DOL , | Amendment | the state of the s | | ELI | 2ABETH | NO | | FEB 1 0 20 | 17 | | 4 |
| DOH / | Emergency (justification) Cancellation | HICHURIY | | Name | of Contact KAY | 5ar | LRAN L | Talenhone Nu | mber | merch . | I |
| Name of Facility Where Ab | atement is Taking |) Place (| 3) | FAC | ILITY INFORMAT | HON | Type of Facility | LICENCING | | 945 | |
| | | | | | | | School (K | (-12) er 8 (Other than K-1 | 2) | | |
| Street Address | 410 | | | | | | Other (i.e. etc.) | private & commerc | ial build | | |
| City (5) ELIZABETH | N.O. | 07 | 20 | 6 | | | Square Feet | # of Floors | | dg. Ag | ge · |
| County (6) | | | - 1 | | Code (7) USE ONLY) | | Current Use (P | rior if being demolis | ned) | | |
| Name of Monitoring Firm H | | wner (8 |) | ASC | M No. | | of Abatement Co | ontractor (9) | ***** | | |
| | | 150.0 | | | | 1 | VATIECH | INU · | | | |
| Street Address | | | | | | | Address BOX 8 | 14 | | | |
| City, State, Zip Code | | | | | | The second second | tate Zin Code | | | | |
| | * | | | | | 010 | BRIDGE | 10.00 OS | | + | |
| Project Manager for Monito | ring Firm | | and the same of th | Telepho | one No. | Teleph 730 | one No. | 1500 License N | | | |
| Start Date (10) | 17- 1 | Schedul | ed Cor | npletion 7 | Date (11) | | of OSHA Monito | r , | | | |
| Occupancy Status During A | batement (Check | Only Or | 1e) | | | - | Address | 200 | | | |
| Facility Closed/Vacates Abatement Performed | d During Entire P | eriod of | Abaten | ent ' | | P. C | | 814 | | | |
| Abatement Performed Other – Describe: | Outside of Norma | ii raciiny | Hours | ; | | ON) | ate, Zip Code B 2 i D G 6 | 0 CM = | 885 | 7 | |
| Scope of Work (Check All T | hat Apply) | | | | | 1010 | 10 2110 00 | | | | |
| □ ≥3 sfor ≥3 lf | | D, R | enova | tion | | | | ent with Negative P | ressure | | |
| ≥160 sf or ≥260 lf | | A | emolit | ion | | X | Mini-Enclosus Glovebag Pro | | | | |
| | | , | | | | Ä | Non-Exempte | ed (*) and Non-Friab | le Proce | dure | |
| | | ls | Locati | on | | | | | A | baten Type | |
| Location of | | | lormall d Solei | | | scription | | | \vdash | 170 | |
| Asbestos-Containing Ma | | | intenar | | Asbestos Cont (i.e. thermal | | | Amount (Specify | 20 | _ f. | E |
| TO BE ABATE In Facility | :P | Cust | odial S (12) | itaff? | surfac | cing, VAT | , or | SF or LF) | Removal | Repair | SOB. |
| (13) | | | | г | other n | niscellane | eous) | | wal | = | Encapsulate |
| Q DO STATE OF | 179 | Yes | No | N/A | 0.0- d | TRAS | -00 00 | bir 304F | Y | \dashv | |
| BASEMENT | 179 | | | X | | EAN | OP DE | 500 S/F | X | + | |
| EXTERIOR | 179 | | | 1 | SIDING 9X9 Flo | | IE | 2300sh | X | \dashv | |
| T Troole | 1 177 | | | \ <u>\</u> | 0 6 0 | -11 | | 1200 515 | X | 十 | - |
| KOOF MATERIA Name of Registered Waste F | | | | IDEP W | | | | Registered Landfill | | | |
| NOVATECH | 'INC | , | Ha | Ver ID | < 1 1 × 1 | 20, | 6.6 | 1.0W.S. | | | |
| City, State | E NO |) | 09 | 8857 | | al Date | Torri | | 4. | | |
| CID BUDG | E 101 | Title (| | | and the same of th | gnature | 1 1000 |) / Date | e | + | _ |
| ANUS Alrein | AC | | 1651 | DEX | | | W An | rul. 5 | 16 | 11 | <u>+</u> |

| Ch375 | 16 | | NOT | | ATION | | BES | STOS ABAT 1:60 and 5:1 | DE | C [| 7 7 | | <u> </u> | | | | | |
|---|--|--------------------|--------------------|---|-------------------|--|---------------|--|--|---------------------------------|---------|---------|-------------|-------------|-----------|--|--|--|
| Date of Notification (1) | 6 / | 17 | | 7.7 at 10 post 10 | - Con-11 | | | ner/Operator (aint Monica | 2) | F | EB ' | 0 | 20 |)17 | | | | |
| Agencies Notified EPA DOLWD DOH | Type Notific Initial Amende Amendm | d | | | 265 City, 5 | t Address 5 1 Atlant i State, Zip (| Code | | | ASBE | STOS | CONS | ONT ING | RO | L & | | | |
| DCA (NJAC 5:23-8) | ☐ Emerger justificati ☐ Cancella | ncy (ind | cluding | 9 | Name | antic City of Contac ck Duran | t | J 08401 | | Telephone Number | | | | | | | | |
| | | | | | | | - | RMATION | | · | | | | | | | | |
| Name of Facility Where A Our Lady Star of the Street Address | e Sea | Taking | Place | (3) | | | | | Type of Facility (School (K-12 Subchapter 8 Other (i.e., pr |) I (Other than F | | bui | ilding | ıs, | | | | |
| 15 N. California Ave City (5) Atlantic City | enue | 340,000 | | | | | | | homes, etc.) Square Feet 20,000 | # of Floors | | | lg. A | ge | | | | |
| County (6) Atlantic | | | | | Cour | nty Code (7 |)(STA | ATE USE ONLY) | or if being den | nolished | 1) | | | | | | | |
| Name of Monitoring Firm MDG Environmenta | | ding O | wner | (8) | ASCM | No. | | me of Abateme | | | Table 1 | | | | | | | |
| Street Address | | | | | | eet Address | onmental, LLC | | | | | | | | | | | |
| 1000 Maplewood Dr | | | | | 23 Cutler A | /enue | | | | | | | | | | | | |
| City, State, Zip Code | | | - | | | 100000000000000000000000000000000000000 | | y, State, Zip Co | | | | | | | | | | |
| Maple Shade, NJ 08 | 052 | | | | | | | /laple Shade | | | | | | | | | | |
| Project Manager for Monit Chris Macri | toring Firm | | | | phone 56-755 | | | ephone No. 356-755-0099 | | License No 00842 |). | | | | | | | |
| Start Date (10) | | Schedu 02 | | | tion Da | te (11) 17 | 1000 | me of OSHA N E MSL Analyt | | | | | | | | | | |
| Occupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement: | d During Enti Outside of N | re Peri ormal I | iod of Facility | Abate y Hour | s - Des | | 2 City | eet Address 200 Route 13 y, State, Zip Co Cinnaminson | ode | | | | | | | | | |
| Scope of Work (Check all | that apply) | | | | | | | | | | II. (%) | | | - | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | | novati molitic | | | | Mini-Enc Glovebag | | | | | | | | | | |
| | | | | Locat | | | | | | | | Aba | teme | ent T | уре | | | |
| Asbestos-Containing N TO BE ABA IN Facility (13) | Material (ACN TED | 1) | Use Ma | Norma d Sole intena todial (12) | ely by nce/ | | , the | Description of Containing Makermal systems is surfacing, VAT, her miscellane | terial (ACM) insulation, or | Amount (Specify SF or LF) | | Removal | Repair | Encapsulate | Enclosure | | | |
| Boiler Room & Kitche | n Storage | | | × | | Pipe Ins | sula | tion | | 20 LF | | 7 | \boxtimes | П | | | | |
| | | | | | | | | | | | | 7 | | | | | | |
| | | | | | | | | | | | | | П | | | | | |
| | | | | | Ħ | | | | | | | 7 | П | | | | | |
| Name of Registered Waste | e Hauler | | | N | JDEP \ | Vaste Vaste | Cub | oic Yards of | Name of Regist | ered Landfill | | | | | | | | |
| Shade Environmenta | | | | Н | auler II 32426 | | Wa: | | | unty Utilitie | s Auth | ori | ty | | | | | |
| City, State Maple Shade, NJ | | | | | 02420 | | Disp | oosal Date /21/2017 | City, State Egg Harbor | Township, | NJ | | | | | | | |
| Completed By (Print or Typ | | | | | Signature | | | Date | | | - | - | | | | | | |
| Christina Lynch | | Vic | ce Pr | eside | nt of (| Operation | ıs | (Inst | 2/017 | | | | | | | | | |

Print Form

| Date of Notification (1) 1/31/17 | | | | Name of Building Owner/Operator (2) Richard Worrell | | | | | | | | | | | |
|---|---|---------------------------------------|-----------------------------------|--|------------------------|-----------------------------|--|---|--|--------------|-------------------------------|-----------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | | 15 | Street Ad | ldress | | | | The state of the s | , eme | F-1-10- | | | | 1 |
| EPA DEP X DOL | Initial Amended Amendment Emergency | | - [. | Glassb | e, Zip Coo oro, NJ, | | 3 | | | | | | TOL | La | |
| DOH DCA | justification) Cancellation | , , , , , , , , , , , , , , , , , , , | 4.5 | Name of Rich W | | | ************************************** | | 2. | Tele | ephone Nu | mber | | | |
| L] DCA | Caricellation | | | | ITY INFO | RMATI | ON | | | | | - | | | |
| Name of Facility Where | Abatement is Takin | g Place (3) | | | | | | Туре | of Facility (| 4) | | | | | |
| Vacant building | | | | | | | | | School (K-1 Subchapter | 2) 8 (Oth | er than K-1 | 2) | | | |
| Street Address | | | | | | | | × | Other (i.e. petc.) | rivate 8 | & commerc | ial build | ings, | home | s, |
| City (5) Glassboro | | | | | | | | | re Feet | # 01 | Floors | BI 5 | dg. A | ge | |
| County (6) | | | - 1 | County C | ode (7) | | | 1533771571 | nt Use (Pri | 10000 | ng demolis | | _ | | |
| Gloucester | | | | | SE ONLY) | | vacant | | | | | | | | |
| Name of Monitoring Firm Environmental Test | | | | ASCM n/a | No. | | | | tement Cor tos Abate | | 0.000 | | | | |
| Street Address 413 N Black Horse | Pike | | | | | | Street Address 1800 Federal Street | | | | | | | | |
| City, State, Zip Code Runnemede, NJ, 08 | Runnemede, NJ, 08078 | | | | | | City, State, Zip Code Carnden, NJ, 08105 | | | | | | | | |
| Project Manager for Mor Howard Zenobi | | Telephor 856482 | | | 7 | one N | | License No. 01303 | | | | | | | |
| Start Date (10) | | | | | | | 1000 | of OS | HA Monitor | | | | | | |
| Occupancy Status Durin | g Abatement (Che | k Only One |) | | | | Street | Addre | ss | | | | | | |
| Facility Closed/Vac Abatement Perform Other – Describe: | ated During Entire led Outside of Norr | Period of Al nal Facility | atem -lours | ent | | | City, S | State, 2 | ip Code | | | | | | |
| Scope of Work (Check A | Il That Apply) | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Collegement . | enova | 71.75.540 | | | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | | | | | | | | |
| | | la l | ocati | on | | | Non-Exempted (*) and Non-Friat | | | | | | Abate | | t |
| Location | n of | N | ormal | ly | | De | scription | n of | | | | | Ту | pe | Г— |
| Asbestos-Containing <u>TO BE AB</u> In Faci (13) | Material (ACM) ATED lity | | Sole ntenar idial S (12) | nce/ | | tos Con thermal surfa | taining I | Vlateria Is insul AT, or | 9 | (| Amount Specify F or LF) | Remova | Repair | Encapsulate | Enclosure |
| | | Yes | No | N/A | | | | | | | | | | e e | |
| Basem | ent | | | х | | Duc | t Insula | ation | | | | x | | | |
| | | | | | | | | | | | | - | | | - |
| | | - | | - | | _dele | | | | | | _ | | | |
| Name of Registered Wa | ste Hauler | | IN | JDEP W | /aste | Cubic | Yards | | Name of | Regist | ered Landi | <u>l</u> | | <u> </u> | |
| Champion Disposal | | | | lauler ID 2707 | No. | of Wa 7.5 | Waste | | | WS Landfill | | | | | |
| City, State Hainsport, NJ | | | | Disposal Ongoing | | | | isposal Date City, State ngoing Morrisville, PA | | | | | | | |
| Completed by Title Jeff Yekenchik Owner | | | | er Sign | | | | e / | 1 | | 2.4 | Date 1/24/17 | 7 | | |
| ASB-41 (R-06-08) | | | | * Do not use this form for asbestos licensure exempted activ | | | | | | | | | activ | ities. | |

CK 31228

| CK 318 | 364 | | | | | ; | State of I | Nev | w Je | ersey | 1200 | | | | | | 25 100000 | | | | |
|---|--|--------|--------------|-------|-------|---------------------------------|-------------------|---------------|--------------|--|----------------------|---|--------|--------------------|---|--------------|------------------|-------------|-----------------------|--|--|
| C 0 0 | | | NO | | | | | | | FOS AB 30 and 5 | | FEMENT |)_[| E C E | | \mathbb{V} | E | | And the second second | | |
| Date of Notification (1) | | | | | | Nam | e of Buildi | ng (| Own | er/Operato | or (| (2) | 11 | | | - | - | | | | |
| | 06 / | 17 | | | | Ly | nx Wast | e & | & Re | cycling | | 100 mm mm m m m m m m m m m m m m m m m | | FEB 1 | 3 | 2013 | 12 | 18 | 1 | | |
| Agencies Notified | Type Notific | cation | | | | Stree | et Address | | | | | | 1 | | | | | | | | |
| □ EPA □ DOLWD | | v d | | | | - 22 | O Box 18 | | | | | | ASI | BESTOS | CON | ITR | 01.8 | , | | | |
| ⊠ DOH | Amenda | 300 | | | | | State, Zip | | | | | | | LICE | | | - | | | | |
| □ DCA | ☐ Emerger | | | ng | | 1151 | ring Lak | | NJ 0 | 7762 | | | | | | | | | 2001 | | |
| (NJAC 5:23-8) | justificat | | | | | | e of Conta | | | | | Telephone Number | | | | | | | | | |
| | ☐ Cancella | ation | | | | Rie | chard Hy | de | • | | | | | | | | | | | | |
| Name of Facility Where A | h = 4 = = = = = 4 != : | T-1: | Di | (0) | | FΑ | CILITY | NF | ORI | MATION | | T (5) | | | | | | | | | |
| Name of Facility Where A | patement is | lakin | g Plac | e (3) | | | | | | | | Type of Facili | |) | | | | | | | |
| Street Address | | | WITE-F | | | | | | | | | ☐ School (K- ☐ Subchapte | | Other than | K-12) | | | | | | |
| Otteet Address | | | | | | | | | | | | Other (i.e., | priv | ate and cor | mmerc | ial b | uildin | gs, | | | |
| City (5) | | | | | | | | | | | - | homes, etc Square Feet | C.) | # of Floors | | Тъ | ldg. A | 70 | | | |
| Avon by the Sea | | | | | | | | | | | | 2000 sf | 2 | 3 | | 65 | ige | | | | |
| County (6) | | | | | | Cou | nty Code (| 7)/S | STATE | E USE ONLY | n | Current Use (| Prior | | molish | ed) | 00 | | | | |
| Monmouth | | | | | | | | | | | ' | Residence | | ii boilig do | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | icu, | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | | | | | SCM | No. | N | Name | e of Abate | ement Contractor (9) | | | | | | | | | | |
| Guardian Contracting, Inc. | | | | | | | | | Gu | ardian C | or | ntracting, Inc | | | | | | | | | |
| Street Address | | | | | | - tshis | | S | Stree | t Address | | 600 | | | | | | | | | |
| 1889 Rte. 9, Unit 61 | | | | | | | | | 188 | 89 Route | 9, | , Unit 61 | | | | | | | | | |
| City, State, Zip Code | | | | | | | | C | City, S | State, Zip | Со | ode | | | | | | | | | |
| Toms River, New Jer | The state of the s | 5 | | | | | | | Tor | ms River | r, N | New Jersey 0 | 875 | 55 | | | | | | | |
| Project Manager for Monito | oring Firm | | | Te | elep | hone | No. | T | ГеІер | hone No. | | | | License N | 0. | | | | | | |
| Nicholas Fernicola | | | | 100 | | | -9932 | | | 2-349-993 | 5000 | | | 00624 | | | | | | | |
| Start Date (10) | C-00000 | | | | | | ite (11) | N | | of OSHA 1.S.L. A n | | | | | | | | | | | |
| Occupancy Status During A | Abatement (| Check | only | one) | | | | S | Street | Address | | | | | | | | | | | |
| ☐ Facility Closed/Vacated | | | | | | | | | 105 | 6 Stelto | n | | | | | | | | | | |
| Abatement Performed C Time of Abatement: | | | | | | s - Describe City, State, Zip (| | | | | | de | | | 200 | | | | | | |
| | | | | | VI | | Alvi | | Pis | cataway | , N | lew Jersey 0 | 885 | 4 | | | | | | | |
| Scope of Work (Check all t | hat apply) | | | | | | | | | ⊠ Eull Co | nto | ainment with No | agati | vo Brossur | | | | | | | |
| \boxtimes \geq 3 sf or \geq 3 lf \boxtimes \geq 160 sf or \geq 260 lf | | | □ Re 図 De | 2000 | | 1 | | | [| ☐ Mini-Er☐ Gloveb | nclo ag | g Procedure | | | | | | | | | |
| | | | Is | Loc | atio | n | 1 | | - 1 | ☐ NON-EX | en | npted (*) and N | ion-F | -riable Proc | ceaure | | | T | 2.2 | | |
| Location of | | | 1 | Norm | ally | | | | D | escription | of | | | | | | atem | | | | |
| Asbestos-Containing Ma TO BE ABATI | |) | | d So | | | | | | | | erial (ACM) | | Amount | | (em | Repair | inca | Encl | | |
| IN Facility | | | | todia | I Sta | | (i.e | ., tr | nerm surf | al systems acing, VA | s in | or | | (Specify SF or LF) | | Removal | air. | psu | Enclosure | | |
| (13) | | ŀ | | (12 | - | 21222 | - | | | miscellan | | | | J. J. L. , | · | - | | Encapsulate | Гe | | |
| interior | | | Yes | No | | N/A | a b a a t u a | -1- | | | _ | | - | F0 (| | F 7 | | | | | |
| interior | | | | | | | sheetro | | | | | | - | 50 sf | | | | | | | |
| | | | | | | plaster | | | | 490 sf | | | | Ш | Ш | | | | | | |
| interior | | | | | - 1 | | wall paper 120 sf | | | | | | | | | | | | | | |
| Name of Davids and Mark | | | Ш | | 11 | | | | | | | | | | | | | | | | |
| Name of Registered Waste Guardian Contracting | | | | - 12 | Hau | ler ID | 0.000000000 | Wa | /aste | Yards of | | Name of Regi | istere | ed Landfill | | | | | | | |
| City, State | | | | | 20 | 0223 | | - | 5 ispos | al Date | | City, State | | | | | | | | | |
| Toms River, New Jers | sey | | | | | | 91 | 1.11.11.11.11 | 2/24 | | | Tullytown | , Pe | nnsylvan | iia | | | | | | |
| Completed By (Print or Type |) | Title | | | | | | - | Si | ignature | _1 | | | 11 | Date | - | 1 | | | | |
| Nicholas Fernicola Project Manag | | | | | | | | | | | 1 | -te | _ | 7 | 2 | 61 | / _l - | 7 | | | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 02 06 / 17 Michael Manks Agencies Notified Type Notification Street Address **⊠** EPA ASBESTOS CONTROL & **⊠** DOLWD ☐ Amended City, State, Zip Code Amendment # ☑ DOH Whitehouse Station, NJ 08889 ☐ Emergency (including ☐ DCA Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Michael Manks **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Lavallette (Normandy Beach) 2 2000 65 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Ocean Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Guardian Contracting, Inc. Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 732-349-9932 00624 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 02 / 17 / 17 02 / 20 / 17 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/__PM-_AM Piscataway, New Jersey 08854 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure
 ☐ Mini-Enclosure ≥3 sf or ≥3 lf □ Renovation ≥160 sf or ≥260 If □ Demolition ☐ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Removal Repair Enclosure Encapsulate Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)other miscellaneous)

П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Guardian Contracting, Inc. T.R.R.F. 20223 4 City, State Disposal Date City, State

asbestos siding

2200 sf

Date

Toms River, New Jersey

Completed By (Print or Type)

Title

Signature

Yes

No

X

Project Manager

N/A

ASB-41 JAN 13

Nicholas Fernicola

exterior

CK 31:229

| Data af Natification (4) | | | | | | | | | | Fry | | | | 111 | | |
|---|--|---|--------|-------------------|-------------------|----------------------|----------|----------------------------------|--|--|-----------------|----------|------------|-------------|-----------|--|
| Date of Notification (1) 02 / | | Name of Building Owner/Operator (2) Tradewinds Builders, LLC Tradewinds Builders, LLC | | | | | | | | | | 1 | | | | |
| Agencies Notified ⊠ EPA | Type Notific | | | | 1552,5050 | t Address West Sa | ilboa | t Lane | | ASBE | ESTOS CON | | . & | | | |
| ⊠ DOLWD | ☐ Amende | | | | City, | State, Zip | Code | | | | LICENSIN | <u>G</u> | | _ | | |
| ☑ DOH ☐ DCA | Amendm Emerger | | dudin | | Pea | ahala Pa | rk, N | J 08008 | | | | | | | | |
| (NJAC 5:23-8) | justificati | | Juding | 3 | Name | of Contac | ct | | | | Telephone Nu | mber | | | | |
| 3 | ☐ Cancella | | | | Tra | vis Lepl | ٧ | | | | | | | | | |
| | | | | | | | 72 | RMATION | | | | | | | 7 | |
| Name of Facility Where A | batement is | Taking | Place | (3) | - ' ^ | OILII I II | 11 01 | MIATION | Type o | f Facility (4 | 1) | | | | | |
| Residence | | , annig | 1 1400 | , (0) | | | | | | | •) | | | | | |
| Street Address | | | | | | | | | ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) | | | | | | | |
| otrocer tudi coo | | | | | | | | | Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| City (5) | | | | | | | | | | # of Flagge | Bldg. Age | | | | | |
| Long Beach Twp. | | | | | | | | | Square | # of Floors | 1 | | ge | | | |
| County (6) | | | | | Cour | atu Cada (| 7)/074 | TE USE ONLY) | 1500 2 65 Current Use (Prior if being demolished) | | | | | | | |
| Ocean | | | | | Cour | ity Code (| 1)(31A | IE USE UNLY) | | dence | r ir being demo | ilisnea) | | | | |
| Name of Monitoring Firm | Hirad by Puil | ding O | | (0) | ASCM | NI. | NI | f Al1- | | Service and the service and th | | | | | | |
| N/A | Tilled by Bull | unig O | wilei | (0) | ASCIVI | NO. | | me of Abateme | | 57.00 | | | | | | |
| Street Address | | | | | | | _ | Suardian Co | ntractir | ig, inc. | | | | | | |
| Street Address | | | | | | | 10000000 | eet Address | | | | | | | | |
| City State Zin Code | | | | | | | | | 9, Unit 61 | | | | | | | |
| City, State, Zip Code | | | | | | | | , State, Zip Co | | | | | | | | |
| | | | | T | | | | oms River, | New Je | rsey 087 | 55 | | | | | |
| Project Manager for Monit | toring Firm | | | Tele | phone | No. | 30000000 | ephone No. | | | License No. | | | | | |
| | | | | | | | | 32-349-9932 | · | | 00624 | | | | | |
| Start Date (10) | - 1 | | | | | te (11) | 100 | ne of OSHA M | | | | | | | | |
| // | | | | | _ / | 17_ | E | .M.S.L. Ana | lytical | | | | | | | |
| Occupancy Status During | Abatement (| Check | only o | one) | | | Stre | et Address | | | | | | | | |
| ☐ Facility Closed/Vacate | | | | | | | 1 | 056 Stelton | | | | | | | | |
| Abatement Performed | | | | | | | City | , State, Zip Co | ode | | | | | J-07/75 | - | |
| Time of Abatement: | AIVI | PIVI | / | —PIVI- | | AIVI | Р | iscataway, N | New Je | rsey 088 | 54 | | | | | |
| Scope of Work (Check all | that apply) | | | | | | | | NET 00 | 849974450 G | 30 100 | | 103 | | | |
| ≥3 sf or ≥3 lf≥160 sf or ≥260 lf | | | | novati molitic | | | | ☐ Mini-Enc ☐ Glovebag | ontainment with Negative Pressure Inclosure Dag Procedure Exempted (*) and Non-Friable Procedure | | | | | | | |
| | | | Is | Locat | ion | | | Z NOII-EXC | inpica (|) and 14011 | Tiable Flocec | | h = 4 = == | T | | |
| Location | of | | 1 | Norma | lly | | | Description o | f | | | | batem | 1 | I | |
| Asbestos-Containing N | | 1) | | d Sole intena | | | | Containing Ma | terial (AC | | Amount | Removal | Repair | Encapsulate | Enclosure | |
| TO BE ABAT IN Facility | The state of the s | | | odial | | (i.e | | rmal systems i urfacing, VAT, | | n, | (Specify | NOV | a | aps | losu | |
| (13) | y | | | (12) | | | | ner miscellane | | | SF or LF) | <u> </u> | | ulat | l'e | |
| | | | Yes | No | N/A | | | | | | | | 1 | Ф | | |
| exterior | | | | \boxtimes | | asbest | os si | ding | | | 1400 sf | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | j. | | | | | | | | | | | | | | |
| Name of Registered Wast | e Hauler | | | N | JDEP V | Vaste | Cub | ic Yards of | Name | of Registe | red Landfill | | | | | |
| Guardian Contracting, Inc. | | | | | auler II 20223 | | Was | ste | | .R.F. | | | | | | |
| City, State | | | | | | | Disp | osal Date | City, S | | | | | | | |
| Toms River, New Jersey | | | | | | | 2/ | 21/17 | Tull | ytown, P | ennsylvania | | | | | |
| Completed By (Print or Type) Title | | | | | | | | Signature | / | 1 | // 1 | Date | | / | | |
| Nicholas Fernicola Project Mar | | | | | | | | 2 | 7 . | + | 1 | 2 | 61 | 1-7 | 3 | |

CK 1090

| Г | | E G | | \mathbb{V} | PG | nf E |
|--|-----------|------------------------------|---------|------------------------|--------------|-----------|
| The second secon | | FER | 1.0 | 201 | 7 | |
| | L AS | BESTO | s cc | NIF | IOL | <u> </u> |
| | | LIC | ENSI | NG | | |
| | Tol | ephone N | umbor | | | |
| | 1 161 | ephone iv | unnes | _ | | |
| e of Facility (4 | 1) | | | | | |
| School (K-1: Subchapter Other (i.e. p | 8 (Oth | | | ldings | , hom | es, |
| etc.) are Feet 40 | # of 2 | f Floors | | 3ldg. <i>A</i> 1950 | \ge | |
| rent Use (Pric | or if bei | ng demoli | shed) | | | |
| atement Con | tractor | (9) | | | | |
| ess ST | | | | | | |
| Zip Code ON NJ 075 | 501 | | | | | |
| No. 9652 | | License 1257 | No. | | | |
| HA Monitor IGEV | | | | 381-4 | | |
| ess . ST | | | | | | |
| Zip Code ON NJ 075 | 501 | | | | | |
| ull Containme ini-Enclosure lovebag Proc on-Exempted | edure | | | cedur | | |
| | | | | | ement /pe | |
| al (ACM) lation, | (8 | mount Specify F or LF) | Removal | Repair | Encapsulate | Enclosure |
| | 48 | 80 SF | Y | | | |
| | | | | | | |
| | ATTORISM | | - | - | | |
| Name of F | | ered Landf | ill | 1 | | |
| City, State | | E PA | | | | |

| | (Pt | ursuant | to NJAC | 8:60 and | d 12:120 | 0) | li | | FFR | 4 0 | 201 | 7 | | | | |
|---|---------------------------------|--------------------|-------------------------------|-----------------------|-------------------------------|---------------------------------|--|----------------------------------|-------------------|-------------------------------|---------|------------------------|-------------|-----------|--|--|
| Date of Notification (1) 02/04/17 | 02/04/17 | | | | | Operator USA | (2) | 300 | | FFD | 1 11 | 7111 | 1 | | | |
| Agencies Notified Type Notification | | | Street A | ddress | | | | | AS | BESTO | | | OL | 8 | | |
| EPA Initial Amended Amendment | - | | | ite, Zip Co DRIDGE | | 7075 | | | | LiGi | ENSI | <u>vo</u> | | | | |
| DOH justification) DCA Cancellation | | | | Contact ATORE | | USA | | | Te | lephone No | ımber | | | | | |
| | D1 (0) | | FACI | LITY INF | ORMATI | ON | | | | | | _ | | | | |
| Name of Facility Where Abatement is Takin GENDUSA'S HOME | g Place (3) | | | | | | Тур | School (K- | 12) | | | | | | | |
| Street Address | | | | | | | 1 | Subchapter Other (i.e. petc.) | | | | dings | , home | es, | | |
| City (5) WOOD RIDGE | | | | | | | 3007.55 | uare Feet 40 | 2 | of Floors | | 3ldg. <i>A</i> 1950 | | | | |
| County (6) BERGEN | | | County C (STATE L | Code (7) JSE ONLY | n | _ | Current Use (Prior if being demolished) HOME | | | | | | | | | |
| Name of Monitoring Firm Hired by Building | Owner (8) | | ASCM | No. | | Name ARIA | e of Abatement Contractor (9) | | | | | | | | | |
| Street Address | | A 5.2 17 | | | | Street 144 | | | | | | | | | | |
| City, State, Zip Code | | | | | | | Zip Code SON NJ 07 | 501 | | | | | | | | |
| Project Manager for Monitoring Firm | 1 5 | Telephor | ne No. | | Teleph 973- | | No. -9652 | | License I 1257 | No. | | | | | | |
| Start Date (10) 02/15/17 | | | | | | | 0.719.14.77 | SHA Monitor IGEV | | 1 | | | | | | |
| Occupancy Status During Abatement (Chec | | | Street Address 144 MILL ST | | | | | | | | | | | | | |
| Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: | Period of Aba nal Facility H | lours | ent | | _ | | | Zip Code SON NJ 07 | 501 | | | | | | | |
| Scope of Work (Check All That Apply) | No there | | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | novat | | | | 7 | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| | le l c | ocatio | nn | | | | | VOII-EXCITIPIE | u () ui | id Non-i na | 110 | 350 | ement | | | |
| Location of | Nor | rmall | у | | Des | scription | of | | | | | Ту | ре | | | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Used S Maint Custod | enan | ice/ | | thermal surface | | s insu T, or | | (| Amount Specify F or LF) | Removal | Repair | Encapsulate | Enclosure | | |
| | | No | N/A | | | 0011000100 | | | | | | | (D | | | |
| BASEMENT | Y | | | | | VAT | | | 48 | 80 SF | Y | | | | | |
| | | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | N. | JDEP Wa | aste | Cubic ` | Yards | | Name of | Registe | ered Landfi | I | | | | | |
| INDIAN ARROW INDUSTRIES | Ha | auler ID I 8031 | | of Was | f Waste -2 YRD3 G.R.O.W.S. | | | | | | | | | | | |
| City, State PATERSON NJ | Disposal Date TBD | | | | | Oate City, State MORRISVILLE PA | | | | | | | | | | |
| Completed by GORAN IGEV | Signature | | | | | 4 | H | | | ate 2/04/ | 17 | | | | | |

Emergeney

| Data state of the | | | | | | | 573 | UN | 5 9 | 50 | 5 [] | П | 0.77 | | | |
|---|------------------------------------|---|-------------------------|---------------|--|---------------------------------------|--|-------------------------|--|-----------------|--------------|--------|--------------|-----------|--|--|
| Date of Notification (1) 2/6/17 | | 170000000000000000000000000000000000000 | of Building ne Butte | | r/Operato | | | | j E | | \mathbb{V} | | | | | |
| Agencies Notified Type N | lotification | | Street | Address | | | | | 1150 | | | | | 11 | | |
| ⊠ EPA □ In | itial | | | | | | | | A STATE OF THE STA | Е | EB 1 | 0.5 | 017 | 100 | | |
| □ DEP □ A | mended | | City, St | tate, Zip C | ode | | | | 144 | 1 | LU | 11 6 | UII | - 1 | | |
| | mendment # | | Wilm | ington D | E 198 | 808 | | | | | | | | | | |
| | mergency (includin stification) | g | Name | of Contact | | | | | Te | ephone | Numbe | CON | TRO | L& | | |
| | ancellation | | Kelly | | | | | | | | | | . ż | | | |
| Name of Facility Where Abateme | nt is Taking Place | (3) | FAC | ILITY INF | ORMA | TION | Type | of Facility | (4) | | | | _ | | | |
| Elaine Butterfoss Private | | (0) | | | | | Турс | | | | | | | | | |
| Street Address | | | | | | | H | School (K- Subchapte | ·12) er 8 (Oth | er than K | (-12) | | | | | |
| | | | | | | | X | Other (i.e. etc.) | private | & comme | ercial bu | ilding | s, hom | ies, | | |
| City (5) | | | | | | | Squa | are Feet | # 0 | f Floors | | Bldg. | Age | | | |
| Surf City NJ 08008 | | | | | | | 9550 | 000+ 1 35+ | | | | | | | | |
| County (6) | | | County | Code (7) | P): | | Current Use (Prior if being demolished) | | | | | | | | | |
| Ocean | | | (STATE | USE ONLY |) | | House & Garage | | | | | | | | | |
| Name of Monitoring Firm Hired by | / Building Owner (8 | 3) | ASCI | M No. | | | ne of Abatement Contractor (9) | | | | | | | | | |
| N/A | | | | | | Perr | naco | aco Inc. | | | | | | | | |
| Street Address | | | | | | | Addre | | ā | | | | | | | |
| City, State, Zip Code | | | | | | 10 100 100 100 | Box 329 State, Zip Code | | | | | | | | | |
| Oity, State, Zip Code | | | | | - 53 | State, Zip Code st Berlin NJ 08091 | | | | | | | | | | |
| Project Manager for Monitoring Fi | | Telepho | ne No | - | Teleph | | AND DE SESSION | 091 | License | NI. | | | | | | |
| , | | rotopito | no ivo. | | 1. 1200000000000000000000000000000000000 | 753-9 | | | 00727 | Section 1 | | | | | | |
| Start Date (10) | Schedu | led Co | mpletion | Date (11) | | 120010000 | 710055072508178 | HA Monitor | | | - | | | | | |
| 2/7/17 | 2/8/17 | | | | | Sam | ie | | | | | | | | | |
| Occupancy Status During Abatem | ent (Check Only O | ne) | | | | Street | Addre | ss | | | | | | | | |
| Facility Closed/Vacated Durin | ng Entire Period of | Abater | ment | | | | | | 4 | | | | | | | |
| Abatement Performed Outsic | le of Normal Facilit | y Hour | S | | | City, S | tate, Z | ip Code | | | | | | | | |
| Scope of Work (Check All That Ap | anh A | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova Demoli | | | | H | Full Containment with Negative Pressure Mini-Enclosure | | | | | | | | | |
| | | o o i i i o ii | | | | | Glovebag Procedure | | | | | | | | | |
| | | | | T | | X | No | n-Exempte | d (*) and | l Non-Fri | able Pr | | | | | |
| | | S Locat Norma | | | | | | | | | | | ement /pe | ' | | |
| Location of Asbestos-Containing Material | 114 | ed Sole | | Achori | | escription staining M | | (0000) | | | - | T | | | | |
| TO BE ABATED | · · · · IVIa | intena todial | | | | i systems | | | | nount pecify | 70 | - | Enc | 四 | | |
| In Facility (13) | Cus | (12) | Stall! | | | cing, VA | | | SF | or LF) | Remova | Repair | aps | Enclosure | | |
| (,,,) | | | 1 | | Ourier i | mscellan | eous) | | | | val | = | Encapsulate | ure | | |
| | Yes | No | N/A | | | | | | | | | | w | | | |
| exterior siding | | | X | | exte | erior sid | ing | | 200 | 00 SF | х | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | 100 | JDEP W | 12.07/20.7% | | Yards | | Name of | ame of Registered Landfill | | | | | | | |
| United Roll Off | Hauler ID No. of Waste 22459 4 | | | | | G.R.O. | W.S. | | | | | | | | | |
| City, State | | | | Disposal Date | | | | | e | | | | | - | | |
| Elm NJ | | | 2/8/1 | 7 | | Morrisv | | 19067 | 7 | | | | | | | |
| Completed by Title | | | | Signature | | | | pater / Dater / | | | | | | | | |
| Anthony T Perna | lent | | | | 2/e/1- | | | | 117 | | | | | | | |

| | | | (P | | | o NJAC 8:60 and 12:120) | | | | | | | | 1 | | | | |
|------------------------------------|------------------------|-------------|---------|----------------|---------------------|-------------------------|--|--|--|-----------|--------|-----------|-------------|-----------|--|--|--|--|
| Date of Notification (1) | | | | Name | of Building | Owner/ | Operator | (2) | | 0 15 | Ш | V) | <u> </u> | | | | | |
| 2-6-17 | | | | | LLY | | | | | | | | 100 | | | | | |
| Agencies Notified | Type Notification | | | | Addréss | <i>y</i> . , | | | TU LI FE | B 1 | 0 1 | 2017 | - 1 | y | | | | |
| ☐ EPA | ☐ Initial | | | | | | | | | | | | | | | | | |
| DEP | Amended | | | City, St | tate, Zip C | ode | | | ASBESTOS, CONTROL & | | | | | | | | | |
| ☐ DOL | Amendment Emergency | - | - [| OC | EAN of Contact | 007 | TY | NJ | ASBESTOS CONTROL & | | | | | | | | | |
| DOH DOH | justification) | | | | | | | | Telephone | | | | | | | | | |
| DCA | Cancellation | | | | 4 | | | w | | | | | | | | | | |
| Name of Facility Where | Abatement is Takin | g Place (3 | 3) | FAC | ILITY INF | ORMAT | ION | Type of Facility | lity (4) | | | | | | | | | |
| RESIDENTI | | 9 / 1000 (0 | ·) | | | | | | C. (100 C. (10 | | | | | | | | | |
| Street Address | 76 | | | | | | | School (K | (-12) er 8 (Other than | K-12) | | | | | | | | |
| | | | | | | | | Other (i.e | . private & comm | nercial l | buildi | ngs, ł | nome | es, | | | | |
| City (5) | | | | | | | - | etc.) Square Feet | # of Floors | | T RI | ildg. Age | | | | | | |
| LINWOOD | | | | | | | | 1200 | | | MA | | | | | | | |
| County (6) | | | T | County | Code (7) | | | Current Use (Prior if being demolished) | | | | | | | | | | |
| | | | | | USE ONLY |) | | | | | | | | | | | | |
| Name of Monitoring Firm | Hired by Building | Owner (8) | | ASC | M No. | | Name | RESIDENTIAL ne of Abatement Contractor (9) | | | | | | | | | | |
| ATCAS E | NU. 1251 | 2 | | | | | FRY | YMAR CONST INC. | | | | | | | | | | |
| 7 | | | | | | | | t Address | | | | | | | | | | |
| 10 BOX 110 | , 45 | | | | | | POI | BOX 11587 | | | | | | | | | | |
| City, State, Zip Code | - 1911 | // | | | | | City, S | tate, Zip Code | / | | | | | | | | | |
| Project Manager for Mon | | 0 | | | | | 1/41 | 14 PA | 19116 | | | | | | | | | |
| JASON DU | itoring Firm | | - | Telepho | | | | one No. | Licens | | | | | | | | | |
| Start Date (10) | 1/4 | Schedule | ed Corr | opletion | 24.469 Date (11) | 3 | | 7-784-41 9 of OSHA Monito | | 76 | | | | | | | | |
| 2-20-17 | | 2-7 | | | Date (11) | | | | SYN | | | | | | | | | |
| Occupancy Status During | Abatement (Check | Only On | e) | | | | | Address | W/f | 1/ | | | | | | | | |
| Facility Closed/Vaca | | | | ent | | | and the state of t | Hower | ow Pi | / | | | | | | | | |
| Abatement Performe | ed Outside of Norm | al Facility | Hours | CIIL | | | City, St | ate, Zip Code | 1 / | | | | | | | | | |
| Other – Describe: _ | | | | | | _ | PHI | | 19116 | | | | | | | | | |
| Scope of Work (Check Al | l That Apply) | | | | | | 2 3 1 | 1 , , , , | 1110 | | | | | | | | | |
| ≥3 sf or ≥3 lf | | / ZZ/R | enovat | ion | | | | Full Containr | nent with Negati | ve Pres | ssure | í | | | | | | |
| 2160 sf or ≥260 lf | | ☐ D | emoliti | on | | | H | Mini-Enclosure Glovebag Procedure | | | | | | | | | | |
| | | | | | | | 4 | | ed (*) and Non-F | riable F | roce | dure | | | | | | |
| | | Is | Locatio | on | | | | | | | Α | baten | | | | | | |
| Location | | | ormall | | | Des | scription | of | | - | | Туре | e | | | | | |
| Asbestos-Containing I TO BE ABA | | | d Solel | | | | | aterial (ACM) | Amount | | | | ш | _ | | | | |
| In Facilit | | Custo | odial S | taff? | (i.e. | | systems cing, VAT | insulation, , or | (Specify SF or LF) | | Remova | Repair | Encapsulate | Enclosure | | | | |
| (13) | | | (12) | | | other n | niscellane | eous) | | | ova | pair | sula | osur | | | | |
| | | Yes | No | N/A | | | | | | | | | ite | œ | | | | |
| FRAMSITE, | PAN=15 | | 1 | | TRA | r511 | - /s | Parale | 400 | 2 | 1 | | \forall | | | | | |
| IN BASENTEN | | | | | 1/1/5 | y 361 | 2 0 | 10-015 | 709 | 1 | + | _ | - | _ | | | | |
| 10 13/496166 | -/ | | | | | | | | | | - | - | - | _ | | | | |
| | | - | | | | | | | | | | _ | | | | | | |
| Name of Desistered Mest | - 11- 1 | | | | | | | | | | | | | | | | | |
| Name of Registered Wast | e nauier | | 0.000 | IDEP Waller ID | | Cubic of Was | | Name of | Registered Lan | dfill | | | | | | | | |
| FRYMAR COD | USTRUCTI | ON | 00 | 36 | 759 | | 1 | Coffe | WS | | | | | | | | | |
| City, State | PA | | | - 5-5 | | Dispos | al Date | City, Sta | te / | | / | 7. | | | | | | |
| 1/11/1/ | 11 | | | | | 2.3 | 20-1 | 7 700 | 1/yTown | | 1- | 7- | | | | | | |
| Completed by | c 10 | Title | 01 | 1 . | | Si | ignature | 7 /. | | Date | ال | | | | | | | |
| CHIHIOI D | 0/1 | V. | 11) | 5 |) | | 3/2 | | | 2-6 | 5 - | 17 | | | | | | |