CH 4601 Tou # 180 29 NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 02/11/2020 **NJDPMC** Agencies Notified Type Notification Street Address 33 West State St., 9th Floor **EPA** Initial DEP City, State, Zip Code Amended DOL Amendment # Trenton, NJ 08625-0034 Emergency (including Name of Contact Telephone Number DOH justification) DCA Regina Bruno 609-433-8745 Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Former Residence, BLUE ACRES DEMOLITION School (K-12) Street Address Subchapter 8 (Other than K-12) 420 Brookside Ave. Other (i.e. private & commercial buildings, homes, × etc.) City (5) Square Feet # of Floors Bldg. Age Oakhurst, NJ 2000 50+ County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Monmouth County Abandoned, BLUE ACRES Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Yannuzzi Group, Inc. Street Address Street Address 135 Kinnelon Road City, State, Zip Code City, State, Zip Code Kinnelon, NJ 07405 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 908-218-0880 01228 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 02/13/2020 03/04/2020 Yannuzzi Group, Inc. Occupancy Status During Abatement (Check Only One) Street Address 135 Kinnelon Road Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Kinnelon, NJ 07405 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Туре Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Repair Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A First Floor X Double Layerer Floor Tile & Mast 150 SF X Second Floor X 9x9 Grey Vinyl Flooor Tile 350 SF

Flue Packing Cement

Transite Panel Pieces and Debris

Cubic Yards

of Waste

X

NJDEP Waste

Basement

Ground

Name of Registered Waste Hauler

×

4 SF

50 SF

Name of Registered Landfill

X

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

|  |  |                |   | N OF ASB<br>t to NJAC  |                             |   |                                |                          |                                 | C      |     | W  |            | The second  |           |  |  |  |
|--|--|----------------|---|--|-----------------------------|---|--------------------------------|--------------------------|---------------------------------|--------|-----|--|------------|---|-----------|--|--|--|
| Date of Notification (1) 02/11/2020  | Name of Building Owner/Operator (2) NJDPMC FEB 2020  |                |   |  |                             |   |                                |                          |                                 |        |     | The same of the sa |            |   |           |  |  |  |
| Agencies Notified Type Notificatio   | Type Notification Street Address 33 West State St., 9th Flo  |                |   |  |                             |   |                                |                          |                                 | ED     | 1   | 202  | U          | Emp   |           |  |  |  |
| DEP Amended Amendmen   |  |                |   | ate, Zip Co<br>on, NJ 0  | FSC.                        | Charles a la l |                                |                          |                                 |        |     |  |            |   |           |  |  |  |
| DOH justification  | 1)   |                |   | of Contact<br>a Bruno  |                             |   |                                |                          |                                 | ephone |     |  | ANNA STORY | dame and the control of the control |           |  |  |  |
| DCA Cancellation   | ORMATI   | 609-433-8745   |   |  |                             |   |                                |                          |                                 |        |     |  |            |   |           |  |  |  |
| Name of Facility Where Abatement is Taki<br>Former Residence, BLUE ACRES   | ORWATI   | ON             | Туре  | of Facility (  |                             |   |                                |                          |                                 |        |     |  |            |   |           |  |  |  |
| Street Address<br>420 Brookside Ave.   | School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)                |                |   |  |                             |   |                                |                          |                                 |        |     |  |            |   |           |  |  |  |
| City (5)<br>Oakhurst, NJ   |  |                | Squa<br>200                                 | are Feet   | # of 2                      | Floors  | ,                              | 1000                     | ldg. A                          | ge     |     |  |            |   |           |  |  |  |
| County (6)<br>Monmouth County  |  |                | Code (7)<br>USE ONLY                        | )  |                             |   | ent Use (Prid<br>andoned, E    |                          |                                 |        | ed) |  |            |   |           |  |  |  |
| Name of Monitoring Firm Hired by Building n/a  | )  |                |   |  |                             |   | ne of Abatement Contractor (9) |                          |                                 |        |     |  |            |   |           |  |  |  |
| Street Address   |  |                |   | t Addre  | ss<br>elon Road             |   |                                |                          |                                 |        |     |  |            |   |           |  |  |  |
| City, State, Zip Code  |  |                | City, State, Zip Code<br>Kinnelon, NJ 07405 |  |                             |   |                                |                          |                                 |        |     |  |            |   |           |  |  |  |
| Project Manager for Monitoring Firm  | Telepho  | ne No.         |   |  | bhone No. License No. 01228 |   |                                |                          |                                 |        |     |  |            |   |           |  |  |  |
| Start Date (10)<br>02/13/2020  | npletion   | Date (11)      |   |  |                             | HA Monitor<br>Group, Inc                        | 2079);                         |                          |                                 |        |     |  |            |   |           |  |  |  |
| Occupancy Status During Abatement (Che   |  | Street Address |   |  |                             |   |                                |                          |                                 |        |     |  |            |   |           |  |  |  |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:                       | 135 Kinnelon Road  City, State, Zip Code  Kinnelon, NJ 07405   |                |   |  |                             |   |                                |                          |                                 |        |     |  |            |   |           |  |  |  |
| Scope of Work (Check All That Apply)   |  |                |   |  |                             | KIIIII  | eion,                          | NJ 07405                 | 1//                             |        |     |  |            |   |           |  |  |  |
| ≥3 sf or ≥3 if<br>≥160 sf or ≥260 if   | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure |                |   |  |                             |   |                                |                          |                                 |        |     |  |            |   |           |  |  |  |
|  |  | Locati         | 53.0  |  |                             |   |                                |                          |                                 |        |     | Abatement<br>Type  |            |   |           |  |  |  |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Norm Used So Mainter Custodia (12) |  |                |   |  | tos Conta<br>thermal s      | system<br>ing, VA                               | /lateria<br>s insul:<br>\T, or |                          | Amount<br>(Specify<br>SF or LF) |        |     | Removal  | Repair     | Encapsulate   | Enclosure |  |  |  |
| 71   | Yes  | No             | N/A   |  |                             |   |                                |                          |                                 |        |     |  |            | Ф   |           |  |  |  |
| Throughout   |  |                | X   |  |                             | VAT   |                                |                          |                                 | 0 SF   | -   | X  |            |   |           |  |  |  |
| Windows  |  |                | X   |  |                             | Caulk   |                                |                          |                                 | 0 SF   | _   | X  |            |   |           |  |  |  |
| Garage Roof  |  |                | X   |  |                             | oofing  |                                |                          |                                 | 0 SF   | _   | Χ  |            |   |           |  |  |  |
| Second Floor Name of Registered Waste Hauler   |  |                | X   |  |                             |   | acking Pad 3 SF x              |                          |                                 |        |     |  |            |   |           |  |  |  |
| Yannuzzi Group, Inc.   |  | H              | JDEP W<br>auler ID<br>7467                  | THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW | Cubic Y<br>of Wast<br>10    |   | 3                              |                          |                                 |        |     |  |            |   |           |  |  |  |
| City, State<br>Kinnelon, NJ  |  |                |   |  | Disposa<br>03/04/           |   | 1                              | City, State<br>Morrisvil |                                 |        |     |  | 1,1000     |   |           |  |  |  |
| Completed by<br>John Mucha   | oject D  | esigner        |   | gnature  | 1                           | 1   |                                |                          | Date<br>03/0                    |        | 020 |  |            |   |           |  |  |  |

m#18078

PAID

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

| Date of Notification (1)<br>2/6/2020   |                         | Name of Building Owner/Operator (2) NJDPMC  |                 |   |   |                |  |   |  |        |                   |      |        | 1      |                 |           |  |  |  |  |
|--|-------------------------|---|-----------------|---|---|----------------|--|---|--|--------|-------------------|------|--------|--------|-----------------|-----------|--|--|--|--|
| Agencies Notified  | Type Notification       |   |                 | Street A  | ddress<br>est State                     | e St., 9       | th Floo  | or  | Property of the Control of the Contr |        | FEB               | 1 3  | 205    | 20     | distribution of |           |  |  |  |  |
| DEP<br>X DOL   | Amended Amendmen        | t #   | _               |   | ate, Zip Con, NJ 0                      |                | 0034   |   |  | 14     | 160               |      |        | 1000   |                 | 1         |  |  |  |  |
| □ DOH  | Emergency justification | )   |                 | 11 C.             | f Contact                               |                |  |   |  |        | lephone           |      |        | Acha!  | Ã.              | -         |  |  |  |  |
| ☐ DCA  | Cancellation            | n   |                 |   | a Bruno                                 |                |  |   | 1, 4   | 60     | 9-433             | -8/4 | 5      |        | radion in       |           |  |  |  |  |
| Name of Facility Where Abatement is Taking Place (3)   |                         |   |                 |   |   |                |  |   |  | (4)    |                   |      | -      |        |                 |           |  |  |  |  |
| Former Residence, BLUE ACRES DEMOLITION  |                         |   |                 |   |   |                |  |   | Type of Facility (4)  School (K-12)  |        |                   |      |        |        |                 |           |  |  |  |  |
| Street Address 413 Brookside Ave   |                         |   |                 |   |   |                |  |   | Subchapter 8 (Other than K-12)  Other (i.e. private & commercial buildings, homes,   |        |                   |      |        |        |                 |           |  |  |  |  |
| City (5)<br>Oakhurst, NJ   |                         |   |                 |   |   |                |  | etc.)  Square Feet  # of Floors  Bldg.  1400                  |  |        |                   |      |        |        | Age             |           |  |  |  |  |
| County (6) Ocean County  |                         |   |                 |   | Code (7)<br>USE ONLY                    | )              |  | Current Use (Prior if being demolished) Abandoned, BLUE ACRES |  |        |                   |      |        |        |                 |           |  |  |  |  |
| Name of Monitoring Firm  | Hired by Building       | Owner (8)                                   |                 | ASCN  | /I No.                                  |                | Name   | ne of Abatement Contractor (9)                                |  |        |                   |      |        |        |                 |           |  |  |  |  |
| n/a  |                         |   |                 |   |   |                | Yanr   | nuzzi Group, Inc.   |  |        |                   |      |        |        |                 |           |  |  |  |  |
| Street Address   |                         |   |                 |   |   |                |  | dress<br>nnelon Road  |  |        |                   |      |        |        |                 |           |  |  |  |  |
| City, State, Zip Code  |                         | City, State, Zip Code<br>Kinnelon, NJ 07405 |                 |   |   |                |  |   |  |        |                   |      |        |        |                 |           |  |  |  |  |
| Project Manager for Monitoring Firm  |                         |   |                 |   | ne No.                                  |                |  | phone No. License No. 01228                                   |  |        |                   |      |        |        |                 |           |  |  |  |  |
| Start Date (10)<br>2/11/2020   | d Cor                   |   |                 |   |   |                | e of OSHA Monitor<br>nuzzi Group, Inc.   |   |  |        |                   |      |        |        |                 |           |  |  |  |  |
| Occupancy Status During Abatement (Check Only One)   |                         |   |                 |   |   |                | Street Address   |   |  |        |                   |      |        |        |                 |           |  |  |  |  |
| Facility Closed/Vacated During Entire Period of Abater Abatement Performed Outside of Normal Facility Hour |                         |   |                 |   |   |                | 100000000000000000000000000000000000000  | Kinnelon Road<br>State, Zip Code                              |  |        |                   |      |        |        |                 |           |  |  |  |  |
| Other – Describe: _  |                         |   |                 | _   | 100000000000000000000000000000000000000 | elon, NJ 07405 |  |   |  |        |                   |      |        |        |                 |           |  |  |  |  |
| Scope of Work (Check Al  | l That Apply)           |   |                 |   |   |                | Fee.   | a   |  |        |                   |      |        |        | =110            |           |  |  |  |  |
| ≥3 sf or ≥3 if  ≥160 sf or ≥260 if   |                         |   | enova<br>emolit |   |   |                | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure |   |  |        |                   |      |        |        |                 |           |  |  |  |  |
|  | .ocati                  | tion  |                 |   |   |                | von-Exemple  | u ( ) an  | u 14011-1  | Habi   | Abatement         |      |        |        |                 |           |  |  |  |  |
| Location   | of                      | N   | ormal           | ly  |   | De             | scription  | of  |  |        |                   |      |        | ре     |                 |           |  |  |  |  |
| Asbestos-Containing  | Material (ACM)          |   | Sole            |   |   | tos Con        | taining M  | /late   | rial (ACM)   | Amount |                   |      |        |        | m               | -         |  |  |  |  |
| TO BE ABA  |                         | Custo                                       | dial S          | 10000000  | (i.e.                                   |                | systems<br>cing, VA  |   |  |        | Specify<br>or LF) |      | Remova | Repair | псар            | nclo      |  |  |  |  |
| (13)   |                         |   | (12)            |   |   |                | niscellan  |   |  |        | ,                 |      | ova    | oair   | Encapsulate     | Enclosure |  |  |  |  |
|  | 74                      | Yes   | No              | N/A   |   |                |  |   |  |        |                   |      |        |        | te              | (D        |  |  |  |  |
| Laundry R  | loom                    |   |                 | Х   | Cem                                     | ent Flu        | ı on wa  | ater  | heater   | 1      | 0 LF              |      | X      |        |                 |           |  |  |  |  |
| Kitche   | n                       |   |                 | X   |   | F              | oor Tile   | е   |  | 150 LF |                   |      | X      |        |                 |           |  |  |  |  |
| Exterio  | or                      |   |                 | Х   |   | Win            | dow Ca   | aulk  |  | 1:     | 20 LF             |      | X      |        |                 |           |  |  |  |  |
|  |                         |   |                 |   |   |                |  |   |  |        |                   |      |        |        |                 |           |  |  |  |  |
| Name of Registered Wast<br>Yannuzzi Group, Inc.  |                         |   | Н               | NJDEP Waste Hauler ID No. 17467  Cubic Yards of Waste |   |                |  | Name of Registered Landfill Grows Fairless                    |  |        |                   |      |        |        |                 |           |  |  |  |  |
| City, State<br>Kinnelon, NJ  |                         |   |                 | 2 053   |   | Dispos         | sal Date   |   | City, Stat   |        | Α                 |      |        |        | (               |           |  |  |  |  |
| Completed by<br>John Mucha   |                         | Title                                       | Λ D-            | oicat D   | logian -                                | 8              | Signature  | )   | 1 /  | n      | 1                 | Dat  |        | 0000   |                 |           |  |  |  |  |
| JOHN WILLIA  | API                     | esigner                                     |                 | 1   | 71                                      | ul /           | we   | L   | 03/03/2020   |        |                   |      |        |        |                 |           |  |  |  |  |

Inv#18 NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 02/11/2020 **NJDPMC** Agencies Notified Type Notification Street Address 33 West State St., 9th Floor **EPA** Initial City, State, Zip Code DEP Amended × DOL Amendment # Trenton, NJ 08625-0034 Emergency (including Name of Contact Telephone Number DOH iustification) Regina Bruno 609-433-8745 DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Former Residence, BLUE ACRES DEMOLITION School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, × 448 Brookside Ave City (5) Square Feet # of Floors Bldg. Age Oakhurst, NJ 2500 50+ County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Monmouth County Abandoned, BLUE ACRES Name of Monitoring Firm Hired by Building Owner (8) ASCM No Name of Abatement Contractor (9) Yannuzzi Group, Inc. Street Address Street Address 135 Kinnelon Road City, State, Zip Code City, State, Zip Code Kinnelon, NJ 07405 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 908-218-0880 01228 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 02/13/2020 03/04/2020 Yannuzzi Group, Inc. Occupancy Status During Abatement (Check Only One) Street Address 135 Kinnelon Road Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Kinnelon, NJ 07405 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Туре Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Removal **Custodial Staff?** In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Floor 1 X Black Mirror Mastic 120 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Yannuzzi Group, Inc. **Grows Fairless** 2 17467 City, State Disposal Date City, State Kinnelon, NJ 03/04/2020 Morrisville, PA Completed by Title Signature Date John Mucha AHERA Project Designer 03/04/2020

State of New Jersey

Inv# 18054

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

| Date of Notification (1) 02/11/2020  |   |                                  | 4.0   | Name o                                      | of Building<br>MC  | Owner   | r/Operator   | (2)  |   |                          |                    | <u> </u> | <u>ll</u>       | National Control of the Control of t | and the second |           |  |  |  |
|--|---|----------------------------------|---|---|--|---|--|--|---|--------------------------|--------------------|----------|-----------------|--|----------------|-----------|--|--|--|
| Agencies Notified  EPA   | Type Notification  Initial              |                                  | - 1   | Street Address 33 West State St., 9th Floor |  |   |  |  |   |                          |                    |          |                 |  |                |           |  |  |  |
| DEP<br>X DOL   | Amended Amendment                       |                                  | City, State, Zip Code Trenton, NJ 08625-0034 Trenton, NJ 08625-0034 |   |  |   |  |  |   |                          |                    |          |                 |  |                |           |  |  |  |
| DOH DCA  | justification) Cancellation             |                                  | 100   | Name o<br>Regin                             | Telephone Number<br>609-433-8745   |   |  |  |   |                          |                    |          |                 |  |                |           |  |  |  |
| Name of Facility Where Former Residence,   |   | ILITY INFO                       | (4)<br>12)  |   |  |   |  |  |   |                          |                    |          |                 |  |                |           |  |  |  |
| 415 Brookside Avenue   |   |                                  |   |   |  |   |  |  | Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) |                          |                    |          |                 |  |                |           |  |  |  |
| City (5)<br>Oakhurst, NJ   |   |                                  |   |   |  |   |  | Sqi<br>20  | uare Feet<br>00   | # of<br>2                | # of Floors        |          |                 | Bldg. Age<br>50+   |                |           |  |  |  |
| County (6)<br>Monmouth County  |   |                                  | Code (7)<br>USE ONLY)   |   |  | Current Use (Prior if being demolished) Abandoned, BLUE ACRES |  |  |   |                          |                    |          |                 |  |                |           |  |  |  |
| Name of Monitoring Firm  | Hired by Building                       | Owner (8)                        |   | ASCN  | /I No.   |   | 191100000000000000000000000000000000000                          | ne of Abatement Contractor (9)   |   |                          |                    |          |                 |  |                |           |  |  |  |
| Street Address   |   |                                  |   |   | t Address<br>Kinnelon Road   |   |  |  |   |                          |                    |          |                 |  |                |           |  |  |  |
| City, State, Zip Code  | City, State, Zip Cod<br>Kinnelon, NJ 07 |                                  |   |   |  |   |  |  |   |                          |                    |          |                 |  |                |           |  |  |  |
| Project Manager for Monitoring Firm  |   |                                  |   |   | The state of the s |   |  | none   |   | License No.<br>01228     |                    |          |                 |  |                |           |  |  |  |
| Start Date (10)<br>02/13/2020  | ed Com                                  |                                  |   |   |  |   | ne of OSHA Monitor<br>nnuzzi Group, Inc.                         |  |   |                          |                    |          |                 |  |                |           |  |  |  |
| Occupancy Status Durin   |   | Street Address 135 Kinnelon Road |   |   |  |   |  |  |   |                          | ::                 |          |                 |  |                |           |  |  |  |
| Facility Closed/Vac<br>Abatement Perform<br>Other – Describe:  |   |                                  | Zip Code  |   |  |   |  |  |   |                          |                    |          |                 |  |                |           |  |  |  |
| Scope of Work (Check A   | II That Apply)                          |                                  |   | <del></del>                                 |  |   | 0,0,   | ,, 110 01 100  |   |                          |                    |          |                 |  | $\dashv$       |           |  |  |  |
| ≥3 sf or ≥3 lf  Renovation  ≥160 sf or ≥260 lf  Demolition   |   |                                  |   |   |  |   | ×  | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure |   |                          |                    |          |                 |  |                |           |  |  |  |
|  | Location                                |                                  |   |   |  |   |  |  |   |                          | Abatement<br>Type  |          |                 |  |                |           |  |  |  |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Norma Used Sol Maintena Custodial (12) |   |                                  |   |   |  | therma  | escription<br>ntaining M<br>al systems<br>acing, VA<br>miscellan | fater<br>s insi<br>T, or   |   | ation, (Speci<br>SF or I |                    |          | Domousi         | Repair   | Encapsulate    | Enclosure |  |  |  |
| Utility Rm. beh  | ind kitched                             | Yes                              | No  | N/A<br>X                                    |  |   | VAT  |  | -   | 475                      |                    | X        | +               |  |                |           |  |  |  |
| Walk-in C  |   |                                  |   | X   |  |   | VAT  |  |   |                          | 175<br>150         |          | +               |  |                | -         |  |  |  |
| Close  |   |                                  |   | X   |  |   | VAT  |  |   |                          | 20                 | X        | 1               |  |                |           |  |  |  |
| Chimney a  | nd vent                                 |                                  |   | Х   |  |   | Flashing   |  |   |                          | 20                 | X        | -               |  |                | $\Box$    |  |  |  |
| Name of Registered Was   |   |                                  | 1152  | JDEP W                                      |  | Cubi  | c Yards  |  | Name of F   |                          | egistered Landfill |          |                 |  |                |           |  |  |  |
|  |   |                                  |   |   | No.  | aste  | Blythe Landfill  |  |   |                          |                    |          |                 |  |                |           |  |  |  |
| City, State<br>Kinnelon, NJ  |   |                                  |   | Disposal Date 03/04/2020                    |  |   |  |  |   |                          |                    |          |                 |  |                |           |  |  |  |
| Completed by John Mucha  | Title AHERA Project Designe             |                                  |   |   |  |   | Signature  |  |   |                          |                    |          | Date 03/04/2020 |  |                |           |  |  |  |

(Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 02/11/2020 **NJDPMC** Agencies Notified 2020 Type Notification Street Address 33 West State St., 9th Floor **EPA** Initial City, State, Zip Code DEP Amended ENDE CONTROLA Trenton, NJ 08625-0034 × DOL Amendment # KERISHIG Emergency (including Name of Contact Telephone Number DOH justification) 609-433-8745 Regina Bruno DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Former Residence, BLUE ACRES DEMOLITION School (K-12) Street Address Subchapter 8 (Other than K-12) × Other (i.e. private & commercial buildings, homes, 412 Brookside Ave City (5) Square Feet # of Floors Bldg. Age Oakhurst, NJ 1400 50+ Current Use (Prior if being demolished) County (6) County Code (7) (STATE USE ONLY) Monmouth County Abandoned, BLUE ACRES Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) n/a Yannuzzi Group, Inc. Street Address Street Address 135 Kinnelon Road City, State, Zip Code City, State, Zip Code Kinnelon, NJ 07405 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 908-218-0880 01228 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 02/13/2020 03/04/2020 Yannuzzi Group, Inc. Occupancy Status During Abatement (Check Only One) Street Address 135 Kinnelon Road Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Kinnelon, NJ 07405 Scope of Work (Check All That Apply) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Amount Encapsulate Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Enclosure Remova Repair Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)(13)other miscellaneous) Yes No N/A Floor 1 X Sink Undercoating 3 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Grows Fairless Yannuzzi Group, Inc. 17467 Disposal Date City, State City, State 03/04/2020 Morrisville, PA Kinnelon, NJ Completed by Signature Date John Mucha AHERA Project Designer 03/04/2020

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

Inv 18053

INV # 18058 State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

| Date of Notification (1) 02/11/2020   |   | T  | Name of  | f Building                                  | Owner/0                                 | Operator   | (2)   |  |                                 |        | \    |                    | 271              |             |           |  |  |  |  |
|---|---|--|--|---|---|--|---|--|---------------------------------|--------|------|--------------------|------------------|-------------|-----------|--|--|--|--|
| Agencies Notified Type Notification   |   |  |  |   |   |  |   |  | FE                              | B 13   | 20   | 20                 | Mark to the same |             |           |  |  |  |  |
| EPA   Initial   Amended   |   |  |  | st State                                    | •                                       | th Floo  | r   |  | 0 6                             |        | 20   | 20                 | i den            | 200         |           |  |  |  |  |
| DOL Amendment :   |   | _ [  | Trento   | n, NJ 08                                    |   | 0034   |   | 1  |                                 |        | 1.50 |                    |                  |             |           |  |  |  |  |
| DOH justification)  DCA Cancellation  | J   | Name of Contact Regina Bruno  Regina Bruno  Regina Bruno  Regina Bruno |  |   |   |  |   |  |                                 |        |      |                    |                  | 000         |           |  |  |  |  |
| Name of Facility Where Abatement is Taking  | Type of Facility (4)  |  |  |   |   |  |   |  |                                 |        |      |                    |                  |             |           |  |  |  |  |
| Former Residence, BLUE ACRES DEMOLITION   |   |  |  |   |   |  |   |  | School (K-12)                   |        |      |                    |                  |             |           |  |  |  |  |
| Street Address<br>446 Brookside Ave   | Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) |  |  |   |   |  |   |  |                                 |        |      |                    |                  |             |           |  |  |  |  |
| City (5)<br>Oakhurst, NJ  |   | Square Feet # of Floors B  |  |   |   |  |   | Bldg. Age<br>50+   |                                 |        |      |                    |                  |             |           |  |  |  |  |
| County (6)<br>Monmouth County   |   |  |  | Code (7)<br>USE ONLY)                       | -                                       |  |   | ent Use (Prid<br>Indoned, E  |                                 |        |      | d)                 |                  |             |           |  |  |  |  |
| Name of Monitoring Firm Hired by Building C<br>n/a  | Owner (8)   |  | The state of the s |   |   |  |   | ne of Abatement Contractor (9) Innuzzi Group, Inc.   |                                 |        |      |                    |                  |             |           |  |  |  |  |
| Street Address  | 1   |  |  |   | et Address<br>5 Kinnelon Road           |  |   |  |                                 |        |      |                    |                  |             |           |  |  |  |  |
| City, State, Zip Code   |   |  |  | City, State, Zip Code<br>Kinnelon, NJ 07405 |   |  |   |  |                                 |        |      |                    |                  |             |           |  |  |  |  |
| Project Manager for Monitoring Firm   |   | Telepho  | ne No.   |   | 100000000000000000000000000000000000000 | Telephone No. License No. 908-218-0880 01228                 |   |  |                                 |        |      |                    |                  |             |           |  |  |  |  |
| Start Date (10)<br>02/13/2020   | d Com   |  |  |   |   |  | e of OSHA Monitor<br>nnuzzi Group, Inc.       |  |                                 |        |      |                    |                  |             |           |  |  |  |  |
| Occupancy Status During Abatement (Check Only One)  |   |  |  |   |   |  |   | Street Address   |                                 |        |      |                    |                  |             |           |  |  |  |  |
| Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: | eriod of A<br>al Facility   | batem  | ent  |   |   | 135 Kinnelon Road  City, State, Zip Code  Kinnelon, NJ 07405 |   |  |                                 |        |      |                    |                  |             |           |  |  |  |  |
| Scope of Work (Check All That Apply)  |   |  |  |   |   | Mili   | TAILLIGION, NO 07-700                         |  |                                 |        |      |                    |                  |             |           |  |  |  |  |
| <ul><li>X ≥3 sf or ≥3 if</li><li>≥160 sf or ≥260 if</li></ul>                                 | ≥3 If Renovation  |  |  |   |   |  |   | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure |                                 |        |      |                    |                  |             |           |  |  |  |  |
|   | Locati  | ation  |  |   |   |  | n Exempted                                    | ( ) 411  | y and Hon-i habi                |        |      | Abatement          |                  |             |           |  |  |  |  |
| Location of<br>Asbestos-Containing Material (ACM)   | Use   | lormal<br>d Sole   | ly by  | Ashesi                                      |   | scription  |   | I (ACM)  | Α                               | Amount |      |                    | Туре             |             |           |  |  |  |  |
| TO BE ABATED In Facility (13)   | Cust  | Maintenance/<br>Custodial Staff?<br>(12)                               |  |   | thermal<br>surfa                        | l system<br>cing, VA<br>miscellar                            | s insul<br>T, or                              | ation,   | Amount<br>(Specify<br>SF or LF) |        |      | Removal            | Repair           | Encapsulate | Enclosure |  |  |  |  |
| Floor 1   | Yes   | No   | N/A  |   | Thu not                                 | oleina C   | `~ ~~   | -+   |                                 |        | _    | 15                 |                  | · ·         |           |  |  |  |  |
| Floor 1   |   |  | X  | -   | ·iu pad                                 | cking C  | eme   | nt   |                                 | 6 SF   |      | X                  |                  |             | -         |  |  |  |  |
|   |   |  |  |   |   |  |   |  |                                 |        |      |                    |                  |             |           |  |  |  |  |
| Name of Designated Wests House  |   | LN   | IDED IA  | lanta                                       | Cubia                                   | Varda  |   | Nome of  | Dominto                         |        | 4EII |                    |                  |             |           |  |  |  |  |
| Name of Registered Waste Hauler<br>Yannuzzi Group, Inc.                                       |   | Н  | JDEP W<br>auler ID<br>7467   |   | of Wa                                   | Yards  | ds Name of Registered Landfill Grows Fairless |  |                                 |        |      |                    |                  |             |           |  |  |  |  |
| City, State<br>Kinnelon, NJ   |   |  |  |   |   | sposal Date City, State 8/04/2020 Morrisville, PA            |   |  |                                 |        |      |                    |                  |             |           |  |  |  |  |
| Completed by<br>John Mucha  | Title<br>AHEF   | RA Pr  | oject E  | Designer                                    |   |  |   |  |                                 |        |      | Date<br>03/04/2020 |                  |             |           |  |  |  |  |