| Ch 409 | | IOI | S IC TION Pursuan | tate of Ne N OF ASE to NJAC | w lerse ESTOS 8.60 an | ABATE d 12:12 | MEN 0) | т | |) <u>E</u> | CE | | \mathbb{V} | |
|---|---|--------------------------|-------------------------|-----------------------------------|-----------------------------|--|---|--|-----------|----------------------------|--------------------|-------------------------------|--------------|-------------------|
| Date of Notification (1) 02/07/2020 02/07/2020 |) = = | | Name o ResiF | of Building Pro | Owner/0 | Operator | r (2) | | | F | EB 1 | 4 2 | 020 | The second second |
| Agencies Notified Type Notification EPA Initial | | | | Address Piedmo | nt Roa | d | | | lud . | Mary 2-102 (Compressed) | Magazina di Palama | rate and a special control of | was with mag | |
| DEP Amended Amendment | # | _ | | ate, Zip C ta GA 30 | | | | | - Commont | ASBE | LICE: | A | | 8 |
| DOH Emergency (justification) Cancellation | including | | Name o Sheri | of Contact Borg | | | | | | ephone 1 73-328- | | | | |
| Name of Facility Where Abatement is Taking | Dlace /3 | \ | FAC | ILITY INF | ORMAT | ION | T | 5 = - 104 - 7 | 4) | | | | | |
| N/A | g Flace (S |) | | | | | Тур | e of Facility (School (K-1 | 33,400 | | | | | |
| Street Address | | | | | | | × | Subchapter Other (i.e. p | 8 (Oth | | | ilding | s, hom | es, |
| City (5) Paterson NJ | | | | | | | Squ 1,3 | are Feet | # 0 | f Floors | | Bldg. 1940 | | |
| County (6) Passaic | | | | Code (7) USE ONLY |) | | Curi | rent Use (Pri sidence | or if bei | ng demo | lished) | | | |
| Name of Monitoring Firm Hired by Building (| Owner (8) | | ASC | Л No. | | | | atement Cor ark Industr | | (9) | | | | |
| Street Address | | | | | | Street 54 N | 100000000000000000000000000000000000000 | ess an Dr | | | | | | |
| City, State, Zip Code | | | | | | City, S Spar | state, rta N | Zip Code IJ 07871 | | | | | | |
| Project Manager for Monitoring Firm | | | Telepho | ne No. | | Teleph 973- | | No. -2645 | | License 01334 | | | | |
| Start Date (10) 02/08/2020 | Schedule 02/20/2 | | | Date (11) | | | | SHA Monitor ark Industr | ial | | | | | |
| Occupancy Status During Abatement (Check | | | | | | Street 54 M | | ess an Dr | | | | 7 3-7, 17 | | |
| Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: | eriod of A al Facility | baten | nent s | | | City, S | itate, | Zip Code IJ 07871 | | - | | | | |
| Scope of Work (Check All That Apply) | | | | | | Ора | ita iv | 10 07 07 1 | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | STORY | enova emolit | | | | × | | ull Containme ini-Enclosure lovebag Proc | edure | | | | | |
| | ls | Locati | ion | | | | i N | on-Exempted | (") and | I NON-Fr | lable Pr | Same a | re emen | t |
| Location of | 11000 | ormal | | | | scription | | | | | - | T | уре | _ |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Mai | ntena odial S (12) | nce/ | Asbes (i.e. | thermal surface | aining M systems cing, VA niscellan | s insu T, or | | (S | mount specify or LF) | Remova | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | | | = | | ate | œ' |
| Basement | | X | | | duct | insula | tion | | 11 | 10 LF | Х | | | |
| | | (less years | | | | | | | | - | | | | |
| N(B | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler Newark Carting | | 1000 | IJDEP W lauler ID | | Cubic of Was 3 | | | Name of F | | | | ndfill | | |
| City, State Newark NJ | | | | | Dispos | al Date | | City, State | | 4 | | | | |
| Completed by Corey Stankovic | Title CEO | | | | S | ignature | (= | Farka | · ~ | | Date 2/07/2 | 2020 | | |

| Amended | 1 | NOTIF | ICA 10 | tate of No N-OF ASE 1-10 NJAC | SESTOS | ABATEN | PNT " | Control of the contro |) <u>E</u> | E | | \mathbb{V} | |
|---|-------------------|---|--------------------|-------------------------------------|--------------------------------|-------------------|---|--|----------------------------|------------------|-----------------|--------------|--|
| Date of Notification (1) 12/26/2019 | 79 | 4 | Name | of Building G Tom F | Owner/G River Bl | operator (| 2) 3 | | FE | B 1 | 4 2 | 020 | The state of the s |
| Agencies Notified Type Notification EPA Initial | 3 - 0 | 9 (2) | | Address crest Ce | enter, S | uite 310 |) | 100 | | | PATION DISC | Mariana | 100 |
| DEP X Amended Amendment | | | | ate, Zip C g Valley | | | | | ASBES | LICEN | | | 2 |
| DOH Emergency (justification) Cancellation | including | | | of Contact Martino | | | | | lephone Nu 32-444-4 | | | | |
| Name of Facility Where Abatement is Taking Former K-Mart | Place (| (3) | FAC | ILITY INF | ORMAT | | Type of Facility | (4) | | | | | |
| Street Address 213 Route 37 East | | | | | The US | | School (K-Subchapte Other (i.e. etc.) | r 8 (Oth | er than K-1 & commerc | l2) cial buil | dings | , hom | es, |
| City (5) Toms River | | | | | | | Square Feet 84,121 | # 0 | f Floors | | 3ldg. / 1965 | | |
| County (6) Ocean | | | County (STATE | Code (7) USE ONLY |) | _ | Current Use (Pr commercial | ior if be | ng demolis | hed) | | | |
| Name of Monitoring Firm Hired by Building C Envirovision | wner (8 |) | ASCI 000 | M No. 79 | | Name o Chec | f Abatement Co kmark Indust | ntractor trial | (9) | | | | |
| Street Address 20-21 Wagaraw Road | | | | | | Street A 54 Mo | ddress organ Dr | | | | | | |
| City, State, Zip Code Fair Lawn NJ 07410 | | | | | | | ate, Zip Code a NJ 07871 | | | | | | |
| Project Manager for Monitoring Firm Fred Larson | | | Telepho 973-6 | ne No. 36-9145 | 5 | Telepho 973-5 | ne No. 70-2645 | | License N 01334 | No. | | | |
| Start Date (10) 1/8/2020 | Schedul 4/8/20 | ed Con 20 | npletion | Date (11) | | | f OSHA Monitor Ovision | | | | | | |
| Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P | 1728 | 100 | ent | | | Street A 20-21 | ddress Wagaraw R | oad . | | | | | |
| Abatement Performed Outside of Normal Other – Describe: | al Facility | y Hours | ion. | | _ | | te, Zip Code awn, NJ | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | - | Renova Demoliti | 11.JUSE | | | × | Full Containm Mini-Enclosur Glovebag Pro Non-Exempte | e cedure | S=1 | | | e | |
| Location of | 9 55 | Location Normall | 7 | | Doo | scription o | | | | | Abate | ement pe | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Ma | ed Solel intenar todial S (12) | ice/ | | tos Conta thermal surfac | aining Ma | terial (ACM) nsulation, or | (S | mount pecify or LF) | Remova | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | <u></u> | | | | | | te | Ф |
| | | | | | | | | | | | | | |
| Center | | X | | | floor | tile mas | tic | 39,0 | 000 SF | Х | | | |
| Name of Registered Waste Hauler Newark Carting | | 3.50 | JDEP W auler ID | | Cubic Yof Was | | 100000000000000000000000000000000000000 | | red Landfill al Sanitar | | ndfill | | |
| City, State Newark NJ | | | | | Dispos | al Date | City, Stat Pen Ar | | λ. | | | | |
| Completed by Corey Stankovic | Title CEO | | | | Si | gnature | Starke | · N | Da 1: | ite 2/26/2 | 2019 | | |

State of New Jersey NOTIFICATION OF ASBESTOS ABAT (Pursuant to NJAC 8:60 and 5: 1 4 2020 Date of Notification (1) Name of Building Owner/Operator 2 12 1 Semaj McCullough Job Number: 2002-2549 Check#2288 Agencies Notified Type Notification Street Address LICENSING **⊠** EPA **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DHSS Amendment # Willingboro NJ 08046 ☐ Emergency (including ☐ DCA Name of Contact (NJAC 5:23-8) justification) Telephone Number □ Cancellation Semaj McCullough **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residential Property 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 Willingboro 1,570 57 years County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Burlington Residential Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Horizon Environmental Asbestos and Mold Services, Corp. Street Address Street Address PO Box 316 1835 Underwood Blvd City, State, Zip Code City, State, Zip Code Thorofare, NJ 08086 Delran, NJ 08075 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Dave Flanigan 856-848-0800 609-702-0400 00862 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 2 / 21 / 20 2 / 23 / 20 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 200 U.S. Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: _AM-PM/ PMtriday kea Shift 5 WEEKENDING Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☑ Full-Containment with Negative Pressure Enclosure $\square \ge 3$ sf or ≥ 3 If □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 If ☐ Demolition Glovebag Procedure ☑ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Encapsulate Asbestos Containing Material (ACM) Amount nclosure Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Floor tile and Mastic X Dining Area & Kitchen 200 SF \boxtimes П П П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Asbestos and Mold Services **Grand Central** 0035680 5 City, State Disposal Date City, State Delran, NJ 2/23/20 Penn Argyle, PA Completed By (Print or Type) Title Signature Kaysi Gruner Office Assistant ASB-41 **MAY 11**

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

MV-18128

| 101000067779 | | NOTIF | ICATIO | tate of Ne N OF ASE to NJAC | ESTOS | АВАГЕМ 12:120) | ENT " | | EG | | \mathbb{V} | E | M |
|--|------------------|--------------------|--------------------------------|-----------------------------------|----------|--|---|------------------|-----------------------------|--|--|-------------|-----------|
| Date of Notification (1) 2/10/2020 Inv 1910 | 7 | | | | | Operator (2 ons US | | | FEB | 1 4 | 2020 | | |
| Agencies Notified Type Notification | - (| | U Justines | Address | Jointh | 0113 00 | TITO. | tol ha | | | | | rewome. |
| | | | | | Park | West [| Or | ļ | 000000 | 20.00 | VITO | 11 9 | |
| DEP Initial Amended | | | | tate, Zip C | 1237.000 | | | | SBESTO LIC | ZENSIN | IG | /L OX | |
| DOL Amendment # | | | Pitt | sburah | . PA. | 15275 | | Parameter annual | CHANGE STREET, ST. C. S. | port massives (1899) | CAT TO STREET, | - | - |
| ✓ DOH Emergency (ir justification) | ncluding | 3 | | of Contact | ,, | | | Tele | ephone Nu | umber | | | |
| DCA Cancellation | | | Joe | Ballo | | | | (9 | 08) 61 | 6-06 | 35 | | |
| | | | FAC | ILITY INF | ORMAT | | | | | | | | |
| Name of Facility Where Abatement is Taking | | 1945 | | | | | Type of Facility | (4) | | | | | |
| LanXess Solutions US Inc. P | erth / | Amb | oy Pla | ant | | | School (K- | r 8 (Othe | | | dinas | h a | |
| 1000 Convery Blvd. | | | | - M | | | Other (i.e. etc.) Square Feet | | Floors | NAMES AND THE PARTY OF THE PART | ildg. A | | es, |
| Perth Amboy | | | 0 . | 0 1 (7) | | | | | | | | J | |
| County (6) Middlesex | | | | Code (7) USE ONLY |) | | Current Use (Pr Manufacti | | ng demolis | shed) | | | |
| Name of Monitoring Firm Hired by Building On N/A | wner (8 |) | ASC | M No. | | A CONTRACTOR OF THE PARTY OF TH | f Abatement Co Inced Spe | | | ctors | | | |
| Street Address | | | | | | Street A | ddress Main Stre | et Ext | Suite | 2 10 | | | |
| City, State, Zip Code | | | | | | City, Sta | ite, Zip Code | 0. 2/1 | ., σαιτι | | | | |
| Project Manager for Manitoring Firm | | | Talaaba | NI- | | 1 | eville, NJ | | | | | | |
| Project Manager for Monitoring Firm | | | Telepho | | | 732-5 | 525-0100 | | License 1 | | | | |
| | Schedul 3/7/2 | | mpletion | Date (11) | | 1 | OSHA Monitor Onmental | | S | | | | |
| Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Pe | | | nont | | 9 | Street A | ddress oad St. | | | | 57 | | |
| Abatement Performed Outside of Norma Other – Describe: | | | | | | | te, Zip Code wan, NJ, (| 7747 | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renov | | | | F | Full Containm Mini-Enclosur Glovebag Pr | e | 401-12 0 0-1-1-1 | Pressui | re | | |
| | [B], | Jerrion | | | | | Non-Exempte | | | ble Pro | cedure | 9 | |
| Location of | | Locat Norma | lly | | De | escription o | f | | | | Abate Ty | | C . |
| Asbestos-Containing Material (ACM) TO BE ABATED | Ma | ed Sole aintena | nce/ | | tos Cont | | terial (ACM) | 1 | nount | R | _ | Enc | 四四 |
| In Facility | Cus | todial ((12) | 자 생기하는 생기 | (i.e. | | cing, VAT, | | | oecify or LF) | Remova | Repair | àps | 100 |
| (13) | | (12) | | | other r | miscellane | ous) | | - 52 | oval | ≅. | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | | | | œ . | |
| Boiler Room | | 1 | | Pipe i | | | | 200 l | f | 8 | | | |
| Truck Rack | | 4 | | Pipe I | nsula | ıtion | | 33 | | 1 | Щ | | |
| | | | | | | | | | | \blacksquare | | H | L |
| Name of Registered Waste Hauler | | IL . | | Voots | Cubic | Vorde | Na | Doniet | nd 1 100 | Ш | | | <u>L</u> |
| Freehold Carting | | H | IJDEP V fauler ID I 5939 | No. | of Was | Yards ste | GRO! | | ed Landfil andfill | I | | | |
| City, State Freehold, NJ | | | | | Dispos | sal Date 2020 | City, Sta | | PA | | | | |
| Completed by | Title | | | | | | Evano | - 1 | | ate | | | |

| 01/1050K | 2-7 | | | | | | 55 | | | | | | |
|---|--------------------|-------------|--------------|-------------------|---------|---|---|--|------------------------------|----------|--------|--------------|-----------|
| 1491-02 | 01 TNV-19 | 310 | 10N | TIFIC | ATIO | N OF AS | lew Jersey BESTOS ABA AC 8:60 and 5:1 | EMENT | DE C | ; E | | \mathbb{V} | II. |
| Date of Notification (1) | -1 PA 1 0 | 900 | | 1 | Nam | e of Buildin | g Owner/Operator | (2) | H FEI | D 1 | 4 2 | กาก | |
| 01/ | 23 / | 20 |) | | 10 | | armaceuticals | (-) | II LI FEI | ו כ | 4 2 | 020 | No. |
| Agencies Notified EPA | Type Notific | cation | | | | et Address | | | ASBES" | TOS (| CONT | TROL | 2 |
| ☑ DOLWD | ☐ Initial ☐ Amende | d | | | | 01 Route | | | L | JOEN | SING | à | . 0. |
| ☑ DOH | Amendm | | 1 | | | State, Zip (| Code | | | | | (C) (C) (C) | |
| ☐ DCA | ☐ Emerger | | cludin | g | | ritan, NJ | | | | | | | |
| (NJAC 5:23-8) | justificat | 2012 NO. 41 | | | | e of Contac | 853 | | Telephone Num 908 927-691 | | | | |
| | | | | | | | FORMATION | | 300 321-031 | | | | |
| Name of Facility Where A | Abatement is | Takin | g Plac | e (3) | | COLLITT III | OKWATION | Type of Facility (| 4) | | | | |
| Johnson and John | | | | - (-/ | | | | School (K-12) | | | | | |
| Street Address | | 1 - 3: | | | | | | ☐ Subchapter 8 | (Other than K-12 | | | | |
| 1001 US-202 | | | | | | | | homes, etc.) | ivate and comme | rcial bi | uildin | gs, | |
| City (5) | | | | | | 200 | | Square Feet | # of Floors | В | ldg. A | ige | |
| Raritan | | | | | | | | >50,000 | 6 | | | | |
| County (6) | | | | | Cou | nty Code (7 |)(STATE USE ONLY) | Current Use (Price | or if being demolis | shed) | | | |
| Hunterdon | | | | | | | | | | | | | |
| Name of Monitoring Firm | | - | | (8) | ASCM | l No. | | ent Contractor (9) | | | | | |
| Environmental Hea | ith investig | ation | ıs | | | | Delta/BJDS, | Inc | | // | | | |
| Street Address 655 West Shore Tra | .:1 | | | | | | Street Address | | | | | | |
| City, State, Zip Code | 111 | | | | | | 1345 Industri | | | | | | |
| Sparta, NJ 07871 | | | | | | | City, State, Zip Co | | | | | | |
| Project Manager for Moni | toring Firm | | | Tel | ephone | No | Southamptor Telephone No. | 1 Pa 10900 | License No. | | | | |
| | tornig i irrii | | | 1 | | 9-5649 | 215 322-2900 | | 00783 | | | | |
| Start Date (10) | | Sched | luled C | | | ate (11) | Name of OSHA M | | 00703 | - 1972 | | | |
| 02/06/ | 1 | | | | | _ 20 | | | | | | | |
| Occupancy Status During | Abatement (| Check | c only | one) | | | Street Address | | | | | | |
| ☐ Facility Closed/Vacate | | | | | | | | | | | | | |
| Abatement Performed Time of Abatement: 7 | | | Facilit M | | | scribe | City, State, Zip Co | ode | | | | | |
| Scope of Work (Check all | that apply) | | | | | | | CORNEL DISTRICT | | | | | |
| ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf | | | | enovat emoliti | | | | tainment with Nega losure g Procedure mpted (*) and Non | | re | | | |
| | | | 2.55 | Loca | | | | | | | atem | ent Ty | ype |
| Location Asbestos-Containing I | | 4) | | Norma ed Sol | | Acho | Description o | | | | _ | 1 | |
| TO BE ABA | TED | 1) | Ma | intena | ince/ | | stos Containing Ma ., thermal systems i | | Amount (Specify | Removal | Repair | Encapsulate | Enclosure |
| IN Facilit (13) | У | | Cus | (12) | Staff? | | surfacing, VAT, other miscellaned | | SF or LF) | \sigma_a | ~ | Sula | sure |
| (10) | | | Yes | No | N/A | | Other miscenaries | ous) | | | | ate | Joseph J |
| B West 1 st Floor | | | | \boxtimes | | Floor Ti | le and Mastic | | 9,600 SF | | | | |
| B West 2 nd Floor | | | | | | Floor Ti | le and Mastic | | 3,000 SF | | | | |
| B West 3 rd Floor | | | | \boxtimes | | Floor Ti | le and Mastic | | 560 SF | | | | |
| Between 2 nd and 3 rd F | L | West 10 | | | | Window | Caulk | | 60 LF | | | | |
| Name of Registered Wast | e Hauler | | | 1000 | JDEP ' | 400000000000000000000000000000000000000 | Cubic Yards of | Name of Registe | ered Landfill | | _ | | |
| Service Transport G | roup | | | H | 20990 | Same comment | Waste | Minerva Lar | ndfill | | | | |
| City, State | | | | | _000 | | Disposal Date | City, State | | | | | |
| 58 Pyles Lane New | | | 0.5 | | | | | Waynesburg | g, Ohio | | | | |
| Completed By (Print or Ty Christine Del Viscio | 1000 | Title A: | | dmin | istrato | or | Signature | | Ja Da | | 2. | , v.C. | > 1~ |

| | | | | 2 | state of New | Jersey | - | | | | |
|--|---------------|--------------------|---|--|--|---------|--|--------------------------------------|----------------|---------|--------|
| noch | | | | ursuant to N. | OF ASBESTO JAC 8:60-7 and | 12:-120 | -7) | DE | G | | V E |
| Date of Notification (1) 01/10/20 Month/Day/Year | | | | | Building Owner University | /Operat | or (2) | Hon. | FEB | 1 4 | 2020 |
| | ype Notifica | tion | | Street Add | dress | | | | | | |
| x EPA | Init | | | P.O. box 2 | 2158 | | | AS | BEST | OS CO | NTROL |
| x DEP | | otifica | | 31.7(32) | e, Zip Code | | loui | Martin Street Company of the Company | LIC | JENSIN | IG |
| DCA | | ended | | Princeton Name of C | AND AND DESCRIPTION OF THE PARTY OF THE PART | | Im. | | | | |
| x DOH | | otifica icellat | | Robert Ot | | | 10000 | ephone N 0-258-1841 | | | |
| 0 | Cal | сспа | 1011 | | TY INFORMA | TION | 1003 | -430-1041 | | | |
| Name of Facility Where Abateme | ent is Taking | Place | (3) | · · · · · · · | · · · · · · · · · · · · · · · · · · · | 110.1 | Type of Facility (4) | | | | |
| Princeton University Fine Ha | | | | | | | School (K Subchapter | | r than l | K12) | |
| Street Address | | | | | | | xx Other (i. e. | | | | |
| Washington Road | | | | | | | | homes, et | _ | | |
| City (5) | Coi | inty (| 6) | | County Code | (7) | Square Feet # of | f Floors | Bldg. | Age | |
| Princeton | | | | | (STATE USE ONL | | Current Use (Prior i | f being de | | d) | -2000 |
| Name of Manitoving Firm Hind | L. D. Hallan | 0 | (0) | | LECHNI | IIN | classrooms/library of Abatement Contrac | (0) | | | |
| Name of Monitoring Firm Hired TTI environmental Inc | by Building | Owne | r (8) | | ASCM No. | | iated Specialty Contrac | | | | |
| Street Address 1253 North Church Street | | | | | | | Address Crue Avenue | | | | |
| City, State, Zip Code | | | | | | City, S | State, Zip Code | | | | |
| Moorestown NJ 08057 | | | | | | Glen ! | Mills, PA 19342 | | | | |
| Project Manager of Monitoring I Mike Keehn | Pirm | | | Telephone 609-386-88 | | | none Number 54-9622 | | Liceno 1103 | ce Numl | ber |
| Scheduled Start Date (10) | | Sch | ed. Cor | npletion Date | e (11) | Name | of OSHA Monitor | | | | |
| 01/20/20 | | | 1272 | 03/05/20 | | Criter | ion Labs | | | | |
| Month/Dav/Year Occupancy Status During Abaten | nent (Check | only (| | onth/Dav/Ye | ar | Street | Address | | | | |
| Facility Closed/Vacated D | | | The second | batement | | | Progresive Drive | | | | |
| x Abatement Performed Ou | tside of Nor | mal F | acility | | | | State, Zip Code | | | | |
| Hours - Describe: 7:0 | 00 AM to 7:3 | 80 PM | | | | Bensa | lem PA 19020 | | | | 55 |
| Other - Describe: | | | | | _ | | | | | | |
| Scope of work (Check all that app | oly) | | 0.000 | D | 200 | | Full Containment wi | th Negativ | e Press | ure | |
| Demolition >3 sf or >3 if | | | X | Renovation | 1 | | Mini - Enclosure Glovebag Procedure | | | | |
| x >160 sf or >260 lf | | | | | | X | Non-Friable Procedu | ire | | | |
| | | Is | | | | | Ton Timble Traceas | | atemen | t Type | |
| Location of | L | ocatio | n | Desc | cription of | | | | | Е | E |
| Asbestos - Containing | | rmall | v | - 1 The Control of th | os-Containing | | Amount | R | l | N | N |
| Material (ACM) | | Used | | | rial (ACM) ermal systems | | (Specify SF or | E M | R | CA | C |
| TO BE ABATED In Facility | | v Mair | 1- | The state of the s | surfacing, VA | Γ. | LF) | 0 | P | P | 0 |
| (13) | 1000 | nance | 9 | | miscellaneous) | 7.0 | | V | A | S | S |
| | | ıstodia | | | | | | A | 1 | U | U |
| | _ | aff (12 | N/A | | | | | L | R | L | R E |
| Level a A20,A21,A22 | Yes | No x | IN/A | carpet glue | adhesive | | 9652sf | x | | | - |
| Level A A14,A15,A16,A17,corrid | lor | x | | carpet glue | adhesive | | 10589sf | x | | | |
| Level a A14,A15,A16,A17 corrido | or | x | | floor tile ar | nd mastic | | 2115sf | x | | | |
| | | | | | | | | | | | |
| Name of Registered Waste Hauler | r. | | 120000000000000000000000000000000000000 | EP Waste er ID No. | Cubic Yards of Waste | | Name of Registered I | andfill | | | |
| Robbinson Waste | | | 1730 | | 60 | | GROWS | | | | |
| City, State Voorhees NJ | | | | | Disposal Date As needed | | City, State Morrisville PA | | | | |
| Completed By (Print or Type) | | | Title | anti | | Signat | ure and . | <i>a</i> | | Date | 3-20 |
| Jack Tomasura ABS-41 | | | senio | restimator | | -100 | im asin | <u> </u> | | 15 | 3-20 |
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| Date of Notification (1) | | T | | f Building | | Operator | (2) | | | | | | | |
| 2/10/20 | | | | ro Home | S | | | | [man | P P | | 7/7 | F | - Parties |
| Agencies Notified Type Notification | | | Street A | | | | | | | 56 | 51 | V | ഥ | |
| ☐ EPA ☒ Initial | | | | ox 8814 | | | | | 13 | | | | | |
| DEP Amended DOL Amendment # | | | | ate, Zip Co | | 4 | | | | FEB | 1 4 | 202 | n | $\parallel \cup$ |
| Emergency (ir | | _ | | Bank, NJ | 0//0 | 1 | | | had had | | | 206 | V | 1 |
| DOH justification Cancellation | | | | f Contact Porraro | | | | | Tel | ephone Nu | ımber ™ | - Distriction of | - CONTRACTOR | |
| Cancellation | | | | LITY INFO | DMAT | ION | | | | | DO OC DENSI | NTA | OL & | |
| Name of Facility Where Abatement is Taking | Place (3 | 3) | IAUI | LITT HAT | INMAI | ION | Тур | e of Facility (| 4) | L-1 | 1111101 | ING | Jeon Marie | - |
| home | | | | | | | П | School (K-1 | 2) | | | | | |
| Street Address | | | | | | | × | Subchapter Other (i.e. p | 8 (Othe | | | dings | home | es, |
| City (5) Metuchen | | | | | | | Squ 18 | uare Feet | # of | Floors | | Bldg. A | Age | |
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| Middlesex | | | (STATE | USE ONĹY) | | | ho | me | | | ileu) | | | |
| Name of Monitoring Firm Hired by Building O | wner (8) | | ASCN | / No. | | | | oatement Cor vironmenta | | | | | | |
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| City, State, Zip Code | | | | | | | | Zip Code | Carre | | | | | |
| 5 | | | | | | | | od, NJ 074 | 18 | | | | | |
| Project Manager for Monitoring Firm | | | Telepho | ne No. | | Teleph | | No. -2276 | | License I | Vo. | | | |
| Start Date (10) | Schedul | ed Com | nletion | Date (11) | | 10/2/2017 | | SHA Monitor | | 703 | | | | |
| | 3/4/20 | ou 0011 | piction | Date (11) | | rvanie | 01 0 | OF IA WORKO | | | | | | |
| Occupancy Status During Abatement (Check | Only Or | ne) | | | | Street | Addr | ess | | | | 1-12-15- | | |
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| Scope of Work (Check All That Apply) | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | | Renova Demoliti | | | | × | N | ull Containme Ini-Enclosure Blovebag Proc |) | Negative | Pressu | re | | |
| | | | | | | |] N | lon-Exempted | d (*) and | Non-Fria | ble Pro | cedur | е | |
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| upstairs bedroom | | | | | A | | | | | | - | | | |
| upstairs bediooffi | | | Х | | 1100r t | ile & m | asti | С | 88 | 3 SF | X | | | |
| | | | | | | 17.55 | | | | | | | | |
| News of Devices 1144 | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | 2 1 20/22 | JDEP W auler ID | 200 | Cubic of Was | | | | | red Landfil | | | | |
| Newark Carting | | 100.0000 | 1509 | 10.3533 | TBD | 107 | | Grand (| Centra | I Sanita | ry Lar | ndfill | | |
| City, State Newark, NJ | | | | | Dispos | sal Date | | City, State | | 1 | | | | |
| Completed by | Title | | | | | ignature | | / CIT AIG | yyı, F <i>F</i> | | ate | | | |
| A. Scott Higgins | Presi | dent | | | | .ga.a. | 4 | 1 | _ | 1 800 | /10/20 |) | | |

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| Date of Notification (1) | | | N | lame o | Building | Owner/O | perator (2 | 2) | and and a | | | , | The Control |
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| Agencies Notified | Type Notification | | | | ddress | | | The state of the s | 1 | 75 | / | | T |
| Ŭ EPA | ⊠ initial | | | | | | | 1 | | 1/ | <i>'</i> | | |
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| DCA (NJAC 5:23-8) | justification) | របបសម្ជ | | | Contact | | www.w.garrinana | | Telephone Numb |)er | | | CA. |
| | ☐ Canoellation | | E | eonard | G. Leid | er | | | | | | | |
| | 3 | | | FAC | LITY INF | ORMAT | TION | | | | | | |
| Name of Facility Where | Abatement is Taking | Place (3 |) | | | | | Type of Facility | (4) | <u> </u> | *************************************** | | |
| rivate house | | | | | | | | School (K-1) | | | | | |
| Street Address | | | | | | | | | 8 (Other than K-1 2) private and commer | | dinas. | | |
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| City (5) | | | | | | | | Square Feet | # of Floors | Bidç | , Age | | |
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| Name of Monitoring Fire | m Hired by Building C | wner (8) | A | SCM N | o | Name of | Abateme | ent Contractor (9 |) | | | | |
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| Project Manager for Mo | onitoring Firm | | Telep | hone N | | Telepho | | | | | | | |
| | | | | | | 973-356 | | 4 | J01127 | *************************************** | | | |
| Start Date (10) | 4 | luled Col | | | 20 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | f OSHA 1 | | | | | | |
| 02 / 11 | |)2 | | | 20 | | | onsultants,Inc | | | | | |
| Occupancy Status Duri | ing Abatement (Checi | conly on | e) | | | Street A | | VALUE CONTROL AND AND A CONTROL OF | | | | | |
| □ Facility Closed/Vac □ Abatement Perform | ated Duting Entite Pe | riod of A | Daten Hours | nent - Desi | rihe | | Vagaraw ate, Zip C | Road, Bldg .# | : 35E | | | | |
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| _ ≥ 160 sf or ≥ 260 lf | | ∐ Uer | nolitio | n. | | H | Non-Ex | empted (*) and i | Non-Friable Proced | ure | 1 | | |
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| Agencies Notified | Type Notifica | ation | | | Street | Address | 0.0 | | LICE | NSIN(| ≀HU 3 | <u> </u> | |
| ⊠ EPA | ☐ Initial | | | | 215 | 6 Cample | ain Road | L. | William Comments to the Comment of t | ediction revelled | and the second | duanum | Commonweal |
| ☑ DOLWD | Amended Amendme | 2000000 | | | City, S | tate, Zip C | Code | | | | | | |
| □ DCA | ⊠ Emergen | NAME OF THE OWNER. | uding | | U | | h, NJ 08844 | | | | | | |
| (NJAC 5:23-8) | justification | | | | | of Contac | | | Telephone Numi | | | | |
| | ☐ Cancellat | tion | | | Ant | onio Dim | nuzio | | 732-713-449 | 6 | | | |
| | | | | | FAC | CILITY IN | FORMATION | | | | | | |
| Name of Facility Where | Abatement is T | aking F | Place | (3) | | | | Type of Facility | | | | | |
| Residence | | | | | S. 1 | | | Subchanter | 2) 8 (Other than K-12 | 1 | | | |
| Street Address | | | | | | | | | private and commer | | ilding | s, | |
| City (5) | | | | | | | | homes, etc | | l Di- | I - A - | | |
| New Providence | | | | | | | | Square Feet 2000 | # of Floors | - 1 | ig. Ag 3 0 | je | |
| County (6) | | | | | Coun | tv Code (7 |)(STATE USE ONLY) | | Prior if being demolis | | | | |
| Union | | | | | Joan | it) 0000 (/ |)(011112 002 01121) | Residence | | nicu) | | | |
| Name of Monitoring Firm | Hired by Build | ding Ow | mer (8 | 3) | ASCM | No. | Name of Abateme | | · · · | | | | |
| Guardian Contracti | 0.70 | | , | , | | | STATE OF THE PROPERTY OF THE P | ntracting, Inc | 25.01 | | | | |
| Street Address | | | | | | | Street Address | | | | | | |
| 1889 Rte. 9, Unit 61 | | | | | | | 1889 Route 9 | , Unit 61 | | | | | |
| City, State, Zip Code | | | | | | | City, State, Zip Co | ode | | | | | |
| Toms River, New J | 5 | Ž. | | | | | Toms River, | New Jersey 0 | 8755 | | | | |
| Project Manager for Mon | itoring Firm | | | 100000000000000000000000000000000000000 | phone I | | Telephone No. | | License No. | | | | |
| Nicholas Fernicola | 1.0 | | | | 32-349 | | 732-349-9932 | | 00624 | | | | |
| Start Date (10) 02 / 11 / | | Schedul | | | | | Name of OSHA M | | | 24 | | | |
| | | | | | _ / _ | 20 | E.M.S.L. Ana | iyticai | | | | | |
| Occupancy Status During Facility Closed/Vacate | | | | | mont | | Street Address 1056 Stelton | | | | | | |
| ☐ Abatement Performed | | | | | | cribe | City, State, Zip Co | ada. | \$ | | | | |
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| Scope of Work (Check al | I that apply) | | | | | | | 5 AS | 500 A 500 C | | | | |
| ≥3 sf or ≥3 lf | | | Rer | novati | on | | ☐ Mini-End | | egative Pressure | | | | |
| ≥160 sf or ≥260 lf | | | Der | nolitio | n | | | g Procedure | on-Friable Procedu | ro | | | |
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| Name of Registered Was Guardian Contracti | | | | 33 | IJDEP \ | O No. | Cubic Yards of Waste | Name of Reg | istered Landfill | | | | |
| City, State | | | | | 20223 |) | 3 Disposal Date | City, State | | | | | |
| Toms River, New J | ersey | | | | | | 02/12/20 | | n, Pennsylvania | | | | |
| Completed By (Print or T | | Title | | | | | Signature | / | Da | ate / | 1 | | |
| Nicholas Fernicola | | Pro | ject | Man | ager | | | | and the second s | 3/ | . 1 | 1. | į. |

State of New Je NOTIFICATION OF ASBESTO (Pursuant to NJAC 8:60-7 and 12:120-7 Name of Building Owner/Operator (2) Date of Notification (1) HACKENSACK MERIDIAN HEALTH Street Address Agencies Notified Type Notification 1 HOSPITAL PLAZA FEB 14 2021 **EPA** Initial Notification City, State, Zip Code DEP Amended Notification #2 OLD BRIDGE, NEW JERSEY 08857 DOL Cancellation ASPESTOS CONTROL & DOH On Hold Name of Contact Telephone Number LIGENSING DCA **EMERGENCY NOTIFICATION** ROBERTO RODRIGUEZ 732-360-1000 FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) RARITIAN BAY MEDICAL CENTER Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors 1 HOSPITAL PLAZA Bldg. Age 250.000 5 City (5) County (6) County Code (7) Current Use (Prior if being demolished) OLD BRIDGE **MIDDLESEX** (STATE USE ONLY) HOSPITAL Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) ENVIRONMENTAL TACTICS, INC. PAR ENVIRONMENTAL CORPORATION Street Address Street Address 64 BROAD STREET 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code MATAWAN, NEW JERSEY 07747 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number THOMAS GEIGER 732-290-2217 845-369-7500 1101 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 18 /2020 5 / AMERISCI LABORATORIES INC 30 /2020 Month #11480 Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 117 EAST 30TH STREET Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM City, State, Zip Code NEW YORK, NEW YORK 10016 Scope of Work (Check all that apply) Full Containment Demolition Renovation Mini Enclo >3SF OR LF Glovebag Procedure >160 SF OR 260 LF Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Asbestos-containing Containing Material (ACM) normally used Amount REPAIR ENCLOSUR ENCAPSUL REMOVAL Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 1st Floor -Old Surgery Section VAT & Mastic 1,200 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill NEWARK CARTING Hauler ID No. GRAND CENTRAL SANITARY LANDFILL 30 369 RAYMOND BLVD. 913 City, State Disposal Date City, State NEWARK, NEW JERSEY 2/17/20-05/30/2020 PLAIMPELD TOWNSHIP, PENNYSYLVANIA Completed by (Print or Type) Title Signature BENJAMIN SANCHEZ

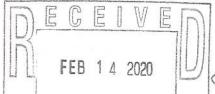
DIRECTOR OF OPERATIONS

| Inv-181 | 25 | NOTI | FICATI | te of | ASBES! | TOS ABATEMENT (7 and 12 120-1) | | lasmo [5 | Chec | | | 13] |
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| Date of Notification | | | | | | Owner/Operator | (2) | | 6 | , 5 | U | WE |
| 2/10/2020 | 9 | | Pat | rick | Bla | ake | | | | : | | |
| | Type Notificat | ion | Stree | t Addre | ess | | | 7 1 1 1 | FEB | 1 | 4 2 | 020 |
| []EPA | [X]Initial | | | | | | | [LI L] | 1 50 | | 4 21 | UZU |
| | Notificat | ion | City | State | Zin | Code | | | nercessaria. | 10.000 Policy | or other party and | autorien e prenenen en |
| []DEP | []Amended | | 277.000 | | | NJ,07040 | | ASI | | | | FROL & |
| [X]DOL | Notificat | ion | | | | | | According to the control of the cont | L | UEN | SING | |
| [X]DOH | []EMERGENCY | | 1000 | of Cont | | | Telephone | Number | | | | |
| []DCA | | | Pat | rick | BI | ake | | | | | | |
| | []Cancellati | on | | | | | | | - | | | |
| Name of Facility Whe | re Abatement is | . Takir | na Pla | | | NFORMATION | Type of Facili | tv (4) | | (Providence) | | |
| Patrick Blake | ic indicate it | Juni | .g | CC (3) | | | | | | | | |
| | | | | | | | []School (| er 8 (Other | than | K-12 | !) | |
| Street Address | | | | | | | [X]Other (i | .e., private | € 00 | ommer | - | |
| 5.80 | | | | | | 11 | cial bu | ildings, home | | | | |
| | h. | | | | C | nty Code (7) | Square Feet | # of Floors | Bl | dg. | Age | |
| City | | unty | | | 100000000 | AME TICE ONT VI | | 1 | 1 | 7 : - | 221 | |
| Maplewood | į | Esse | ~~ | | | | Current Use (P | rior il being | g der | IOILS | nea) | |
| Name of Monitoring F | is an bised has Da | | | M No. | | Name of Abateme | nt Contractor | (9) | | | 0.000.000 | |
| Owner (8) | IIM HITEG DY BO | ırrarııç | ASC | M NO. | | | NAGEMENT, | 7 | | | | |
| N/A | | | | | | Westerstrap Unications April 2 | MAGDININI, | | | | | |
| Street Address | | | | | | Street Address | cahan Ct | | | | | |
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| City, State, Zip Cod | e | | | | | City, State, Zi | | • | | | | |
| | | | | | | Montclair | , NJ 0704 | 2 | | | | |
| Project Manager for | Monitoring Fire | n Tel | ephon | e Numb | er | Telephone Number | | | | Numb | er | |
| | | N/ | A | | | (973) 744- | -8800 | 0 | 037 | 1 | | |
| Scheduled Start Date | (10) Sched. | Compl | etion | Date | (11) | Name of OSHA Mo | onitor | | | | | |
| 2/ 25/ 2 | 2020 2/ | 27 | / | 2020 |) | N/A | | | | | | 18 |
| | ear Mont | | ay | Year | | | | | | | | |
| Occupancy Status Dur [X] Facility Clos | ing Abatement (sed/Vacated Dur | (Cneck ing En | only tire H | one) Period | | Street Address | | | | | | 125 |
| of Abatement | 5 | | | | | | | | | | | |
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| []other - Descr | | | - | cipt» | | | | | | | | |
| Scope of Work (Check | all that apply | 7) | | | | | | | | | | |
| 5/65/2 | - 1200 | | | | | | ontainment wit | h Negative P | ressi | ire | | |
| [X]≥3 sf or []>160 sf o | | 70.0 | 10 E | vation lition | | [X]Mini-E | ag Procedure | | | | | |
| | | - | | | | []Non-Fr | iable Procedur | e | | | | |
| + | -6 | L | Is ocatio | on | | Description | of | | Aba | teme | nt I | Ype |
| Location Asbestos-Con | | | ormal] Used | | | Asbestos-Conta | | Amount | R | R | N | N |
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| TO BE ABA | | t | y Mair enance | 2/ | in | (i.e., thermal sulation, surface | | SF or LF) | V V | A | PS | L O S |
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| Basement | | | | X | Pip | e Insulati | on | 130 LF | X | - | | |
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| Name of Registered W AZTECH MANAGI | | На | DEP W | ID No. | 100000 | oic Yards Waste 1.0 | Name of Regis Tri - St | | 11 | | | |
| City, State | | | | | Dis | sposal Date | City, State | | 2000 | | | |
| Montclair, NJ | 07042 | | | | 2 | /28/2020 | Bronx, N | Y, 10474 | | | | |
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| Completed By (Print | 239 | | 1 42 | | | Signature | , , / | | ate | | 2 | |
| Constantine V: | ivian Pre | side | nt | | | / 0/19 | fautine (1) | No | 2/10 | /202 | J | |
| 456 Richmond Ave | | | | | | | I | | | | | |

| CH1488 | | | NOTIF (P | ICATION | ate of Ne I-OF ASB to NJAC | ESTOS | ABATE | MENT | | | _5 | - | <u>.</u> | <u> </u> | <u> </u> | |
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| Date of Notification (1) 02/12/20 | W-181 | 24 | | | f Building onstruct | | Operator | (2) | The state of the s | | | EB | 14 | 20 | 20 | - I |
| Agencies Notified | Type Notification | | | Street A | | et Suite | e 302 | | | | ASB | ESTO |)S C | TNC | ROL | <u>.</u> |
| EPA DEP | Initial Amended | | ŀ | City, Sta | te, Zip Co | ode | | | L | No. of Street, | | LIC | ENS | ING | | |
| X DOL | Amendment Emergency | (including | - | | ood, No | J 0870 | 1 | | | Tol | onhon | o Nium | hor | | | |
| DOH DCA | justification) Cancellation | | | | onstruct | ion | | | | | 0.5 | | | | | |
| Name of Facility Where | Abatement is Takir | na Place (3 | 3) | FACI | LITY INF | ORMAT | ION | Type | of Facility (4 | 1) | HICKS II | | | | | |
| | | .5 (0 | <i>'</i> | | | | | Dames . | | | | | | | | |
| Street Address | | | | | | | | × | Other (i.e. p | | | | | dings, | home | es, |
| City (5) Lakewood | | | | | | | | | | # 01 | f Floor | S | В | ldg. A | ge | |
| County (6) Ocean | | | | County (| Code (7) JSE ONLY |) | | 52.8763 | | r if bei | ng der | nolish | ed) | | | |
| Name of Monitoring Firm | n Hired by Building | Owner (8) | | ASCN | 1 No. | | Name | 20000000 | 1075.0 | tractor | (9) | ne va tor | | | | |
| Street Address | | / | | | | | | | | SSIO | NALS | 5 | | | | |
| Street Address | | | | | | | | | 7670-lane and a comme | URT | | | | | | |
| City, State, Zip Code | | | | | | | | | | 3701 | | | | | | |
| Project Manager for Mor | nitoring Firm | | | Telephor | ne No. | | 1 2000000000000000000000000000000000000 | | | | | |). | | | |
| Start Date (10) 02/25/20 | | Schedule 02/26/2 | | mpletion [| Date (11) | | 100 Television 100 Te | | | SSIO | NALS | S | | | | |
| Occupancy Status Durin | g Abatement (Che | ck Only On | e) | | | | | | 727 W | VIDT. | | | | 3 | | |
| Facility Closed/Vac Abatement Perform Other – Describe: | | | | | | | City, S | tate, Z | ip Code | | | | | - | | |
| Scope of Work (Check A | II That Apply) | | | | | | LAN | LVVO | OD, 145 00 | 5701 | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | enova emolii | | | | × | Mir Glo | ni-Enclosure ovebag Proc | edure | 1.5 | | | | е | |
| | | | Locat | | | | | | | | | | | | | |
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| INTERI | OR | | | | | 5 | SIDING | ì | | 15 | 00SF | | х | | | |
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| Name of Registered Was | ste Hauler | | | JUEP W | | 100000000000000000000000000000000000000 | | | Name of F | Registe | red La | ındfill | | | | |
| NEWARK CARTING | } | | | lauler ID 4509 | INU. | 8 | | | IESI | | | | | | | |
| City, State NEWARK, NJ | | | | | | | | | | | 1 PA | | | | | |
| Completed by | IN | Title | FR | | | 5 | Suite 302 ASBESTOS CONTROL 8 18701 Telephone Number 732-620-2992 RMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, home etc.) Square Feet # of Floors Bidg. Age Current Use (Prior if being demolished) Horne Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS Street Address 6 WHITE DOVE COURT City, State. Zip Code LAKEWOOD, NJ 08701 Telephone No. 732-668-9078 1200 Name of OSHA Monitor AAA LEAD PROFESSIONALS Street Address 6 WHITE DOVE COURT City, State. Zip Code LAKEWOOD, NJ 08701 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Description of Scontaining Material (ACM) ermal systems insulation, Specify Remainsulation, Surfacing, VAT, or other miscellaneous) SIDING Name of Registered Landfill LECI | | | | | | | | | |

Print Form

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| Zy, Samo, Zip Code | <u> </u> | | | City. State, Zip | Code | | | | |
| | | | 100 | Hackens | ack, N.J | | -8 | | |
| Project Manager for Manistring Flam | Tele | girone No. | - | Telephone No. | | License No. | | | |
| · | pharming . | | | 201-329 | | 00388 | | - | - |
| Start Date (10) Scheduled | | | | Name of OSHA | | | | | |
| 2/11/20 2/ | 11/2 | | | 1 | Environm | entar | | | |
| Decumancy Status During Abstorment (Check o | miy one) | * | | Street Address | | | | | |
| 2 Facility Closed/Vacated During Entire Period | of Absten | Dest | | City, State, Zio | uyler St | | | | - |
| Abatement Performed Cutside of Normal Fo | S' 50 | PM. | | 5 | ckensack | . N.J. O | 7606 | | |
| Source of Work (Check of that apply) | ۵, ۵۷ | | | | | | | | - |
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| Cây, State | | | | | City, State | | 19016 | 0 | |
| The second secon | 7601 | | | 2/2/20 | MEDRIN | 6H, PA. | 1/49 | 4- | • |
| Hackensack , N.J. C | LOOF | | | Signature | 11000 | | Date | | - |

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| | te of Notification (1) | 1011-15 | nid | 2 | | | | Operator | (2) | | | | FEE | 1 | 4 2 | 2020 | - |
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| × | DOL | Amendment | | | | | | 88 | | | | | | | | | |
| X | DOH | | including | | Name of | f Contact | | | | | Tel | ephone | Num | ber | | | |
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| 900 | | | | | 0 1 | 0 1 (7) | | | | | 727017 | 4 | . It is a | 0.00 | 0 | | |
| | | | | | | |) | | | | or it bei | ng aemo | olisne | ea) | | | |
| Nar | me of Monitoring Firm | Hired by Building (| Owner (8 |) | ASCN | ЛNo. | | Name | of Abat | ement Con | tractor | (9) | | | | | |
| M | anagement & En | vironmental Cor | nsulting | Serv | 0 | | | Shad | de Env | vironmer | ntal, Ll | LC | | | | | |
| Stre | eet Address | | | | | | | Street | ASBESTOS CONTROL & LICENSING Type of Facility (4) | | | | | | | | |
| P | O Box 341 | | | | | | | 623 | Cutler | ASBESTOS CONTROL & LICENSING Telephone Number | | | | | | | |
| | 50 15 | | | | | | | 85.3 | | | ASBESTOS CONTROL & LICENSING Telephone Number | | | | | | |
| | [G13] | | 60 | | | | - 1 | Map | le Sha | Telephone Number Telephone Nu | | | | | | | |
| | | itoring Firm | | | | | G G | | | | | | | • | | | |
| | | | | | A. 10. C. A. C. | | | . 130500 3700 | 10-04-10-10-10-10-10-10-10-10-10-10-10-10-10- | 2094,2009920 | | 0084 | 2 | | | | |
| | | | | | npletion l | Date (11) | | | | | 2020 | | | | | | |
| 100 | | | | | | | | | | 0.40-17.00-17.00 | nc. | | | | | | |
| Occ | cupancy Status During | g Abatement (Check | k Only O | ne) | | - 22 | | | | 78 | +h | | | | | | |
| | | | | | | | | 0.0000000000000000000000000000000000000 | -1-50 | ANTONIOS PARAMENTO | LII | | | | | | |
| | | ed Outside of North | ai Facilit | nours | , | | | I 8 | | | 8077 | | | | | | |
| Sco | ppe of Work (Check A | ll That Apply) | | | | | | | | | | | | | | | |
| × | ≥3 sf or ≥3 lf | | × | Renova | tion | | | | Full | Containme | ent with | Negativ | ve Pr | essur | е | | |
| × | ≥160 sf or ≥260 lf | | | Demolit | ion | | | | | | | | | | | | |
| | | | | | | | | × | Non | | | d Non-F | riable | Prod | cedur | е | |
| | | | 16 | Locati | on | | | | | | | | | | | | |
| | Location | of | | Normal | ly | | De | scription | of | | | | | | Ту | ре | |
| | Asbestos-Containing | Material (ACM) | | | | | tos Cont | taining M | 1aterial | | | | | _ | | Щ | ш |
| | | | 460 | todial S | | (i.e. | | | | tion, | | | | Rem | Re | ıcap | nck |
| | | , | | (12) | | | | | | | - | J , | | lova | pair | sula | Sur |
| | | | Yes | No | N/A | | | | | | | | | _ | | ate | Ф |
| | Baseme | ent | | X | | | FI | oor Tile | е | | 46 | 64 SF | | Χ | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | -11-12- | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Nan | me of Registered Was | te Hauler | Scheduled Completion Date (11) | | | | | | | | | | | | | | |
| Fre | ehold Cartage | | | | | NO. | | Telephone Number | | | | | | | | | |
| City | , State | | | | | | Dispos | sal Date | | City, State | ASBESTOS CONTROL & LICENSING Telephone Number | | | | | | |
| Fre | ehold, NJ | | | | | | 02/24 | 4/2020 | | Morrisv | ASBESTOS CONTROL & LICENSING Telephone Number | | | | | | |
| Con | npleted by | | Title | | | | S | ignature | 1 | | | | ASBESTOS CONTROL & LICENSING Prophone Number Than K-12) The commercial buildings, homes, and a second sec | | | | |
| Chi | ristina Fay | | VP | of Ope | erations | 3 | 1 | Sough | 80-11 | au/ | | | 02 | /11/2 | 2020 | + | |

Print Form

| TUN-180H | 6 | 1401 | (Pursua | int to NJ | AC 8:60 a | S ABA III | EMENT 20) | CHE | CK# | 179 | 97 | | |
|---|--------------------------|--|------------------|----------------------------------|----------------------------------|--|--|------------------------------------|---------------------------|----------------|---------|-------------|----------------|
| Date of Notification (1) 02/11/2020 | ď | | 'Name KEI | of Build V SMIT | ing Owner H | r/Operato | or (2) | In | E C | E | | 7 E | I patro |
| Agencies Notified Type Notification EPA DEP DOL Initial Amended Amendme | nt# | | City, S | t Address State, Zip ERTON | 1 |)77 | | | FEB | 14 | 202 | | 7 |
| DOH justification Cancellation | 1) | ng | | of Conta | | | | T | Janhana A | liimha | *·VTF | OL 8 | |
| Name of Facility Where Abatement is Tak | ing Place | (3) | FA | CILITY II | FORMA | TION | | Berraman | | | IG | | Salto forthwee |
| RESIDENTÍAL Street Address City (5) | mg r lacc | | | | | | Other (i.e etc.) | K-12) oter 8 (Oth e. private | ner than K- & commer | 12) cial bu | uilding | s, hor | mes, |
| RÍVÉRTON County (6) | | | | | | | Square Feet 5194 | 3 | of Floors | | Bldg. | Age + | |
| BURLINGTON | | | (STATE | |) | | Current Use (I RESIDEN | Prior if be | ing demoli | shed) | | | |
| Name of Monitoring Firm Hired by Building CRITERION LABS | Owner (| 8) | ASC | M No. | | Name ASS | of Abatement C URED ENVI | Contractor RONMI | · (9) ENTAL S | ERV | ICES | S INC | D. |
| Street Address 400 STREET ROAD | | | | | | | Address CLEMS RUN | N | | | | | |
| City, State, Zip Code BENSALEM PA 19020 | | | | | | City, S MUL | tate, Zip Code LICA HILL N | J 08062 | 2 | | | | |
| Project Manager for Monitoring Firm MIKE PANEPRESSO | | | Telepho 215-2 | one No. 244-130 | 0 | Teleph 610- | one No. 304-4676 | | License I | No. | | | |
| Start Date (10) 02/12/2020 | Schedu 02/13 | led Co /2020 | mpletion | Date (11 |) | Name of EMS | of OSHA Monito | or | SECRET FLESS | | | | |
| Occupancy Status During Abatement (Chec | | | | | | | Address | | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe: | Period of nal Facilit | Abater y Hour | ment s | | | City, St | RT. 130 NOF | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | CINN | MOSNIMAL | NJ 0807 | 7 | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | The same of | Renova Demolit | | | | > | Full Containr Mini-Enclosu Glovebag Pro Non-Exempte | re ocedure | | | | ۵ | |
| Location of | 1 | Locati Normal | - | | | | | | | | Abate | ement | : |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Use Ma | ed Sole intenar todial S (12) | ly by nce/ | Asbes (i.e | tos Conta thermal s surfac | cription of aining Ma systems i ing, VAT iscellane | iterial (ACM) insulation, . or | (Sp | nount pecify or LF) | Remova | Repair | Encapsulate | Enclosure |
| GARAGE | Yes | No | N/A X | | DIDE IN | IOLU AT | 1011 | | | _ | | ate | ře |
| | | | ^ | | PIPE IN | ISULAI | ION | 20 | LF | X | | | |
| | | | | | | | | | | | | | |
| Name of Registered Waste Hauler ASSURED ENVIRONMENTAL | | Ha | JDEP Wa | No. | Cubic Y | | | Registere | ed Landfill | | | | |
| City, State MULLICA HILL NJ | | | 34895 | | Disposa 02/13/ | | City, Stat | е | | | - | | _ |
| Completed by RON SWANSON | Title GEN | ERAL | MANA | GER | | nature |) 1 | ESBUR XW <i>OOV</i> | Dat | | 2020 | | |

State of New Jersey

| Inv 17991 | No | (Pi | ursuant | 1 prom | 8:60 an | id 12:12 | 0 | т С | HE | CK# | ¥17 | '96 | 3 | | |
|---|--|-----------------------------------|---------------------|-----------------------|-------------------------------|--|----------------------------|---|------------------|--------------------|--|---|-------------------|---------|--|
| Date of Notification (1) 02/10/2020 | | | Name of JOE N | f Building MACIN | Owner/ TOSH | Operato | r (2) | | Im | F | 6 E | 3 [| W | F | I'm |
| Agencies Notified EPA DEP DOL Initial Amended Amendment Emergency | (including | | PİTMA | ate, Zip C AN NJ (| 08071 | | | | | FE | B ' | 4 | 202 | 0 | And the second s |
| DOH justification) DCA Cancellation | | | | f Contact ∕IACIN | | | | | Te | | | | | OL & | |
| Name of Facility Where Abatement is Takin | g Place (3) | | FACII | LITY INF | ORMAT | ION | Tvp | e of Facility | (4) | AND LEAVE - NO. | - Internation of | 400 | mittel remortispe | - Acres | distribution of the second |
| RESIDENTIAL Street Address | | | | | | | | School (K- Subchapte | 12) er 8 (Otl | ner than & comm | K-12) nercia | l buil | dings | , hom | ies, |
| City (5) PITMAN | | | | | | | | | 2 | of Floors | Š | | | | |
| County (6) GLOUCESTER | | | County C STATE U | Code (7) ISE ONLY |) | | Cur | rent Use (Pr ESIDENTI | ior if be | ing dem | olishe | ed) | | | |
| Name of Monitoring Firm Hired by Building CRITERION LABS | Owner (8) | | ASCM | No. | | Name ASS | of Al | patement Co ED ENVIF | ntracto | r (9) ENTAL | SE | RVI | CES | INC | · · · · · · · · · · · · · · · · · · · |
| Street Address 400 STREET ROAD | | | | | | | | | | | | | | | |
| City, State, Zip Code BENSALEM PA 19020 | | | | | | City, S MUL | State, | Zip Code A HILL NJ | 0806 | 2 | | | | | |
| Project Manager for Monitoring Firm MIKE PANEPRESSO | | | Telephon 215-24 | ne No. 14-1300 |) | Teleph | none | No. | | Licens | | | | | |
| Start Date (10) 02/11/2020 | Scheduled 02/12/20 | Com | pletion D | Date (11) | | Name | of OS | | 72 | | | | | | |
| Occupancy Status During Abatement (Chec | , R 15 | | | | | | | 7.7.7.1 | гш | | | 111111111111111111111111111111111111111 | | | |
| Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: | Period of Aba al Facility H | ateme lours | ent | | | City, S | tate, | Zip Code | | 77 | | | | - | |
| Scope of Work (Check All That Apply) | | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | The same of the sa | novati | | | | ~ | M G | ini-Enclosure lovebag Pro | e cedure | 1.7.000 | | | | e | |
| l cookies of | 1000 | ocatio | | | 2 | | | | | | | | Abate | ement | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Used S Mainte Custod (| Solely enand lial St 12) | by by ce/ | Asbes (i.e. | tos Cont thermal surfac | aining M systems sing, VA | lateria s insu T, or | lation, | (5 | Specify | in K-12) in | Enclosure | | | |
| BASEMENT & 2ND FL CLOSET | Yes 1 | No | N/A X | | DUC | T PAP | ER | | 1 | 2 SF | rthan K-12) commercial buildings, homes, Floors Bldg. Age 100+ g demolished) Physical Resolution of the procedure of the pro | | | | |
| | | | | | | Telephone Number Street Address 200 RT. 130 NORTH City, State, Zip Code CINNAMINSON NJ 08077 FUIl Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Description of Processing Variety (Specify Processing Variety (Specify Process) (Specif | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | NI | DEP Wa | esto | Cubia | Varda | | Name of | Danista | | 1511 | | | | |
| ASSURED ENVIRONMENTAL | | Ha | uler ID N 34895 | | of Was | | | E 2 E 2 E 2 E 2 E 2 E 2 E 2 E 2 E 2 E 2 | | | | | | | |
| City, State MULLICA HILL NJ | | | | | | | \sim | City, State WAYNI | e ESBU | RG, OI | Н | | | | |
| Completed by RON SWANSON | Title GENER | RAL | MANA | GER | Si | gnature | Kas | ech | cmo | M | | | 2020 | 8 | |

Check# 3326

. OINN State of New Jersey Notification of Aspestos Abatement

| 111/10121 | (Pursuant to N.J.A.C. 8:60-7 and 12:120- |
|----------------------|--|
| GAC Project # 060-20 | |

| Date of Notification (1) | - | | | 7.0 | Tu (5 %) | 10 | ((=) | | | | | | | | | | |
|--|--------------|------------------------------|-----------|-------------------|---|-------------------|--------------------|-------------------------|---------------|-------------------|-----------|-----------|--|--|--|--|--|
| | om/44 4 | 2020 | | | Name of Building Owner | | | | | | | | | | | | |
| | ary 11, 2 | | T | | RUTGERS, THE S | IAIL | = UNI | /ERS | ITYO | FNJ | | | | | | | |
| Agencies Notified | | Notification | | | Street Address | | primari primari |) E | 2_6 | IC II | 7// [| E Posses | | | | | |
| □ EPA | | ⊠Initial | | | ENVIRONMENTAL | HEA | LTH 8 | SAI | FETEY | DEPT. | (REH | S) | | | | | |
| DCA | | | | ification# | 74 STREET 1603, E | BLDG | 3 4116 | LIVI | INGS | TON C | AMPL | IS | | | | | |
| | | ☐ Emer | gency (| (including | City, State, Zip Code | | 111 | 11: | | | | 111 1 | | | | | |
| ⊠ DOL | | | cation) | | PISCATAWAY, NJ | 0885 | 4 | | FFR | 14: | กรถ | | | | | | |
| DEP- No Longer REQUI | RED | □ Cance | | | Name of Contact | | Servi . | Teler | hone N | | UZU | inenesses | | | | | |
| ⊠ DOH | | Loance | illou | | MICHAEL F. SMITH | 1 EN | V | | 445-2 | | | | | | | | |
| | | | | | HEALTH & SAFET | | - | Maria Carlotta Carlotta | PERMITTENSAME | tovomenkovidnieno | | | | | | | |
| | | | | EACILITY IN | FORMATION | 1 | | AS | BEST | S CON | TROL | & | | | | | |
| Name of Facility Where Abate | ment is Ta | king Place (3) | | FACILITY IIV | Type of Facility (4) | | 1 | | LIC | ENSIN | d | | | | | | |
| MEDICAL SCIENCE | | | | | | | | | | | | | | | | | |
| MEDIOAL COILIVOL L | JLDG, L | LDG# 120 | ,, | | School (K-12) | | 2 | | | | | | | | | | |
| Street Address | | | | | Subchapter 8 (other tha | | | | | | | | | | | | |
| RBHS NEWARK CAN | IPLIS | | | | Other (i.e. private & co | | | | | | | | | | | | |
| RETO RETVARTE OAT | 11 00 | | | | Sq. Feet: N/A # | of Flo | oors: 8 | Bldg | . Age: | 60+ y | ears | | | | | | |
| City (5) | County (6 | 5) | County | / Code (7) | | | | | | | | | | | | | |
| NEWARK | ES | SSEX | | Use Only) | Current Use (prior if being | g demo | olished) | : ACA | ADEMI | | | | | | | | |
| And the control of th | | | | | | | | | | | | | | | | | |
| Name of Monitoring Firm Hired | d by Dide (| 0 (0) | 10011 | | | | | | | | | | | | | | |
| ATC | a by Blag. (| Owner (8) | ASCM | | Name of Contractor (9) | | | | | | | | | | | | |
| AIC | | | 0009 | 98 | CREENIMOOD ADA | | NIT O | 011011 | | TO 111 | _ | | | | | | |
| Street Address | | | | | GREENWOOD ABAT | I EIVIE | NIC | ON5U | LIAN | 15, IN | ٠. | | | | | | |
| 3 TERRI LANE | | | | | Street Address | | | | | | | | | | | | |
| 3 IERRI LANE | | | | | 511 MAIN STREET | | | | | | | | | | | | |
| 0: 0: - | | | | | | | | | | | | | | | | | |
| City, State, Zip Code | | | | | City State, ZipCode BUTLER, N.I 07405 | | | | | | | | | | | | |
| | 08016 | | | | BUTLER, NJ 07405 | | | | | | | | | | | | |
| Project Manager for Monitoring | Firm | Telephone | | | Telephone Number | | | Licens | se Numb | <u>oer</u> | | | | | | | |
| BRIAN R. KEARNEY | | 609-386 | -8800 | | The Later Control of the Control of | | - 1 | | | | | | | | | | |
| | | | | | 973-492-0477 | | | 0084 | 0 | | | | | | | | |
| Scheduled Start Date (10) | | | | on Date (11) | Name of OSHA Monitor | | | | | | | | | | | | |
| 02/21/2020 | | /HORSELFECTIVE | 9/2020 | | ENVIROVISION, INC | Э. | | | | | | | | | | | |
| Occupancy Status During Ab | | | | | Street Address | | | | | | | | | | | | |
| ☐Facility Closed/Vacated D | uring Entir | re Period of A | batemer | nt | 20-21 WARGARAW | ROAL | D, BLD | OG# 3 | 5E | | | | | | | | |
| ☐Abatement Performed Out | tside of No | ormal Facility | Hours - | | | | | | | | | | | | | | |
| Describe: | | | | | City, State, Zip Code | | | | | | | | | | | | |
| X Other- Describe: Schedu | le: 5PM - | - 5AM (FRI | - MON | 24 HOURS & | FAIRLAWN, NJ 0741 | 10 | | | | | | | | | | | |
| WEEKENDS ONLY) | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Scope of Work (Check all that | apply) | | | | | | | | | | | | | | | | |
| | | | | | г | leul C | `ontainn | nent wi | th Noa | ative Pre | ceure | | | | | | |
| □≥ 3 sf or >3 If | | | 1 | Renovation | | | Enclosu | | ui ivega | auve Fie | ssure | | | | | | |
| ⊠ ≥ 160 sf or ≥ 2 | en if | | | Demolition | | | | | | | | | | | | | |
| <u>™</u> 2 100 \$1 01 ≥ 2 | .00 11 | | | Demonition | | | | | | ap & Cut | | | | | | | |
| Location of Ashestes Containing | - I to I - | | 1 - 1 1 1 | T 5 | | | | | | n-Friable | | dure | | | | | |
| Location of Asbestos-Containir Material (ACM) in Facility (13) | 0 | cation Normally by Maint./Co | | | pestos Containing Material | | Amount | | Abater | ment Typ | <u>e</u> | | | | | | |
| material (NOW) III I dollity (10) | | ? (12) | JStoulai | VAT, or other mis | ial systems insulation, surfaci | | (Specify or LF) | y SF | Remov | e Repair | Encap | Enclose | | | | | |
| | YES | | NA | VAT, or other mis | ceii.) | | OI LF) | | | | | | | | | | |
| D546 D540 | _ | | | | | | | | | | | | | | | | |
| B516, B542 | | X | | VAT | | | 2700 | SF | X | | | | | | | | |
| B516, B542 | | X | | Transite Ber | ch Tops | | 500 | SF | X | | | | | | | | |
| | | | | | | | | | | 1 | | | | | | | |
| Name of Reg. Waste Hauler | | NJDEP Was | ste Haule | r ID # | Cubia Vanda at Waster | 20.0 | v | Name | of Regis | stered La | ndfill | | | | | | |
| See Hauler Below #1 & | 2 | See Belov | | | Cubic Yards of Waste: | 30 C | 1 | | | North | | | | | | | |
| | | | | | | | | | | .401111 | _uiiuii | | | | | | |
| Hauler #1) Greenwood Abate | ment Cons | ultants, Inc. – | Butler, ! | NJ 07405 | | Dispo | sal Date | 2 | | City, Sta | | | | | | | |
| NJDEP # 12561 | 4. | | | | | | | | | 100 New | | 1000000 | | | | | |
| Hauler #2) Newark Carting, I | nc., Newar | k, NJ 04509 | | | | 03/ | 09/20 | 20 | | Rd. Mor | risville, | Ра | | | | | |
| NJ DEP # 4509 | | | | | | nem al | | A STATE OF | | 19067 215-736- | 1700 | | | | | | |
| Completed by /Distance | | P**** | | | | | | | | ~ 10-130· | | | | | | | |
| Completed by (Print or Type) | | <u>litle</u> | | - | Signature | | | Date | | | | | | | | | |
| RAYMOND C. PEDAL | | SENIOR P | | 51 | Raymond C. Pe | dalin | a | Febr | uary ' | 11, 202 | 0 | | | | | | |
| | 1.5 | VIANAGER | 2 | | - cy 0. 0 tt | | | | | | | | | | | | |
| | - 1 | | | | | | | | | | | | | | | | |

| no ch | 1 | NOT | | ATIOI ursua | N OF AS nt to NJ | BESTOS ABA AC 8:60 and 5:1 | 16) | DE G | E | <u>U</u> \ | <u> </u> | 7 7 7 | | | | |
|---|---------------------------|-------------------------------------|------------------------------------|--------------------------|-------------------------|--|--|---|--------|------------|----------|--|--|--|--|--|
| Date of Notification (1) 6 // | 19 | | | 1000000 | | | (2) | L FEB | 1 4 | 1 20 | 20 | The state of the s | | | | |
| ☑ EPA ☑ Initial ☑ DOLWD ☑ Amend ☑ DHSS Amend | ded dment # <u>4</u> | | | City, | 1 N Michi State, Zip | Code | | ASBESTOS CONTROL & LICENSING | | | | | | | | |
| (NJAC 5:23-8) justific | ation) | audin, | 9 | 1 | | | | | | | | | | | | |
| | (1) | | | | | | | | | | | | | | | |
| | 6 | Place | (3) | | | | Type of Facility | (4) | | | | | | | | |
| Date of Notification (1) | ŷ. | | | | | | | | | | | | | | | |
| Date of Notification (1) 19 | | Subchapter 8 | (Other than K-12 |) rcial h | uildin | ae | | | | | | | | | | |
| | te of Notification (1) 6 | | | | | | homes, etc.) | Tivate and comme | Ciai D | ununi | ys, | | | | | |
| | | | | | | | Square Feet | # of Floors | В | ldg. A | Age | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | Cou | nty Code (7 |)(STATE USE ONLY) | Current Use (Pri | or if being demolis | shed) | | | | | | | |
| Name of Monitoring Firm Hired by Bu | uilding Ov | wner | (8) | ASCM | No. | Name of Abatem | ent Contractor (9) | | | | | | | | | |
| WCD Group | | | | | | | | _, INC. | | | | | | | | |
| Street Address | | | | | | Street Address | | • | V/ | | | | | | | |
| 23 Rt 31 | | | | | | 1123 BEAVE | R STREET | | | | | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip C | ANTHOR AT | | - | | | | | | | |
| | | Name of Building Owner/Operator (2) | | | | | | | | | | | | | | |
| Project Manager for Monitoring Firm | | | | | | | | | | | | | | | | |
| Scott McDonald | | - | 60 | 09-730 | -0007 | 215-788-6040 |) | 00509 | | | | | | | | |
| | Schedu | led C | 1 1 | - 6 | ate (11) | and the second second second second second | | | | | | ē. | | | | |
| Occupancy Status During Abatement | (Check | only o | ne) | | | | _ | - | | | | _ | | | | |
| ☐ Facility Closed/Vacated During Er | ntire Perio | od of | Abate | ment | | 1123 BEAVE | R STREET | | | | | | | | | |
| Abatement Performed Outside of Time of Abatement: 7:00 AM-3:30 | Normal F 0PM/ | acility P | Hour N | rs - Des AM | | City, State, Zip Co | ode | | | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | Market or or or | | | | | | | | | | |
| | | | | | | Mini-Enc Glovebage | losure g Procedure | | e | | | | | | | |
| | | | | | | | | | Ab | atem | ent Tv | pe | | | | |
| Asbestos-Containing Material (AC TO BE ABATED IN Facility | | Use Mai Cust | d Sole ntena odial ((12) | ely by nce/ Staff? | Asbes (i.e. | stos Containing Ma , thermal systems surfacing, VAT, | terial (ACM) insulation, or | (Specify | - 44 | _ | | | | | | |
| Asphalt-Type Material | | _ | _ | | North & | South Stacks | | ASBESTOS CONTROL & LICENSING Telephone Number 312-796-6593 Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.) Guare Feet # of Floors Bldg. Age FRONMENTAL, INC. STREET ROOT License No. 00509 RONMENTAL, INC. STREET ROOT Menent with Negative Pressure ure rocedure ted (*) and Non-Friable Procedure ted (*) and Non-Friable Procedure all (ACM) Amount (Specify SF or LF) TBD Abatement Typ Lation, (Specify SF or LF) Amount Comment with Negative Pressure Landfill G.R.O.W.S. NORTH LANDFILL Stry, State MORRISVILLE, PA 19067 | | | | | | | | |
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| | P INC | | H | auler ID | No. | | The state of the s | | :11.1 | 1 | | _ | | | | |
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| YARDLEY, PA | | | | | 1 | | MONNIOVIL | LL, FA 1300/ | | | | | | | | |
| | Title | | | | | Cianatura | | | | | | _ | | | | |

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

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|---|-----------------------------------|-----------------|---|----------------------|--|--|--|---------------|-------------|-------------|---------------------------------|
| 2623432993 | | OTIF | CATIO | NOF ASBEST | OG ABATE | MENT | | <u> </u> | V. | | A facility of the same and same |
| Date of Notification (1) | | T | Name o | of Building Owr | er/Operator | (2) | FEB . | 14 | 2020 | - | + |
| February 11, 202 | 0 | (| Center | point Ruthe | ford, LLC | - | | T. 178-0. 1 | | | - |
| Agencies Notified Type Notifica | ition | | Street A | | | - | The same of the sa | eras services | nscontarr. | 100-100 | - |
| EPA Initial | | 1 | 1808 S | wift Drive | | | ASBESTOS | S CON | | 1.8 | |
| DEP Amende | | | City, St | ate, Zip Code | | Proposition of the Proposition o | 1 15 15 | -04511 | C. T. | | |
| DOL Amendr | nent # <u>1</u> ncy (including | _ (| Dak Br | ook, IL 6052 | 23 | | | | | | |
| □ DOH | tion) | | | f Contact | | | Telephone N | umber | | | _ |
| DCA Cancella | ation | F | roject | Manager | | | 201-336-04 | | | | |
| Name of Facility 188 | | | FAC | ILITY INFORM | ATION | | | | | | |
| Name of Facility Where Abatement is T | aking Place (3) | | | | | Type of Facility | (4) | | | | |
| 49 Rutherford St | | | | | | School (K- | -12) | | | | |
| Street Address | | | | | | | er 8 (Other than K- | 12) | | v | |
| 91-127 Rutherford St | | | | | | Other (i.e. etc.) | private & commerc | cial bui | iaings, | nom | es |
| City (5) | | | | | | Square Feet | # of Floors | | Bldg. A | ge | |
| Newark | | | | | | | | | 0.50 | 93 | |
| County (6) | | | | Code (7) | | Current Use (Pr | rior if being demolis | shed) | | | - |
| Essex | | | (STATE) | USE ONLY) _ | | in 1 150000 2003 1 800 | empty | | | | |
| Name of Monitoring Firm Hired by Build | ling Owner (8) | | ASCN | No. | Name | of Abatement Co | | | | | |
| AET, Inc | | | | | Super | | eraseerabilis has europe 100 fis | | | | |
| Street Address | | - | - | | | Address | | | | 337-11 | - |
| 8 North Pennell Road | | | | | 100000000000000000000000000000000000000 | elmont Ave. | | | | | |
| City, State, Zip Code | | | | | - | tate, Zip Code | | | | - | 77 |
| Media, PA 19063 | | | | | U | on, NJ 07508 | | | | | |
| Project Manager for Monitoring Firm | | 1 | Telepho | ne No. | | one No. | License | No | | - | _ |
| Ron Khachadourian | | 100 | | 69-6AET | | 373-5392 | 01195 | | | | |
| Start Date (10) | Scheduled | | | | | of OSHA Monitor | | - | | | |
| 2/18/20 | | | 2/17/2 | | Super, | | | | | | |
| Occupancy Status During Abatement (C | heck Only One | | -11112 | | | Address | | | | | |
| Facility Closed/Vacated During En | | 30 | ont | | - | elmont Ave. | | | | | |
| Abatement Performed Outside of N | lormal Facility F | Hours | ent | | The second secon | ate, Zip Code | | | | | _ |
| Other - Describe: | | | | | There are a second | n, NJ 07508 | | | | | |
| Scope of Work (Check All That Apply) | 4 | | | | i iaieuc | 11, 145 07 506 | | | | | _ |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | novat moliti | | | | Mini-Enclosur Glovebag Pro | cedure | | | | |
| | | 76 | | | 2 | ☑ Non-Exempted | (*) and Non-Friable | e Proce | 0.000 | | _ |
| gr 150° 20 | | ocation | | | | | | | Abate Ty | |] |
| Location of Asbestos-Containing Material (ACM) | Used | Solel | y by | Ashaetas C | Description | of aterial (ACM) | A | | ,, | | Г |
| TO BE ABATED | Main Custo | tenan | 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | (i.e. then | mal systems | insulation, | Amount (Specify | Z | - | Enc | |
| In Facility | | (12) | taii f | | rfacing, VAT | | SF or LF) | Remova | Repair | Encapsulate | |
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| (13) | | No | N/A | 100 | | | | | | Ф | |
| | Yes | 140 | | | ee attach | ed | See attached | X | | | |
| | Yes | NO | | 5 | cc attaci | Cu | | | | | - |
| (13) | Yes | INO | | | cc attacri | cu | | - | | | |
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| (13) | Yes | INO | | | oc allaci | | | | | | |
| See attached | Yes | NO | | S | oc allaci | | | | | | |
| See attached | Yes | N.J | DEP W | aste Cul | pic Yards | | Registered Landfil | | | | |
| See attached Name of Registered Waste Hauler | Yes | N.J | auler ID | aste Cul No. of N | oic Yards Vaste | Name of | | | | | |
| See attached Name of Registered Waste Hauler Super, LLC | Yes | N.J | | aste Cul No. of N | oic Yards Vaste TBD | Name of Fairless | Landfill | | | | |
| See attached Name of Registered Waste Hauler Super, LLC City, State | Yes | N.J | auler ID | aste Cul No. of N | oic Yards Vaste TBD posal Date | Name of Fairless City, Stat | Landfill | | | | |
| See attached Name of Registered Waste Hauler Super, LLC | Yes | N.J | auler ID | aste Cul No. of N | oic Yards Vaste TBD | Name of Fairless City, Star Morrisvi | Landfill te lle, PA 19067 | I | | | |

Boiler Room

• Approximately 200 square feet of tank insulation associated with Tank 1.

• Approximately 40 linear feet of end capamastocrack

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associated with the Water Tank.

· Approximately 800 linear feet of window glazing throughout.

· Approximately 20 linear feet of caulking within the

Parts Storage area.

Main Production - 2nd Floor

· Approximately 20 linear feet of gasketing associated with AFG29.

· Approximately 720 linear feet of vertical pipe

insulation throughout.

 Approximately 340 linear feet of horizontal pipe insulation throughout.

Main Production - 3rd Floor

· Approximately 100 linear feet of tar cover associated with elbow insulation throughout.

 Approximately 100 linear feet of tar cover associated with valve insulation throughout.

· Approximately 3 linear feet of gasketing associated with LM36.

· Approximately 800 square feet tar associated with vessel insulation from Tank 53.

Exterior Tank Field

 Approximately 160 linear feet of tar cover associated with elbow insulation throughout the Tank

Field.

· Approximately 160 linear feet of tar mastic associated with valve insulation throughout the Tank Field.

Building 4

 Approximately 72 linear feet of elbow insulation throughout.

 Approximately 2,200 square feet of roof panels within the Electrical Room.

Office Building

· Approximately 800 square feet of mastic associated with non-asbestos 12x12 white with Tan Speck Floor tile within the hallway outside the Guard Room.

• Approximately 800 square feet of 9x9 tank floor tile within the hallway outside the Guard Room.

• Approximately 800 square feet of 9x9 tank floor tile and associated mastic adhesive within the Exit Hallway.

 Approximately 800 square feet of 9x9 gray floor tile within the Locker Room, Outside Office and

Hallway.

• Approximately 800 square feet of 9x9 white floor tile and associated mastic within the Driver Room.

• Approximately 120 linear feet of elbow insulation within the Electrical Room & Above Solid Ceiling.

• Approximately 25 linear feet of window glazing within the Rear Storage Area.

Transfer Station

 Approximately 30 linear feet of window glazing throughout.

• Approximately 650 square feet of transite panels associated with the Former Conveyor Belt. Exteriors Throughout 91-127 Rutherford St

Approximately 80 windows with window glazing

associated with each structure.

• Approximately 22,500 SF of built up roofing material and associated transite panels associated with Office Building and Buildings 4, 3 & 3A at the 91-127 Rutherford St. Note: Roofing materials were presumed to be asbestos containing (PACM)



| February 11, 2020 Agencies Notified Type Notification Amended Amended Amended Concellation FEB 1 4 2020 Street Address DOH DOH DOH DOH DOH DOH DOH D | | | NOTIF | S | ate of Nev | Jersey | 7) | M | 共 | 672 | 42 | .2 | 90 | 77 | | |
|--|--|--------------|--------|-----------|-------------------------|--|---|----------------|----------|--------------------------|--------------|---------|----------------------|-----|--|--|
| February 11, 2020 Agencies Notified Type Notification Simet Address DOI: Amended Contact Project Manager FAGILITY IN FORMATION Project Manager FAGILITY IN FORMATION Type of Facility (No. 12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than | Inv 18120 | | NOTIF | Pursuant | to NUAC 8 | 60 and 12:12 | MENT | , [| | | = n | ND ND | | | | |
| February 11, 2020 Agencies Notified Type Notification Siret Address Doll Amended | Date of Notification (1) | | | Name o | f Building O | wner/Operator | r (2) | | 17 | 电影脑 | 9 II 9 II | W- | E- | | | |
| Agences Notified PPA DDA DDA DDA DDA DDA DDA DDA DDA DD | February 11, 2020 | | | | TO A TRACE CANCEL STATE | | | | NJ. | | | | | | | |
| DEP Amendment #1 DOH Cancellation DOL Ca | | | | | | | | | m | e e n | 1 4 0 | 1000 | 1 | 11 | | |
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| DOH | DEP Amended | | | City, Sta | ate, Zip Cod | e | | - | | | noonum | | - | - | | |
| DOH | | | | Oak Bro | ook, IL 60 |)523 | | - | | KODECCO | 2 001 | TRA | | | | |
| DCA Cancellation Project Manager Project Manager FAGILITY INFORMATION Same of Facility Where Abatement is Taking Place (3) Project Manager FAGILITY INFORMATION Project Manager FAGILITY INFORMATION Project Manager FAGILITY INFORMATION Project Manager School (K-12) Subchapter 8 (Other than K-12) Subchapter 9 (Other (I.e. private & commercial buildings, homes, etc.) etc.) Super, LLC Subchapter 8 (Other than K-12) Subchapter 9 (Other (I.e. private & commercial buildings, homes, etc.) Super, LLC Subchapter 8 (Other than K-12) Subchapter 9 (Other (I.e. private & commercial buildings, homes, etc.) Super, LLC Subchapter 9 (Other (I.e. private & commercial buildings, homes, etc.) Super, LLC Subchapter 9 (Other than K-12) Subchapter 9 (Other (I.e. private & commercial buildings, homes, etc.) Super, LLC Subchapter 9 (Other (I.e. private & commercial buildings, homes, etc.) Super, LLC Subchapter 9 (Other than K-12) Subchapter 9 (Other (I.e. private & commercial buildings, homes, etc.) Super, LLC Subchapter 9 (Other (I.e. private & commercial buildings, homes, etc.) Super, LLC Subchapter 9 (Other (I.e. private & commercial buildings, homes, etc.) Super, LLC Subchapter 9 (Other (I.e. private & commercial buildings, homes, etc.) Subchapter 9 (Other (I.e. private & commercial buildings, homes, etc.) Super, LLC Subchapter 9 (Other than K-12) Subchapter 9 (Other (I.e. private & commercial buildings, homes, etc.) Super, LLC Subchapter 9 (Other than K-12) Subchapter 9 (Other than K-12) Subchapter 9 (I.e. private & commercial buildings, homes, etc.) | | (including | | Name o | f Contact | | | 1 | | Telephone N | umber | 9 | to the | | | |
| Name of Facility Where Abatement is Taking Place (3) 9 Rutherford St Stocol (K.12) School (K.12) School (K.12) School (K.12) School (K.12) Substitute Address 7-89 Rutherford St Site (Address) Square Feet # of Floors Blog. Age Square | | 1 | | Project | Manager | | | i. | | 201-336-04 | 77 | | which district color | | | |
| Street Address Street Address Stree | Name of Facility Add. | | | | | | | | | | | | | | | |
| Street Address Student Address Student (16, private & commercial buildings, homes, provided (10, private & commercial buildings, homes, | | ig Place (| 3) | | | | Туре | of Facil | ity (4) | | | | | | | |
| To Be Rutherford St County Code (7) | | | | | | | | | | | 227 | | | | | |
| Square Feet | | | | | | | | | | | | ldings | hom | 20 | | |
| County Code (7) C | | | | | 5 | | | etc.) | | ate a commen | olar bul | unigo | , 110111 | 00, | | |
| County (6) Seex Mame of Monitoring Firm Hired by Building Owner (8) ET, Inc Street Address B North Pennell Road City, State, Zip Code edia, PA 19063 Bar Date (10) Sarper, LLC Street Address B North Pennell Road City, State, Zip Code edia, PA 19063 Haledon, NJ 07508 Telephone No. On Khachadourian (800) 969-6AET (201) 673-5392 Other Describe: Facility (Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other Describe: Asbestos-Containing Material (ACM) TO SE ABATED In Facility (13) Bid 9 | 200000000000000000000000000000000000000 | | | | | | Squa | are Feet | | # of Floors | | Bldg. / | Age | | | |
| See North Firm Hired by Building Owner (8) ASCM No. | | | | | | | | | | | | | | | | |
| ASCM No. Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) | | | | | | | Current Use (Prior if being demolished) | | | | | | | | | |
| Super, LLC Super, LLC | | | | | | | | | _ | | | | | | | |
| Street Address 8 North Pennell Road 203 Belmont Ave. 203 Belmont Ave. 204 City. State, Zip Code dedia, PA 19083 Project Manager for Monitoring Firm On Khachadourian (800) 969-6AET (201) 673-5392 Onto Khachadourian (800) 969-6AET (201) 673-5392 Onto Khachadourian (800) 969-6AET (201) 673-5392 Onto Khachadourian (800) 969-6AET (801) Scheduled Completion Date (11) Super, LLC Super, LLC Super, LLC Super, LLC Super, LLC City. State, Zip Code Haledon, NJ 07508 Full Containment with Negative Pressure Minite-Enclosure Glovebag Procedure Non-Exempted (1) and Non-Friable Procedure Non-Exempted (1) and Non-Friable Procedure Non-Exempted (1) and Non-Friable Procedure Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Bid 9 Bid 9 Bid 9 Full Containment with Negative Pressure Minite-Enclosure Glovebag Procedure Non-Exempted (1) and Non-Friable Procedure Asbestos-Containing Material (ACM) (1) and Non-Friable Procedure Non-Exempted (1) and Non-Friable Procedure Asbestos-Containing Material (ACM) (1) and Non-Friable Procedure Non-Exempted (1) and Non-Fr | | Owner (8) |) | ASCN | No. | Name | of Aba | atement | Contra | ctor (9) | | | | | | |
| Shorth Pennell Road 203 Belmont Ave. City, State, Zip Code declar, PA 19063 Project Manager for Monitoring Firm On Khachadourian (800) 969-6AET (201) 673-5392 01195 Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: City, State, Zip Code Haledon, NJ 07508 Pacifity Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: City, State, Zip Code Haledon, NJ 07508 Pull Containment with Negative Pressure Mini-Enclosure Glovebap Procedure Non-Exempted (1) and Non-Friable Procedure Abatement Type Asbestos-Containing Material (ACM) In Facility (13) Pes No N/A Bid 9 Foofing 18,500 s/f Pull Containment with Negative Pressure Mini-Enclosure Custodial Staff? (i.e. thermal systems insulation, Surfacing, VAT, or other miscellaneous) Name of Registered Landfill Proofing 18,500 s/f Pull Containment with Negative Pressure Abatement Type Abatement Type Abatement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, Specify Surfacing, VAT, or other miscellaneous) Normally Specify State Pull Containment with Negative Pressure Non-Exempted (1) and Non-Friable Procedure Abatement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, Specify Surfacing, VAT, or other miscellaneous) Normally Specify State Pull Containment with Negative Pressure Non-Exempted (1) and Non-Friable Procedure Non-Exempted (1) and Non-Friable Procedure Abatement Type Abate | | | | | | The second secon | | | | | | | | | | |
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| Halledon, NJ 07508 Halledo | | | | | 203 B | | | | | | | | | | | |
| Telephone No. (800) 969-6AET (201) 673-5392 (201) | | | | | | 27.4.00 | | | | | | | | | | |
| on Khachadourian (800) 969-6AET (201) 673-5392 (2119/20) 2/18/20 2/18/20 2/17/21 Super, LLC Sup | | | | | | | | | 08 | | | | | | | |
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| Haledon, NJ 07508 Hale | | nal Facility | y Hour | S | | | | | | | | | | | | |
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| lame of Registered Waste Hauler NJ DEP Waste Hauler ID No. Uper, LLC WH16329 225 Fairless Landfill Disposal Date Aledon, NJ Disposal Date 2/17/21 Morrisville, PA 19067 Title Signature Date | Bld 9 | X | | | | roofing | | | | 18,500 s/f | X | | | | | |
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| ompleted by Title Signature Date | laledon, NJ | | | | | 2/17/21 | | | | PA 19067 | | | | | | |
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| | ailor Dominguez | Projec | t Mai | nager | | 1 200 | 1-60 | | 1 | 21 | 11/20 | | | | | |

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| Date of Notification (1) 02/11/20 | 19 | | 1 | of Building m Bren | g Owner/C | Operator | r (2) | | | | £8 | 1. | 4 2 | 2020 | |
| Agencies Notified Type Notificatio | n | | Street A | Address | | | | | - | ASBE | | | | | - 8 |
| EPA Initial DEP Amended Amendmen | nt# | | 10000 | ate, Zip C | Code J, 07042 | (| | | | | LIO | EN | SIN | 2 | |
| DOH Emergency justification DCA Cancellation |) | g | Name o | of Contac Amengu | :t | | | | Те | lephone | Numb | er | | | |
| Name of Facility Where Abatement is Tak | ing Place (| (3) | FAC | ILITY IN | FORMATI | ON | Type | of Facility | (4) | | | | | | |
| William Brennan | | | | | | | П | School (K- | Microsoft Common | | | | | | |
| Street Address | | | | | | 0 | × | Subchapter Other (i.e. petc.) | | | | build | lings | , hom | es |
| City (5) Montclair, NJ, 07042 | | | | | | | Squa 220 | are Feet | # 0 | f Floors | | В | ldg. A | lge | |
| County (6) Essex | | | | Code (7) USE ONL | | | Curre | ent Use (Pri | or if be | ing demo | olished | d) | | 300 | i i i i |
| Name of Monitoring Firm Hired by Building | Owner (8 | 3) | ASC | √l No. | | | | atement Cor onstructio | | | | | | | |
| Street Address | | | | | | Street | Addre | | | | | | -10770 | | |
| City, State, Zip Code | | | | | | | Zip Code Park, 070 | 10 | | | | | | - | |
| Project Manager for Monitoring Firm | | | Telepho | ne No. | | Teleph | mice-securi | o. | | License 02004 | | | | | |
| Start Date (10) 02/11/20 | Schedu 02/14/ | | mpletion | Date (11 |) | ************* | | HA Monitor | | 0200- | 7 | | | | 100 |
| Occupancy Status During Abatement (Che | | | | | | Street | Addre | SS | | | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: | Period of mal Facilit | Abate y Hou | ment rs | | ŀ | City, S | tate, Z | ip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | - | | _ | | | | | _ |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | and the same of th | Renov Demol | | | | | Mir Glo | ll Containme ni-Enclosure ovebag Prod | e cedure | | | | | | |
| | Is | s Loca | tion | | | | J No | n-Exempted | d (*) an | d Non-Fr | iable | | | e ement | - |
| Location of Asbestos-Containing Material (ACM) | | Norma | | Ache | Des stos Conta | cription | | (4004) | | | - | Ŧ | Ту | pe | _ |
| TO BE ABATED In Facility (13) | | aintena stodial (12) | Staff? | (i.e | thermal: | systems ing, VA | s insula T, or | ation, | (5 | mount Specify or LF) | | Removal | Repair | Encapsulate | |
| | Yes | No | N/A | | | | | | | | | | | ite | |
| 2nd Floor | | X | | | Asbesto | os Cle | an Up | 0 | 22 | 200Sf | + | + | | X | |
| | | | | | | | | | | | | | | | |
| lame of Registered Waste Hauler | | | NJDEP W | | Cubic \ | | | Name of I | Registe | red Land | Ifill | | | | _ |
| Newark Carting | 1.0 | Hauler ID 1509 | No. | of Was | te | | TBD | | | | | | | | |
| City, State BD | Disposal Date TBD | | | | | | City, State | 9 | | | | | | | |
| completed by uis Amengual | Title Owner | | | | | gnature |] | (| 7 | 1.1 | Date 02/1 | 1/2 | 0 | | _ |
| | | | | 1 | TAN | | | | | | | | | | |

Do not use this form for asbestos licensure exempted activities.