STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7

(PURSUANT TO NJAC 8:60-7 AND 12:120-7

| Date of Notification   |  |                | Ciri, Santosa                 |                                  | Name of Building Owner / Operator (2) |   |                          |  |                                       |        |               |             |         |  |
|--|--|----------------|-------------------------------|----------------------------------|---------------------------------------|---|--------------------------|--|---------------------------------------|--------|---------------|-------------|---------|--|
| 01 / 27  | _ /12  |                |                               |                                  | Kraft Foo                             |   |                          |  | · · · · · · · · · · · · · · · · · · · | 15-    |               |             |         |  |
| Agencies Notified  | Type of N  | Notifica       | tion                          |                                  | Street Ac<br>2211 Rou                 | idress<br>ite 208 Nort                            | า                        |  |                                       | t-a t  | -u*           |             |         |  |
| ☑ EPA  |  | Initia<br>Amer | 1                             |                                  | City, Stat<br>Fairlawn,               | te, Zip Code<br>New Jersey                        | e<br>, 07410             | <b>201</b> 2 FEB                           | 15 P                                  | н 3    | : 67          |             |         |  |
| ☑ DOI  | D:   | Emer           | ndment<br>gency v<br>ellation | v/ justification                 | Name of<br>TOMMY                      |   |                          | <b>6.5</b>                                 | Telenho                               |        |               | r<br>-      |         |  |
|  | broad  |                |                               |                                  | ACILITY II                            | NFORMATIO   | ON                       | i, i,                                      | 100.                                  | 1:40   | j             |             |         |  |
| Name of Facility \ Kraft Foods   | Where Abater   | ment is        | Taking                        | Place (3)                        |                                       | Type of F   | acility (4)<br>School (K | (-12)                                      |                                       |        |               |             |         |  |
| Street Address<br>2211 Route 208   |  |                |                               |                                  |                                       |   | Other (I.e               | er 8 (Other<br>., private &<br>omes, etc.) |                                       | 2000   |               |             |         |  |
| City (5)<br>Fairlawn   | County (6<br>Bergen  | 5)             |                               | County Code                      | (7)                                   | Square Feet # Of Floors Building Age 1,000,000 3  |                          |  |                                       |        |               |             |         |  |
|  |  |                |                               | <u></u>                          |                                       |   | se (Prior II<br>AREHOUS! |  | iolisnea)                             |        |               | 40          | +       |  |
| Name of Monitori   | ng Firm Hired  | by Blo         | dg. Own                       | er (8)                           | ASCM NO                               |   |                          |  |                                       | _      |               |             |         |  |
|  |  |                |                               |                                  |                                       | LVI Environmental Services Inc.                   |                          |  |                                       |        |               |             |         |  |
| AET<br>Street Address  |  |                |                               |                                  |                                       | Street Ad   |                          | rvices Inc.                                |                                       |        |               |             |         |  |
| 907 Doolittle Drive  |  |                |                               |                                  |                                       | Street Au   | uress                    |  |                                       |        |               |             |         |  |
| City, State, Zip Co  | ode  |                | ESPACES -S                    |                                  |                                       | 462 Getty   | Avenue                   |  |                                       |        | VIDEO A 14-12 |             |         |  |
| Bridgewater, NJ 0  |  |                |                               |                                  |                                       | City, State                                       | , Zip Code               |  |                                       |        |               |             |         |  |
| Project Mngr. For  | Monitoring F   | Firm           |                               | Telephone Nu                     | mber                                  | 01:0 N  | 07044                    |  |                                       |        |               |             |         |  |
| Eric Houseknecth<br>Sheduled Start Da  | to (10)  | Icaba          | d Comp                        | 908-218-1108<br>letetion Date (1 | 4)                                    | Clifton, NJ 07011 Telephone Number License Number |                          |  |                                       |        |               |             |         |  |
| 02 / 18  | / 12   |                | 02                            | 20                               | 12                                    | retephone Number                                  |                          |  |                                       |        |               |             |         |  |
| //   | _/_   _//  |                |                               |                                  |                                       | 973-77  | 72-3660                  |  |                                       |        | 00            | 117         |         |  |
| Occupancy Status   |  |                |                               |                                  |                                       |   | SHA Mon                  |  |                                       |        |               |             |         |  |
| bana -   |  | ated Du        | ring En                       | tire Period of                   |                                       |   | nmental Se               | rvices Inc.                                |                                       | -      |               |             |         |  |
|  |  |                |                               | ormal Facility                   |                                       | Street Add  |                          |  |                                       |        |               |             |         |  |
| The second secon | Describe: _  |                |                               | 9РМ                              |                                       |   | , Zip Code               |  |                                       |        |               | -V-17-20215 |         |  |
|  | 2.5  |                |                               |                                  |                                       | Clifton, NJ 07011                                 |                          |  |                                       |        |               |             |         |  |
| Scope of Work (C   | heck All That  | Apply          | )                             |                                  |                                       |   |                          |  |                                       |        |               |             |         |  |
| ☐ Demoli   | tion   |                | V                             | Renovation                       |                                       | Full Conta  | inment wi                | th Negative                                | Pressure                              | е      |               |             |         |  |
| ☑ ≥3sf or  |  |                |                               |                                  |                                       | Mini - End  |                          |  | 150                                   |        |               |             |         |  |
| ☐ ≥160 sf  | or ≥260 If   |                |                               |                                  |                                       |   | Procedure<br>pted (*) ar | e<br>nd Non-Fria                           | ble Proce                             | edure  | •             |             |         |  |
| Location   | of   |                | ls                            | r                                | Descript                              | ion of  |                          |  | Abateme                               | ent Ty | /ne           |             |         |  |
| Asbestos Co  |  | Loc            | ation                         | As                               | bestos - C                            |   |                          |  | R                                     | T      | Po            | E           | ĮΕ      |  |
|  |  |                | mally                         |                                  | Material                              |   |                          | Amount                                     | E                                     | R      |               | N           | N       |  |
| TO BE AB   |  | 887            | sed                           |                                  | e., therma                            |   |                          | (Specify                                   | M                                     | E      |               | C           | C       |  |
| in Faci  | ity  |                | olely                         |                                  |                                       | facing, VA  | ,                        | SF or LF)                                  | 0                                     | P      |               | A<br>P      | L       |  |
| (13)   |  | 7000000        | Main-<br>ance/                | or                               | other misc                            | ellaneous)  |                          |  | V<br>A                                | A      |               | S           | o<br>s  |  |
|  |  |                | todial                        |                                  |                                       |   |                          |  | l î                                   | R      |               | Ū           | Ü       |  |
|  |  | A/40/0/40000   | ff (12)                       |                                  |                                       |   |                          |  |                                       |        |               | L           | R       |  |
|  |  | YES            | NO N/A                        |                                  |                                       |   |                          |  |                                       |        |               |             |         |  |
| BAKERY   |  |                | <b>J</b>                      | PIPE INSULAT                     | 117,1000                              |   |                          | 80 LF                                      | V                                     |        |               |             |         |  |
| BAKERY/G20   |  |                | 7                             | PIPE INSULAT                     |                                       |   |                          | 75 LF                                      | V                                     |        |               |             |         |  |
| DC WAREHOUSE   | LICE   | 1 = 1          |                               | PIPE INSULAT                     |                                       | -   | -                        | 6 LF                                       | V                                     | -      |               |             |         |  |
| BAKERY WAREHO  | DECEMBER OF THE PROPERTY OF TH | - 11           | 4                             | PIPE INSULAT<br>NJDEP Waste      | PARTICION SALES                       | Name of E   | ogistored                | 30 LF                                      | Į Į                                   |        |               |             |         |  |
| Name of Registere<br>NEWARK CARTIN   |  | ner            |                               | Hauler ID No.                    | Yards<br>of Waste                     | I.E.S.I.  | tegistered               | Landilli                                   |                                       |        |               |             |         |  |
| City, State Disposal C   |  |                |                               | City. State                      |                                       |   |                          | Mary Street                                | - 20                                  |        |               |             |         |  |
|  |  |                |                               |                                  | EM, PA 181                            | 105   |                          |  |                                       |        | 0             |             |         |  |
| Completed by (Pri  | nt or Type)  | 8 8            |                               | Title                            |                                       |   | Signature                |  | A                                     | 7      |               | Date        |         |  |
| Steve Stiles   | +7   |                |                               | Project Manage                   | er                                    |   | 1                        | 101)1                                      |                                       | 1      | Trans.        | 0           | 2/14/12 |  |

| Location of  | 7       | Is                                  |                                   | Description of  |                                 | Abatem                          | ent Type                   |          |          |
|--|---------|-------------------------------------|-----------------------------------|---|---------------------------------|---------------------------------|----------------------------|----------|----------|
| Asbestos Containing  TO BE ABATED in Facility (13) | b<br>te | lorm<br>Use<br>Sole<br>y Ma<br>enar | tion<br>ally<br>ed<br>ely<br>ain- | Asbestos - Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount<br>(Specify<br>SF or LF) | R<br>E<br>M<br>O<br>V<br>A<br>L | R<br>E<br>P<br>A<br>I<br>R | ENCAPSUL | ENCLOSUR |
|  | YE      | S NO                                | N/A                               | †   |                                 |                                 | _                          |          |          |
| DC WAREHOUSE CL 18-19                              |         | V                                   |                                   | PIPE & FITTING  | 30 LF                           | V                               |                            |          |          |
|  |         |                                     |                                   |   |                                 |                                 |                            |          |          |
|  |         |                                     |                                   |   |                                 |                                 |                            |          |          |
|  |         |                                     |                                   |   |                                 |                                 |                            |          |          |
|  |         |                                     |                                   |   |                                 |                                 |                            |          |          |
|  |         |                                     |                                   |   |                                 |                                 |                            |          |          |
|  |         |                                     | Ц                                 |   |                                 |                                 |                            |          |          |
|  | 44      | Ц                                   | Ц                                 |   |                                 |                                 | 1 4                        |          | 1        |
|  |         |                                     |                                   |   |                                 |                                 | 1 4                        | +        |          |
|  |         | -                                   | H                                 |   |                                 |                                 |                            |          |          |
|  | ++      |                                     |                                   |   |                                 | -                               | 1 4                        | -        |          |
|  | ┨╫      | H                                   | +                                 |   |                                 | -                               | 1 -                        |          | +        |
|  | ++      | 屵                                   |                                   |   |                                 |                                 | +-                         | + +      |          |
|  | 17      | 一                                   | H                                 |   |                                 | -                               | 1 =                        | 1 =      | 1        |
|  | 十片      | H                                   | H                                 |   |                                 | H                               | 1 1                        | 1 1      | + -      |

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2012 FEB 15 PM 1: 67

#### STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

| Date of Notification                    |                          |               | Name of Building Owner / Operator (2) |                              |             |  |                          |  |            |  |            |                    |  |
|---|--------------------------|---------------|---------------------------------------|------------------------------|-------------|--|--------------------------|--|------------|--|------------|--------------------|--|
| $\frac{01}{27}$                         | /12                      |               |                                       |                              | Kraft Foo   |  |                          |  |            |  | ,          |                    |  |
| Agencies Notified                       | Tuna of I                | latifian      | tion                                  |                              | Street A    |  | t.                       |  |            |  | ED:        |                    |  |
| ☑ EPA                                   | Type of I                | Initia        |                                       |                              |             | te, Zip Cod  |                          |  |            |  | The Bright |                    |  |
| DEP                                     |                          | Ame           | Service products                      |                              |             | New Jerse  |                          | 2013   | FEB L      | E 000  | 34         |                    |  |
| ☑ DOH                                   |                          |               | ndment                                | #                            |             | Contact  | , 01 .10                 |  | Telepho    | ne Numi  | per 07     |                    |  |
| ☑ DOL                                   |                          |               |                                       | w/ justification             |             | FARMER   |                          | A -  | l'olopiio  |  | •          |                    |  |
|   |                          |               | ellation                              |                              |             | A STANLEY OF THE STAN |                          | AS   | 1 to 1 kg/ | ed the tre                                       | . 01       |                    |  |
|   |                          |               |                                       | F                            | ACILITY I   | NFORMATI   | ON                       |  |            | 21.5111  | G          |                    |  |
| Name of Facility W<br>Kraft Foods       | here Abater              | ment is       | Taking                                | Place (3)                    |             | Type of F  | acility (4)<br>School (F | <-12)  |            |  |            |                    |  |
| Street Address<br>2211 Route 208        |                          |               |                                       |                              |             |  | Other (I.e               | ter 8 (Other<br>e., private &<br>omes, etc.) |            |  |            |                    |  |
| City (5)                                | County (6                | 2)            |                                       | County Code                  | (7)         | Square F   | Α Λ σ σ                  |  |            |  |            |                    |  |
| Fairlawn                                | Bergen                   | 5)            |                                       | County Code                  | (1)         | 1,00   | ng Age                   |  |            |  |            |                    |  |
| - and -                                 | Beigen                   |               |                                       |                              |             |  |                          | f being dem                                  | olished)   | +  | 40         | +                  |  |
|   | -                        |               |                                       |                              |             | _  | AREHOUS                  |  | .001.00,   |  | -10        |                    |  |
| Name of Monitoring                      | Firm Hired               | by Bl         | da. Owr                               | ner (8)                      | ASCM NO     |  |                          |  |            | -1   |            |                    |  |
|   |                          | •             |                                       |                              |             |  |                          |  |            |  |            |                    |  |
| AET                                     |                          |               |                                       |                              |             | LVI Enviro   | nmental Se               | ervices Inc.                                 |            |  |            |                    |  |
| Street Address                          | all was a section at the |               |                                       |                              |             | Street Ad  | dress                    |  |            |  |            |                    |  |
| 907 Doolittle Drive                     |                          |               |                                       |                              |             | 1  |                          |  |            |  |            |                    |  |
| City, State, Zip Cod                    |                          |               |                                       |                              |             | 462 Getty  |                          |  |            |  |            |                    |  |
| Bridgewater, NJ 088                     |                          |               |                                       | 1- 1 1 1                     |             | City, Stat   | e, Zip Code              | 9  |            |  |            |                    |  |
| Project Mngr. For M<br>Eric Houseknecth | Ionitoring F             | -irm          |                                       | Telephone Nu<br>908-218-1108 | mber        | Clifton N  | 07011                    |  |            |  |            |                    |  |
| Sheduled Start Date                     | (10)                     | Ischa         | d Comr                                | eletetion Date (1            | 11)         | Clifton, N.  |                          |  | Liconco    | Number   | -          |                    |  |
| 02 // 18                                | / 12                     | Sche          | 02                                    | 20                           | 12          | Telephone Number License Number  |                          |  |            |  |            |                    |  |
| /                                       | /                        | _             | /                                     | /                            |             | 973-7  | 00117                    |  |            |  |            |                    |  |
| Occupancy Status I                      | During Aba               | tement        | (Check                                | Only 1)                      | 1000        | Name of 0  |                          |  |            |  |            |                    |  |
|   |                          |               |                                       | tire Period of               |             | LVI Enviro   | nmental Se               | ervices Inc.                                 |            |  |            |                    |  |
| Abateme                                 | nt                       |               |                                       |                              |             | Street Ad  | dress                    |  |            |  |            |                    |  |
|   |                          |               |                                       | Normal Facility              |             |  |                          |  | - 12       |  |            |                    |  |
|   | escribe: _               |               |                                       |                              |             | 462 Getty  |                          |  |            |  |            |                    |  |
| Other - D                               | escribe:                 | _7:00A        | M - 11:5                              | 9PM                          |             |  | , Zip Code               | •  |            |  |            |                    |  |
| Scope of Work (Che                      | ck All That              | Apply         | )                                     |                              |             | Clifton, NJ  | 0/011                    | -  |            |  |            |                    |  |
|   |                          |               |                                       |                              |             |  |                          |  |            |  |            |                    |  |
| Demolition                              |                          |               | $\checkmark$                          | Renovation                   |             |  |                          | th Negative                                  | Pressur    | е  |            |                    |  |
| <ul><li></li></ul>                      |                          |               |                                       |                              |             | Mini - End   | Procedure                |  |            |  |            |                    |  |
| ☐ <u>≥100 81 0</u>                      | 1 <u>2200 11</u>         |               |                                       |                              |             | •  |                          | ad Non-Fria                                  | hle Proce  | adura  |            |                    |  |
|   |                          |               |                                       |                              |             | NOII-LAGII   | ipica ( ) ai             | ia ivon-i na                                 | DIC 1 1000 | Juuie  |            |                    |  |
| Location of                             | of                       | T             | Is                                    | T                            | Descript    | tion of  |                          |  | Abateme    | ent Type   |            |                    |  |
| Asbestos Cont                           | aining                   | Loc           | cation                                | As                           |             | Containing   |                          |  | R          | T  | E          | ΙE                 |  |
|   |                          | Nor           | rmally                                |                              | Material    |  |                          | Amount                                       | E          | R  | N          | N                  |  |
| TO BE ABA                               | _                        | U             | sed                                   |                              |             | l systems  |                          | (Specify                                     | M          | E  | C          | С                  |  |
| in Facility                             | 1                        |               | olely                                 |                              |             | facing, VA   |                          | SF or LF)                                    | 0          | P  | Α          | L                  |  |
| (13)                                    |                          |               | Main-                                 | ord                          | other misc  | cellaneous)  |                          |  | V          | A  | P          | 0                  |  |
|   |                          | 100000        | ance/                                 | 0.00                         |             |  |                          |  | A          | 1  | S          | S                  |  |
|   |                          | (CO) (CO)     | todial<br>ff (12)                     |                              |             |  |                          |  | L          | R  | U          | U                  |  |
|   |                          | 1             | NO N/A                                |                              |             |  |                          |  |            | +  | +          | R                  |  |
| BAKERY                                  |                          |               | J D                                   | PIPE INSULAT                 | ION         |  |                          | 80 LF  | V          | $\vdash \neg$                                    | +          |                    |  |
| BAKERY/G20                              |                          |               |                                       | PIPE INSULAT                 |             |  |                          | 75 LF  | V          | <del>                                     </del> | 누片         |                    |  |
| DC WAREHOUSE                            |                          |               | 7                                     | PIPE INSULAT                 |             |  |                          | 6 LF   | 7          | 1-   | 1-1        | ++-                |  |
| BAKERY WAREHOU                          | SE                       | 10000         | 717                                   | PIPE INSULAT                 |             |  |                          | 30 LF  |            | 1 1  | H          | <del>       </del> |  |
| Name of Registered                      |                          | - 10          |                                       | NJDEP Waste                  |             | Name of F  | egistered                |  |            |  |            |                    |  |
| NEWARK CARTING                          |                          |               |                                       | Hauler ID No.                |             | I.E.S.I.   | 3                        |  | .05        |  |            |                    |  |
|   |                          | 4509 of Waste |                                       |                              |             |  |                          |  |            |  |            |                    |  |
| City, State                             | ty, State Disposal C     |               |                                       |                              | City. State |  |                          |  |            |  |            |                    |  |
|   |                          |               |                                       | BETHLEH                      | EM, PA 181  | 105  |                          |  |            |  |            |                    |  |
|   |                          |               |                                       |                              | -           |  |                          |  |            |  |            |                    |  |
| Completed by (Print                     | or Type)                 |               |                                       | Title                        |             |  | Signature                | -  | -          |  | Date       | 1                  |  |
| Steve Stiles                            |                          |               |                                       | Project Manage               | r           | 11 M ( ) ( ) ( ) ( ) ( ) ( ) ( )   |                          |  |            |  |            |                    |  |
| JIEVE OTHES                             |                          |               |                                       | i roject ivialiage           | 1           | See Det 01/27/12   |                          |  |            |  |            |                    |  |



| Date of Notification (1)  02 / 13 /   | 12              |                 |                               |                           | Owner/Operator (2<br>ard of Education  |   |                                 |                |        |             |           |
|---|-----------------|-----------------|-------------------------------|---------------------------|--|---|---------------------------------|----------------|--------|-------------|-----------|
| Agencies Notified Type Notificati   |                 |                 |                               | Address<br><b>Lathern</b> | Ave  |   | 2012 FEB 1                      | 5 PH           | :<br>: | 07          |           |
| ☑ EPA ☑ Initial   ☑ DEP ☑ Amended   ☑ DOM (NJAC 5:16) ☑ Amendmer   ☑ DHSS ☐ Emergency           |                 |                 | City, S                       | tate, Zip C               | ode  | /2  | Telephone Nu                    | 13.00          |        | OL          |           |
| DCA justification (NJAC 5:23-8)   | 1)              |                 |                               | of Contact<br>n Kaster    |  |   | Telephone Nu                    | mber           | - 4,7  |             |           |
|   |                 |                 | FAC                           | ILITY IN                  | FORMATION  |   |                                 |                |        |             |           |
| Name of Facility Where Abatement is Ta  | king Place      | (3)             |                               |                           |  | Type of Facility  | (4)                             |                |        |             |           |
| John Hill School  |                 |                 |                               |                           |  | School (K-12  | Other than K-                   | 12)            |        |             |           |
| Street Address 435 Lathron Ave.   |                 |                 | -1                            |                           |  | Other (i.e., property homes, etc.)                              |                                 |                |        | 74<br>No. 2 |           |
| City (5)  |                 |                 |                               |                           |  | Square Feet   | # of Floors                     |                | lg. Ag |             |           |
| Boonton, NJ 07005   |                 |                 |                               |                           |  | 45,028  | 3                               |                | 922    |             | _         |
| County (6) Morris   |                 |                 | Coun                          | ty Code (7)               | )(STATE USE ONLY)  | Current Use (Pri  | ior if being demo               | olished)       |        |             |           |
| Name of Monitoring Firm Hired by Buildin  | ng Owner (      | 8)              | ASCM                          | No.                       | Name of Abateme  | ent Contractor (9)  |                                 | Garage Control |        |             |           |
| Environmental Remediation & I   | Vlanagem        | ent             |                               |                           | SMAC Corp.   |   |                                 |                |        |             |           |
| Street Address  |                 |                 |                               |                           | Street Address   |   |                                 |                |        |             |           |
| 49 Prestile PI.   |                 |                 |                               |                           | 27 EAST 33 <sup>RI</sup>   | STREET  |                                 | 10-            |        |             |           |
| City, State, Zip Code   |                 |                 |                               |                           | City, State, Zip Co  |   |                                 |                |        |             |           |
| Trenton, NJ 08691   |                 | You're a second |                               |                           | PATERSON I   | NJ 07514  |                                 |                |        |             |           |
| Project Manager for Monitoring Firm   |                 | Tele            | ephone                        | No.                       | Telephone No.  |   | License No.                     |                |        |             |           |
| Gary Ceuerence  | 7.5             |                 | 09-259                        | PYENEY                    | 973-345-4055   |   | 01110                           |                |        |             |           |
| Start Date (10)       Scheduled Completion         02       / 23       / 12       08       / 24 |                 |                 |                               |                           | Name of OSHA N<br>EMSL ANAL  |   |                                 |                |        |             |           |
| Occupancy Status During Abatement (C  | heck only o     | ne)             |                               |                           | Street Address   |   |                                 |                | W.77   |             |           |
| ☐ Facility Closed/Vacated During Entire   |                 |                 | ment                          |                           | 1056 SHELT   | ON AVE  |                                 |                |        |             |           |
| Abatement Performed Outside of Nor<br>Time of Abatement:AM                                      | rmal Facility   | y Hou           | rs - Des                      | cribe<br>AM               | City, State, Zip C   |   |                                 |                |        |             |           |
| Scope of Work (Check all that apply)  |                 | -               |                               |                           |  |   |                                 |                |        |             |           |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf   | ⊠ Re            |                 |                               |                           |  | tainment with Ne<br>closure<br>g Procedure<br>empted (*) and No |                                 |                |        |             |           |
|   | Is              | Loca            | tion                          |                           |  |   |                                 |                | atem   | ent T       | уре       |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)                    | Use<br>Ma       | inten           | ely by<br>ance/<br>Staff?     | Asbe<br>(i.e., the        | Description of stos Containing Marmal systems insul VAT, or other miscelland | aterial (ACM)<br>ation, surfacing,                              | Amount<br>(Specify<br>SF or LF) | Removal        | Repair | Encapsulate | Enclosure |
|   | Yes             | No              | N/A                           |                           |  |   |                                 |                |        |             | <u> </u>  |
| Boiler Mortar   |                 |                 |                               | Boiler I                  | Room   |   | 100SF                           |                |        |             |           |
| Pipe & Elbow insulation   |                 |                 |                               | Hallwa                    | ns   |   | 1,500LF                         |                |        |             |           |
| Floor Tile Mastic   |                 |                 |                               | 1st, 2nd                  | d, 3rd Floor   |   | 3,000SF                         |                |        |             |           |
| Ceiling Plaster   |                 |                 |                               | Boiler I                  |  |   | 2,000SF                         |                |        |             |           |
| Name of Registered Waste Hauler<br>SMAC Corp  |                 | 100             | NJDEP N<br>Hauler II<br>18590 | D No.                     | Cubic Yards of<br>Waste<br>30 Yards  | Name of Regi<br>Grows La  | stered Landfill<br>ndfill       | 17             |        | V           |           |
| City, State 27 E 33rd Street, Paterson, NJ -  | 07514           |                 | 1000                          |                           | Disposal Date<br>08/24/2012  | City, State<br>Morrisville                                      | e, PA                           |                |        |             |           |
| Completed By (Print or Type)  Borce Gjorsoski   | Title<br>Presid | ent             |                               |                           | Signature  | ere Core  | OF 1                            | Date / 2//-    | 3/1    | 2           |           |

\*Amended \*



FMRED MAN MAN Additional July 2421

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| Completed by Anthony T Perna President                                |   |             |                   | Signaturo Date 2/10/12                                |                        |                                 |             |  |   |                          |                    |              |               |                 |           |  |
|---|---|-------------|-------------------|---|------------------------|---------------------------------|-------------|--|---|--------------------------|--------------------|--------------|---------------|-----------------|-----------|--|
| City, State Elm NJ  |   |             |                   |   |                        | 2/13/1                          | 2           |  | ty. State<br>Iorrisville                      | PA 19                    | 067                |              | <u> </u>      |                 |           |  |
| ismo of Registored Waste<br>inited Containers                         | Hauter                                    |             | M.                | NJDEP Waste Cubic Yards House ID No. of Weste 22459 2 |                        |                                 |             | ame of Ro  |   | Landfill                 |                    |              |               |                 |           |  |
|   |   |             |                   |   |                        |                                 |             |  |   |                          |                    |              |               |                 |           |  |
| Busement  |   |             |                   | T   | Linde                  | C Ru                            | bber        | floo   | (   | 150.                     |                    | X            |               |                 |           |  |
| Baseme  | nt .                                      | 1           |                   | и   |                        | Flôor                           | Tile or     | nly  |   | 500                      | 51                 | ĸ            | -68           |                 |           |  |
| Asbestos-Contoming Material (ACM)  IO BE ARATED In Facility (13)  Ves |   |             |                   | noe/  | Asber<br>(1 è          | itos Canti<br>ihermaj<br>aurite | athing Na   | iterual (A<br>insulatio<br>or  | ÇM)<br>R,                                     | Amou<br>(Spec<br>SF or I | ify                | Removal      | Repair        | Ercapsulate     | Enclosure |  |
| Location  |   | 1           | Local             | ly is   |                        |                                 | acription c | ) Ť  |   | 7 2 10 10                | 2 7 1503           |              | Abal          | emeni<br>pe     |           |  |
| Scope of Work (Check All<br>23 af or 23 M<br>2160 st or 2260 M        | That Apply)                               |             | čánova<br>Jemolil |   |                        | 7 <u>0</u> )                    |             | Mini-E<br>Glove  | onlainmer<br>mäusure<br>bag Proce             | oure                     | •                  |              |               | (K)             |           |  |
| i smitry Closed/Vaca<br>Abstement Performs<br>Other - Describe: H     | d Outside of Norm<br>term county: will be | wi Facility |                   |   | ottogra A.             |                                 | City. Bu    | ox 329<br>ate. Zip<br>Berlin   |   | )1                       | 4                  |              |               |                 |           |  |
| Occupancy Status During   | Abarement (Chor                           |             |                   | 2/1   | 7/12                   |                                 |             | Address  |   | -                        |                    |              | -             |                 |           |  |
| Start Date (10) Scheduled 2/11/12 2/45/12-                            |   |             |                   | - 1   |                        |                                 | Name o      | 53-980<br>V OSHA<br>LCO INC  | Monitor                                       | O                        | 727                |              |               | -               | -         |  |
| Project Manager for Wonlidring Firm                                   |   |             |                   | Teleph  | one No.                | <del>,</del>                    | Teleph      | ene No.  | NJ 080t                                       |                          | conse N            | Q.           |               |                 |           |  |
| City State, Zo Code   |   |             |                   |   |                        |                                 | City, Bi    | ene. Zip   | Code  |                          |                    |              |               |                 |           |  |
| Street Address  |   |             |                   |   |                        |                                 | Street      | Address<br>Osc 329   |   |                          |                    |              |               | <b>Al</b> Per 6 | *mutuer   |  |
| Name of Montioring Firm<br>N/A  | Hirad by Building                         | Owner (8    | )                 | ASC   | M No                   |                                 |             | ne of Abatement Contractor (9)   |   |                          |                    |              |               |                 |           |  |
| County (6)<br>Camden  | A last year and a second                  | •           | "                 | County<br>(87474                                      | Code (7)               | Y)                              |             | Curren   | Ues (Pric                                     | r if boing               | demolia            | hed)         |               |                 |           |  |
| City (5)<br>PennsaukesivJ ()81  | 10  |             |                   |   |                        |                                 |             | Square<br>1000   | Foot  | 9 69 F                   | oors               |              | Blog.<br>35 + |                 |           |  |
| Street Address<br>3803 Witherspoon                                    | \v  |             |                   |   |                        |                                 |             |  | Shogi (K-1<br>Libchapter<br>ther (ie p<br>e.) | B (Other)                | then K-1<br>ommerc | 2)<br>ial bu | Ming          | s, hon          | nes.      |  |
| Name of Facility Where A  | baloment is Tald                          | ng Pulpa    | (3)               |   | <u> </u>               | - Grenne                        | J. C. FO    | Type of Facility (4)  School (K-12)  |   |                          |                    |              |               |                 |           |  |
| D DCA   | ustification Concellution                 |             |                   | Ollio   |                        |                                 | True True   | Garage Contract Contr | CP+ Q 7.25- L.                                | reimo                    | none N             | mber         | L L           |                 |           |  |
| M DOH  M DOF  | Amendmen<br>Emergence                     | (Indudin    | 9                 | Peni  | of Contac              | NJ 081                          | 10          | W  | AIVE  | B VI                     | PP                 | 71/          |               | 1               |           |  |
| EPA<br>DEP<br>E DOL   | Initial Amended                           |             |                   | 380   | 3 Wither<br>State, Zip |                                 | Av          | -  | 1   |                          | 2011<br>2011       | )<br>-<br>   | L             | L               |           |  |
| ACCURICIES FUDDINGS   | Typo Notificatio                          |             |                   | Offic   | o Bates                |                                 |             | 123  | ZUN!  | VOF                      |                    | -            |               |                 |           |  |
| 2/10/12<br>Advancies Notified   |   |             |                   |   | e of Buildi            |                                 |             |  |   |                          |                    |              |               |                 |           |  |

A98-41 (R-56-65)

<sup>&</sup>quot; Do not use this form for appeales hearsure exempted activities

\* Emergency \*

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|-----|---|-----|---|
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| (1) |   | ' ' | 7 |

| Date of Notification (1) 2/10/12   |   |                  | Name of<br>Ollice | f Building<br>Bates        | Owner/C               | perato               | (2)  |                             |  |         |                               |                |           |        | 5           |                  |
|--|---|------------------|-------------------|----------------------------|-----------------------|----------------------|--|-----------------------------|--|---------|-------------------------------|----------------|-----------|--------|-------------|------------------|
| Agencies Notified  | Type Notification   |                  |                   | Street A                   | ddress<br>Vithersp    | oon A                | Y'A I  | Ę į                         | H 2:00                                 |         | -                             |                |           | - 23/5 | 92.10       | <del>- 502</del> |
| EPA<br>DEP<br>DOL  | Initial Amended Amendmen  |                  |                   |                            | ite, Zip Co<br>aukenN |                      | .,, .  |                             | :::::::::::::::::::::::::::::::::::::: |         |                               |                |           |        |             |                  |
| DOH DCA  | Emergency justification Cancellation  |                  | 1000              | Name of<br>Ollice          | Contact               |                      | 1.10   |                             |  |         | lephone N                     | lumber         |           |        |             |                  |
|  |   | -                |                   | FACI                       | LITY INFO             | ORMATI               | ON   |                             |  |         |                               |                |           |        |             |                  |
| Name of Facility When<br>Ollice Bates  | e Abatement is Takir  | ng Place (3)     |                   |                            |                       |                      |  | Тур                         | e of Facility (4<br>School (K-1)       |         |                               |                |           |        |             |                  |
| Street Address<br>3803 Witherspoor   | n Av  |                  |                   |                            |                       |                      |  | ×                           | Subchapter<br>Other (i.e. p<br>etc.)   | 8 (Oth  |                               |                | ildir     | ngs,   | home        | es,              |
| City (5)<br>Pennsauke: NJ 08   | 3110  |                  |                   |                            | 1                     |                      |  | Squ<br>100                  | are Feet                               | # 0     | of Floors                     |                | Bld<br>35 | g. A   | ge          | 7                |
| County (6)<br>Camden   |   |                  |                   | County C                   | Code (7)<br>USE ONLY  | )                    | Current Use (Prior if being demolished)  |                             |  |         |                               |                |           |        |             |                  |
| Name of Monitoring Fi<br>N/A   | rm Hired by Building  | Owner (8)        |                   | ASCM                       | l No.                 |                      |  | of Ab<br>aco                | atement Con                            | tracto  | r (9)                         |                |           |        |             |                  |
| Street Address   |   |                  |                   | 1                          |                       |                      | TO SERVICE STATE   | treet Address<br>PO Box 329 |  |         |                               |                |           |        |             |                  |
| City, State, Zip Code  | e, Zip Code   |                  |                   |                            |                       |                      | City, State, Zip Code<br>West Berlin NJ 08091  |                             |  |         |                               |                |           |        |             |                  |
| Project Manager for M  | oject Manager for Monitoring Firm   |                  |                   |                            | ne No.                |                      | Telephone No. License No. 856-753-9800 00727   |                             |  |         |                               |                |           |        |             |                  |
| Start Date (10)<br>2/11/12   |   |                  |                   |                            | Date (11)             |                      | Name   |                             | SHA Monitor                            |         | 100/2/                        |                |           |        |             |                  |
| ) DOMENT CONTROL OF THE CONTROL OF T |   |                  |                   |                            |                       |                      | Street Address   |                             |  |         |                               |                |           |        |             | -                |
|  | ncy Status During Abatement (Check Only One)  |                  |                   |                            |                       |                      | PO Box 329   |                             |  |         |                               |                |           |        |             |                  |
| Abatement Perfor   | acated During Entire<br>rmed Outside of Nor<br>Home owner will be                     | mal Facility H   | lours             | ent                        |                       | _                    | City, S  | State,                      | Zip Code<br>din NJ 080                 | 91      |                               |                |           |        |             |                  |
| Scope of Work (Check   | All That Apply)   |                  |                   |                            | -                     |                      |  |                             |  |         |                               |                |           |        |             |                  |
| ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf   |   |                  | novat<br>moliti   |                            |                       |                      | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure |                             |  |         |                               |                |           |        |             |                  |
|  |   | 1                | 40                |                            |                       |                      | Non-Exempted (*) and No  |                             |  |         | id Non-Fil                    | able FI        |           | 10 700 | ment        |                  |
| Locat  | ion of  | No               | ocatio<br>rmall   | у                          |                       | Dat                  | scription  | r of                        |  |         |                               |                |           | Ту     | ре          |                  |
| Asbestos-Containii<br><u>TO BE A</u><br>In Fa  | Destos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Used S Mainte Custod |                  |                   |                            |                       |                      | aining N   | Materia<br>s insu<br>AT, or | lation,                                | (       | Amount<br>Specify<br>F or LF) | Removal        |           | Repair | Encapsulate | Enclosure        |
| Base   | Basement  |                  |                   | х                          |                       | Floo                 | r Tile   | only                        |  | Ę       | 500 sf                        | x              | 1         |        |             |                  |
|  |   |                  |                   |                            |                       |                      |  |                             |  |         |                               |                |           |        |             |                  |
| Name of Registered W<br>United Containers  | laste Hauler  |                  | H                 | JDEP W<br>auler ID<br>2459 |                       | Cubic<br>of Was<br>2 |  |                             | Name of F                              | - 10    | ered Land                     | Ifill          |           |        |             | City and         |
| City, State<br>Elm NJ  |   |                  |                   |                            |                       | sal Date             | ) 11   | City, State<br>Morrisvi     |  | A 19067 | ,                             |                |           |        |             |                  |
| Completed by<br>Anthony T Perna  |   | Title<br>Preside | ent               | UV                         |                       | S                    | ignatur  | е                           |  |         | 1                             | Date<br>2/10/1 | 2         |        |             |                  |

|      | Print Form |
|------|------------|
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| Date of Notification (1) 02/10/12  |                 | 1                  |                   | Building Clor Mana      |   |  | (2)   |                              | • • •                       | - 031                           | <u> </u> | _      |             |           |  |
|--|-----------------|--------------------|-------------------|-------------------------|---|--|---|------------------------------|-----------------------------|---------------------------------|----------|--------|-------------|-----------|--|
| Agencies Notified Type Notification  |                 |                    | treet Ad<br>000 S | ldress<br>outh Eln      | nora A  | ve.  |   | <u> </u>                     | 101                         | J MI.                           |          |        |             |           |  |
| X EPA Initial X DEP Amended X DOL Amendment #  |                 |                    |                   | e, Zip Coo<br>eth NJ. ( |   |  |   |                              | 511                         | 12 107                          |          |        |             |           |  |
| DOH justification)  Cancellation   | ncluding        | 1500               |                   | Contact<br>Goldsn       | nith  |  | Tolenhone Number  |                              |                             |                                 |          |        |             |           |  |
|  |                 |                    | FACIL             | ITY INFO                | RMATIC  | N  |   |                              |                             |                                 |          |        |             | 1000      |  |
| Name of Facility Where Abatement is Taking Color Plaza   | Place (3)       |                    |                   |                         |   |  |   | of Facility (<br>School (K-1 | 2)                          |                                 |          |        |             |           |  |
| Street Address<br>1001 Newark Ave.   |                 |                    |                   |                         |   |  | Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) |                              |                             |                                 |          |        |             |           |  |
| City (5)<br>Elizabeth  |                 |                    |                   |                         |   |  | Square Feet # of Floors Bldg. Ac<br>50,000 2 61   |                              |                             |                                 | ge       |        |             |           |  |
| County (6)<br>Union  |                 |                    |                   | ode (7)<br>SE ONLY)     | -   |  | Current Use (Prior if being demolished) Industrial building                             |                              |                             |                                 |          |        |             |           |  |
| Name of Monitoring Firm Hired by Building O N/A  | wner (8)        | 1                  | ASCM              | No.                     |   |  |   | tement Cor<br>vices Inc      |                             | r (9)                           | 1122     |        |             |           |  |
| Street Address   |                 |                    |                   |                         |   |  | Addres<br>Maple   | s<br>Ave.                    |                             |                                 |          |        |             |           |  |
| City, State, Zip Code  |                 |                    |                   |                         |   |  |   | p Code<br>NJ. 070            | 57                          |                                 |          |        |             |           |  |
| Project Manager for Monitoring Firm  |                 | Te                 | elephon           | e No.                   |   | Teleph   |   | o                            |                             | License I                       | No.      |        |             |           |  |
| Start Date (10) Scheduled 02/13/12 02/29/12  |                 |                    | oletion E         | Date (11)               |   |  |   | A Monitor                    |                             |                                 |          |        |             |           |  |
| Occupancy Status During Abatement (Check   | Only One)       |                    | Stree<br>156      |                         |   |  |   | 770                          |                             |                                 |          |        |             |           |  |
| Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe: |                 |                    | ours City,        |                         |   |  |   | p Code<br>NJ. 070            | )57                         |                                 |          |        |             |           |  |
| Scope of Work (Check All That Apply)   |                 |                    |                   |                         |   |  |   |                              |                             |                                 |          |        |             |           |  |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf   |                 | novatio<br>molitio | 50000             |                         |   | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure |   |                              |                             |                                 |          |        |             |           |  |
| <u> </u>   | le I            | ocation            | , T               |                         | 199   |  | Abatem  |                              |                             |                                 |          | ement  | t           |           |  |
| Location of  | No              | rmally             | · i               |                         | Des   | cription   | of  |                              |                             |                                 | -        | Ty     | ре          |           |  |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)                               | Maint<br>Custoo | (12)               | ce/<br>aff?       |                         | thermal s<br>surfac                               | ontaining Material (ACM) mal systems insulation, rfacing, VAT, or er miscellaneous)                                  |   |                              |                             | Amount<br>(Specify<br>SF or LF) |          | Repair | Encapsulate | Enclosure |  |
| demolition debris mixed with ACM   | Yes             | No                 | N/A<br>*          |                         | roofir  | ng, ma   | astic   |                              | 1                           | 120cy.                          | *        |        |             |           |  |
|  |                 |                    |                   |                         |   |  |   |                              |                             |                                 |          |        |             |           |  |
| Name of Registered Waste Hauler  |                 | NJDEP Waste Cub    |                   |                         |   | Cubic Yards Nan  |   |                              | Name of Registered Landfill |                                 |          |        |             |           |  |
| Newark Carting Inc.  |                 | 00000000           | uler ID<br>409    | No.                     | of Waste<br>120cy. GROWS                          |  |   |                              |                             |                                 |          |        |             |           |  |
| City, State<br>Newark NJ.  |                 |                    |                   |                         | Disposal Date City, State 02/29/12 Morrisville PA |  |   |                              |                             |                                 |          |        |             |           |  |
| Completed by Title Leslaw Nalodka President  |                 |                    |                   | Signature               |   |  |   |                              |                             |                                 |          |        |             |           |  |

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

Check # 8122

| Date of Notification (1) | 7 12 - 1                       | 7  | Name                | Name of Building Owner Operator (2) |           |            |                                 |  |                         |            |           |             |           |
|--------------------------|--------------------------------|--|---------------------|-------------------------------------|-----------|------------|---------------------------------|--|-------------------------|------------|-----------|-------------|-----------|
|                          | 2-12-1                         | ط  |                     |                                     |           | cen        | t Gard                          | les ///  | an Ke T                 | 4          | ž.        |             |           |
| Agency Notified          | Type Notification              | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | Street              | Address                             | 720       | S 11       |                                 | SECTION AND T  | 100                     |            | 01        |             |           |
| □EPA                     | Q4nitial                       | *  |                     | F = 12 F                            | 298       | 3 H        | un ffvi                         | lle GR.  | enloc                   | h          | Rd        | ji.         |           |
| D DEP                    | Amended Amend #                |  | City, S             | State, Zip                          | Code <    |            | 11 A1                           | T 0  | 200                     | 2 ^        |           |             |           |
| DOL                      | ☐ Emergency (inclu             | ding   |                     |                                     |           | )ew        | ell IV                          | 7- 0   | 200                     | 50         |           |             |           |
| DOH                      | justification)  □ Cancellation | AND SECURITY OF THE PROPERTY O | Name                | of Conta                            |           | 1.         |                                 | Tolonhone  | ······har               | F          |           |             | 1         |
| □ DCA                    | Lancellation                   |  |                     | Dil                                 | Fran      |            | 75                              |  |                         |            |           |             | _         |
|                          |                                |  | FAC                 | ILITY INF                           | ORMATIC   | NC         |                                 |  |                         |            |           |             |           |
| Name of Facility Where   | Abatement is Taking F          | Place (3)  | 1                   |                                     |           |            | Type of Facility                | (4)  |                         |            |           |             |           |
|                          | amily PR                       | open   | tv                  |                                     |           |            | ☐ School (K-12                  |  |                         |            |           |             |           |
| Street Address           | , ,                            | - 1  | 1                   |                                     |           | ,          | ☐ Subchapter 8 ☐ Other (i.e. pr | 8 (Other than K-   | ·12) ·<br>rcial buildi. | nas        |           |             |           |
| 10 E                     | ast LAndi                      | ns R   | oad                 |                                     |           |            | homes, etc.)                    |  | Giai Duligii            | igs,       |           |             |           |
|                          |                                |  |                     |                                     |           |            | Square Feet                     | # of Floors  | Bldg                    | . Age      |           |             |           |
| Gloud                    | Lesten To                      | 20   | N.7                 | _                                   |           |            |                                 |  | 1 (                     | 00.        | -t ~      |             |           |
| County (6)               |                                | 1  |                     |                                     | ) (STATE  | USE        | Current Use (P                  | pior if being dem  | nolished)               |            |           | Selli       |           |
|                          |                                |  | ONLY                | )                                   |           |            | Shed /                          | garage   | out                     | EB         | sid       | ۸.          | .         |
| Name of Monitoring Firm  | Hired by Building Ow           | ner As   | SCM No.             |                                     | Name o    | f Abatem   | nent Contractor (9              | 9)   |                         |            |           | 9.          |           |
| (8) FPC Tec              | Involvaies                     |  | NIA                 |                                     |           | FPC        | - Tech                          | nologie  | ·, T                    | 01         |           |             | - 1       |
| Street Address           | Jie Jie                        |  |                     |                                     | Street A  | Address    |                                 |  | <u> </u>                |            |           |             |           |
| P.O. Box                 | 337                            |  |                     |                                     |           | 1          | P.O. Box                        | × 337  |                         |            |           |             |           |
| City State Zin Code      |                                |  |                     |                                     | City, Sta | nto Zin (  | odo.                            |  |                         |            | 10115     | OAC         |           |
| New Egy                  | OF NJ                          | 0853   | 3                   |                                     |           | New        | Egypt                           | NJ   | 082                     | 33         |           |             |           |
| Project Manager for Moni | toring Firm                    | Tele   | phone No.           |                                     | Telepho   | ne No.     | 311                             | License No.  |                         |            |           | -365        | -         |
| Steve Sch                | enker                          | 601  | 758-3               | 365                                 | 609-      | 758        | -3365                           | (  | 2039                    | Y          |           |             |           |
| Start Date (10)          | Scheduled                      |  | Date (11)           |                                     | Name o    | f OSHA     | Monitor                         |  |                         |            |           |             |           |
| 2-23-12                  | 9-38                           | 3-12   |                     |                                     | 1         | EPC        | Techn                           | closies  | , In                    | (          |           |             |           |
| Occupancy Status During  | Abatement (Check o             | nly one)   |                     |                                     | Street A  |            |                                 |  |                         | 27,000,000 |           |             |           |
| Facility Closed/Vacate   | d During Entire Period         | of Abaten  | nent ·              |                                     |           | P.C        | Bex.                            | 33 <del>7.</del>   |                         |            |           |             |           |
| Abatement Performed      | Outside of Normal Fa           | cility Hours   | 3                   |                                     |           | ate, Zip C | Code                            |  | - (1)                   |            | v.        |             |           |
| ☐ Other – Describe:      |                                |  | 1                   |                                     | N         | ورن        | Egypt                           | 147  | 085                     | 133        | )         |             |           |
| Scope of Work (Check all | that apply)                    |  | ,                   |                                     |           |            | Containment with                |  | CUTO                    |            |           |             |           |
| □ ≥ 3 sf or ≥ 3 lf       | 3                              |  | · 🗆 Ren             |                                     |           |            | Enclosure                       | · · ·  | Suic                    |            |           |             |           |
| \$2 160 sf or ≥ 260 lf   |                                |  | <b>≯</b> ©Den       | nolition                            |           |            | ebag Procedure                  | :  |                         |            |           |             |           |
|                          |                                | T  |                     |                                     |           | Non-       | Exempted (*) and                | d Non-Friable F  | rocedure                | TA         | bate      | mer         | nt        |
|                          |                                | 100  | ocation             |                                     |           | 60         |                                 | 39   |                         |            | Тур       |             | 59.53     |
| Location                 | n of                           |  | rmally<br>Solely by |                                     |           | scription  |                                 |  |                         |            |           |             |           |
| Asbestos-Containing      |                                |  | enance/             |                                     |           |            | aterial (ACM)<br>insulation,    | Amou<br>(Spec  |                         | 20         | -         | Enc         | m         |
| TO BE AB                 |                                |  | stodial<br>taff?    | (1.6                                |           | cing, VAT  |                                 | SF or l  |                         | Removal    | Repair    | aps         | Enclosure |
| (13)                     |                                | 100  | 12)                 |                                     | other m   | niscellane | eous)                           |  |                         | val        | ¥-        | Encapsulate | ure       |
|                          |                                | Yes  | No N/A              | 1                                   |           |            |                                 |  |                         |            |           | æ           |           |
|                          |                                | 165  |                     | -                                   | 1,        | CI.        |                                 | 900  | SF                      | X          | $\vdash$  | 1           |           |
| exterior W               | alls                           |  | X                   | 210                                 | ling      | Shir       | igles                           | 900  | 24                      |            | -         |             | -         |
|                          |                                |  | <u> </u>            |                                     |           |            |                                 |  |                         | +          |           |             | -         |
|                          |                                |  |                     |                                     |           |            |                                 |  |                         | 4          | $\square$ |             | <u> </u>  |
| 77                       |                                |  |                     |                                     |           |            |                                 |  |                         |            |           |             |           |
| Name of Registered Was   | e Hauler                       | 100000000000000000000000000000000000000  | P Waste F           | lauler                              | Cubic Y   | ards of    | Name of Regi                    | A STATE OF THE STA |                         | 36         |           |             |           |
| EPC Tech                 | anlogies                       | ID No  | 170                 | 00                                  | Waste     | <u>_</u>   | Waste                           | - Mans   | iemc.                   | 3 f        |           |             |           |
| LPC recin                | 10.10 Jie 3                    | L  | 110                 | vv                                  | , ·       | 2          |                                 |  | ,                       |            | _         |             |           |
| City, State NJ           |                                |  |                     |                                     | Disposa   |            | City, State                     |  | PA                      | 1          |           |             |           |
| 10.0                     |                                |  |                     |                                     |           | 8-12       | Monny                           | s ville  | Date                    |            |           | -           |           |
| Completed by             | Way Title Por                  | eside  | 11                  |                                     | Signatu   | <1         | (12) Sch                        | . 6.   |                         | 10         | ,         | . ~         |           |
| Steve Schen              |                                |  | and the second      | hontes !!                           | noncure a | vometed    | activities                      |  | d                       | - 13       | 2         | 2           | •         |
| ASB-41                   | · Do no                        | or use this  | form for as         | nesios III                          | ensure e  | vembrea    | activities.                     |  |                         |            |           |             |           |



|      | 1    |
|------|------|
| 1.66 | 2016 |
| CPV  | 2414 |

| Date of Notification (1) 2/13/12                               | 1/   |                     |   |                    | Building Owner<br>& Josie Wyr |  |                                 |  |             |                               | L. 1 1   | 9 6  | أرد ف       |           |
|--|--|---------------------|---|--------------------|-------------------------------|--|---------------------------------|--|-------------|-------------------------------|--|--|-------------|-----------|
| Agencies Notified  | Type Notification  |                     | 7.1   | Street Add         | dress<br>est Wheat Ro         | oad  |                                 |  | 2.4         | 012 FEE                       | 15   | AH   | ;; (        | 36        |
| EPA DEP DOL  | Initial Amended Amendment  |                     |   |                    | e, Zip Code<br>, NJ 08360     | 10   |                                 |  |             | 1.45                          | 100  |  | dTF.        | 91_       |
| DOH DCA  | justification) Cancellation  | including           | 11 133  | Name of 0<br>Wayne | Contact                       |  |                                 |  | Tele        | phone Nu                      | mber   | - 11   | 1,2         |           |
|  |  |                     |   | FACIL              | ITY INFORMA                   | TION   |                                 |  | 2.0         |                               |  |  |             |           |
| Name of Facility Where Wayne & Josie Wy                        |  | g Place (3)         |   |                    |                               |  | ☐ s                             | of Facility (4)<br>School (K-12)         | )           |                               |  |  |             |           |
| Street Address<br>689 West Wheat F                             | Road   |                     |   |                    |                               |  | l i o                           | Subchapter 8<br>Other (i.e. pri<br>etc.) | vate 8      | commerc                       | ial build  | Der John Blidg. Age 35+ ed)  Pressure  Removal Repair  X |             | 3,        |
| City (5)<br>Vinland, NJ 08360                                  |  |                     |   |                    |                               |  | Squar<br>1000                   | e Feet<br>+                              | # of<br>1   | Floors                        | R-12) nercial buildings, hones  Bldg. Age 35+ nolished)  ative Pressure  Abateme Type  t y F x  andfill      | ge   |             |           |
| County (6)<br>Cumberland                                       |  |                     |   | County C           | ode (7)<br>SE ONLY)           |  | Currer                          | nt Use (Prior                            | if beir     | ng demolis                    | shed)  |  |             |           |
| Name of Monitoring Fire  | m Hired by Building  | Owner (8)           |   | ASCM               | No.                           | 100 miles  | of Abat                         | ement Contr                              | actor       | (9)                           |  |  |             |           |
| Street Address   |  |                     |   |                    |                               | 12500000   | Addres                          |  |             |                               |  |  |             |           |
| City, State, Zip Code  |  |                     |   |                    |                               | City,  | State, Zi                       |  | 01          |                               | icense No. 0727  legative Pressure  Non-Friable Procedure  Abateme Type  ount ecify or LF)  Removal  Removal |  |             |           |
| Project Manager for Mo   | onitoring Firm   |                     | 1   | Telephon           | e No.                         | Telep  | hone No                         | o  |             | License                       | No.  |  |             |           |
| Start Date (10)  | THE STATE OF THE S | Schedule<br>2/16/12 |   | npletion D         | Date (11)                     | Name   |                                 | A Monitor                                |             |                               |  |  |             |           |
| 2/14/12  |  |                     |   |                    |                               |  | t Addres                        | 100                                      |             |                               |  |  | -           |           |
| Occupancy Status Duri  |  |                     |   | 592                |                               | 2000   | Box 32                          |  |             |                               |  |  |             |           |
| Abatement Perfor   | recated During Entire<br>med Outside of Norr<br>Home Owner will be   | nal Facility        | batem<br>Hours                                    | nent               |                               | 200,000,000,000  | State, Zi<br>st Berli           | ip Code<br>in NJ 0809                    | 91          |                               |  |  |             |           |
| Scope of Work (Check   | All That Apply)  |                     | 02011011  |                    |                               |  |                                 |  |             |                               |  |  |             |           |
| ≥3 sf or ≥3 lf<br>× ≥160 sf or ≥260 lf                         |  | -                   | enova<br>emolit                                   |                    |                               |  | Hir Glo                         | ni-Enclosure<br>ovebag Proc              | edure       |                               |  |  | Δ.          |           |
|  |  |                     |   |                    |                               |  | 의 No                            | Non-Exempted (*) and Non-Friable Procedu |             |                               |  |  |             | -         |
|  |  |                     | Locati  |                    |                               |  |                                 |  |             |                               |  |  |             |           |
| Locati<br>Asbestos-Containir<br><u>TO BE A</u><br>In Fa<br>(1: | ng Material (ACM)<br>ABATED<br>Icility   | Used<br>Mai         | ormal<br>d Sole<br>ntena<br>odial 5<br>(12)<br>No | ely by<br>nce/     | Asbestos C<br>(i.e. therr     | Description ontaining nal system of system of the contraction of the c | Material<br>ns insula<br>AT, or | I (ACM)<br>ation,                        | (           | Amount<br>Specify<br>F or LF) | Removal  | Repair   | Encapsulate | Enclosure |
| Base   | ment   | 103                 | 110   | x                  | Floo                          | or Tile /  | Mastic                          | :  | 8           | 00 SF                         | х  |  |             |           |
|  |  |                     |   |                    |                               |  |                                 |  |             |                               |  |  |             |           |
| Name of Registered W   | Vaste Hauler   |                     | IN  | NJDEP W            | /aste Cu                      | bic Yards  |                                 | Name of F                                | Regist      | ered Land                     | lfill  |  |             |           |
| United Containers  |  |                     | H   | lauler ID<br>2459  | No. of \                      | Vaste  |                                 | G.R.O.                                   | N.S.        |                               |  |  |             |           |
| City, State<br>Elm NJ  | 9  |                     |   |                    |                               | posal Da<br>6/12   | te                              | City, State<br>Morrisvi                  | e<br>ille P | A 19067                       |  |  |             |           |
| Completed by<br>Anthony T Perna                                |  | Title<br>Presi      | dent  |                    |                               | Signatu  | ire                             | ~  | all per his |                               | Date<br>2/13/1   | 2  |             |           |

|    |     | _    | -   | - |
|----|-----|------|-----|---|
| Ch | ماد | 40   | 240 | ) |
| Cn | eck | # 0. | 219 |   |

| Date of Notification (                        | 1)<br>February 13, 2012                        |  | Name<br>TD B           |                   | Owner / Operato         | or (2)                        | 1300                   | WS   | (1)        |             |           |
|---|--|--|------------------------|-------------------|-------------------------|-------------------------------|------------------------|--|------------|-------------|-----------|
| Agencies Notified                             | Type Notification                              |  |                        | Address           |                         |                               |                        | ,  |            | -           |           |
| □EPA<br>□DEP                                  |  |  | 53 So                  | uth Laurel        | Street                  |                               | 2812 FEB 15            | AM   | · ·        | 06          |           |
| DOL   | Initial  |  | City, S                | State & Zip (     | Code                    |                               | 1.05                   | 1.01   | Ti-        | - 1         |           |
|   | Amended  | Strike vier  |                        | eton, NJ          |                         |                               | E LIČE                 |  | Ġ          |             |           |
| □DCA  | Amendment Cancellation                         | A CONTRACTOR OF THE PARTY OF TH | Name                   | of Contact        |                         |                               |                        | ephon  |            | mbe         | r         |
|   | Garlochadon                                    |  | Train o                | or comact         |                         |                               |                        | - <b>,</b>   |            |             |           |
|   |  |  | FA                     | CILITY IN         | NFORMATIO               | N                             |                        |  |            |             |           |
| Name of Facility Who                          | ere Abatement is Takin                         | g Place (3)  |                        |                   | Type of Fa              | acility (4)<br>ool (K-12)     |                        |  |            |             |           |
| Street Address                                |  |  |                        |                   |                         | hapter 8 (Other tha           | n K-12)                |  |            |             |           |
| 53 South Laurel Str                           | eet  |  |                        |                   |                         |                               | commercial buildings   | s, hon   | ne, e      | tc.)        |           |
|   |  |  |                        |                   | Square Fe               |                               |                        | g. Age   |            |             |           |
| City (5)<br>Bridgeton                         |  |  |                        |                   |                         | ,000<br>se (Prior if being de | molished)              |  | 50         |             |           |
| Bridgeton                                     |  |  |                        |                   | Banking                 |                               | monariou)              |  |            |             |           |
| County (6)<br>Cumberland                      |  | County Code USE ONLY   |                        |                   |                         |                               |                        |  |            |             |           |
| Name of Monitoring I                          | Firm Hired by Building                         | Owner (8)  |                        | ASCM N            | o. Name of A            | Abatement Contract            | or (9)                 |  | 1          | -           |           |
| EFI Global                                    |  |  |                        |                   | Synatech,               | , Inc.                        |                        |  |            |             |           |
| Street Address 187 Ballardvale Stre           | ant Sta A215                                   |  |                        |                   | Street Add<br>829 Radio |                               |                        |  |            |             |           |
| City, State & Zip Cod                         | le   |  |                        |                   |                         | & Zip Code                    |                        |  |            |             |           |
| Wilmington, MA 01                             | 887  |  |                        |                   |                         | Harbor, NJ 08087              |                        |  |            |             |           |
| Project Manager for I<br>Sean Cassidy         | Monitoring Firm                                |  | elephone  <br>8-688-37 |                   | Telephone<br>609-296-6  |                               | License Num            | oer<br>0081  | 7          |             |           |
| Sean Cassidy Scheduled Start Date February 15 |  | iled Completi  |                        | 11)               | Name of C<br>Synatech,  | OSHA Monitor                  |                        |  |            |             |           |
| Occupancy Status Di                           | uring Abatement (Chec<br>ed/Vacated During Ent | k only one)  |                        |                   | Street Add              | fress                         |                        |  |            |             |           |
| Abatement I                                   | Performed Outside of N                         | lormal Hours   | 5                      |                   | City, State             | & Zip Code                    |                        |  |            |             |           |
| Other – Des                                   | cribe:   |  |                        |                   | Little Egg              | Harbor, NJ 08087              | •                      |  |            |             |           |
| Facility Occi                                 | upied During Abatemer                          | nt   |                        |                   |                         |                               |                        |  |            |             |           |
| Scope of Work (Chec                           |  |  | *********              |                   |                         |                               |                        |  |            | h-c         |           |
| Cartheri                                      | #3 5W  | 201-020  |                        |                   |                         | Full Containme                | nt with Negative Press | ure  |            |             |           |
| ≥10 LF or ≥ 25                                |  |  | Renovati               |                   |                         | Mini-Enclosure                |                        |  |            |             |           |
| ≥160 sf or ≥26                                | 60 If  |  | Demolitic              | n                 |                         | Glovebag Proce                |                        |  |            |             |           |
|   |  | II. L  | M                      | .ll., I I a a d I | Date                    |                               | (*) and Non-Friable Pr | Name and Address of the Owner, where the Owner, which is the Own | re<br>atem | ont 7       | Tuno      |
|   | cation of<br>ining Material (ACM)              |  | on Norma<br>y Mainter  |                   |                         | -Containing                   | Amount (Specify        | ^5   | atem       | SIIL I      | ype       |
|   | E ABATED                                       |  | dial Staff             |                   |                         | al (ACM)                      | SF or LF)              | <u></u>  |            | _           |           |
|   | Facility<br>(13)                               |  |                        |                   |                         | mal systems<br>surfacing, VAT |                        |  |            | E           | m         |
|   | ,  |  |                        |                   |                         | iscellaneous)                 |                        | em   | Repair     | cap         | [ 등       |
|   |  |  |                        |                   |                         |                               |                        | Removal  | air        | Encapsulate | Enclosure |
|   |  | Yes  | No                     | N/A               |                         |                               |                        |  |            | te          | G         |
| Basement, 1 <sup>st</sup> and 2               | <sup>nd</sup> Floors                           |  |                        | х                 | Pipe Fittir             | ng Insulation                 | 400 LF                 | X  |            |             |           |
| HVAC Room 1 and F                             | Room 003                                       |  |                        | х                 | Asbestos-co             | ontaining Dust                | ≤3 SF                  | X  |            |             |           |
|   |  |  |                        | 10 11 11          |                         | - I.i                         |                        |  |            |             |           |
| Name of Registered \                          | Waste Hauler                                   | NJDEP V<br>Hauler ID   |                        | Cubic Ya          | rds of Waste            | Name of Regis                 | tered Landfill         |  |            |             |           |
| Synatech, Inc.                                |  | 20,550 1550 1550   | 429                    | 15                |                         | Grows Landfi                  | 11                     |  |            |             |           |
| City, State                                   |  | HERO.  | - SAM                  | Disposal          | Date                    | City, State                   |                        |  |            |             |           |
| Little Egg Harbor, N                          | J 08087  |  |                        | March 8,          | 2012                    | Morrisville, PA               | Α                      |  |            |             |           |
| Completed By                                  | Title  |  |                        | Signature         |                         | 11                            | Date                   |  |            |             |           |
| Diane Aloia                                   | Evecu  | tive Adminis   | etrator                | 16/10             | the tola                | Un_                           | February 13, 2012      |  |            |             |           |

CR 1 1360

# State of Now Jorsey NOTH-ICATION OF ASKESTOS AMATEMENT (Pursuant to NJAC 8:60 and 12:120)

RECEIVED

| ate of Notification (1)  | 2-13-12  | * - +/ -+- */ */************************                 | Mame o                                   | 34   | Owner/Operator BAY   | STREET   | ELIE AM  | !: Ū:          | 3             |              |
|--|--|--|--|--|--|--|--|----------------|---------------|--------------|
| gencies Notified  1 PA  1 DEP  1 DOH  1 DCA  | Type Notification    Initial   Amended   Amendment #   Timergency (ii   justification)   Cancellation  | cluding  | City, St                                 | ate, Zip C<br>Ho Be<br>of Contact<br>RAY   | MAXV<br>ode<br>Next  | vell 1/<br>vs (  | 1NG 0S LOR<br>7030<br>Telephone Number   |                |               |              |
| hane of Facility Whei  | re Abatement is Takin  | g Place (3)  |  |  | , e. periodeste o district sector sec  | Type of Facility   |  |                |               |              |
| 134 BAL  | STREET<br>STREET   | LL   |  | e de la compania del compania de la compania del compania de la compania del compania de la compania de la compania del comp | Section of the sectio | Other (i.e., p<br>homes, etc.<br>Square Feet   | 8 (Other than K-12)<br>nivate & commercial   | Demon<br>[ Bld | g. Ag         |              |
| (b) (c)  | PITH   |  |  |  |  | 55000  | 12   |                | 30            |              |
| ounty (6)  | eity   | december 1995 de 1995 en 1995<br>Gentare 1995 de 1995 en | Coun                                     | ty Code (  | 7) (STATE  | Current Use (P   | nor if being demolist  | nea)           |               |              |
| HUNSON   | and the contract of the contra |  |  | ÓNLY)  | The of Abota   | ment Contractor (9   | 6-HOUSE  |                |               |              |
| ome of Monitoring F  | im Hired by Duilding   | Owner  | ASCM                                     | V().   | A / C  | TULLA  | 1101 Lu  | 17             | v. L          |              |
| )  | ant to the graph of the provider of the start of the star | NAME OF THE PARTY NAME OF                                | Lawreza                                  |  | Cirnal Addresses   |  |  |                |               | ersted!      |
| reet Address   |  |  |  |  | 95 Me  | NIBOXX   | <u> </u>   | 7,22,000       |               |              |
| ity, State, Zip Code   | The state of the s | THE CONTRACTOR OF STREET                                 |  | and the second   |  |  | ( 0)77.7   |                |               |              |
|  |  | 20 - 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2               | ele en la menare de la constant          | oca sancipus   | COLI )   | INCKET IN  | License No.  | Comment        |               |              |
| oject Manager for P  | Monitoring Firm  | T  | elephone i                               | No   | 737 291  | 11757  | License No.<br>しいいん  | <b></b>        |               |              |
| lart Date (10)   | Scho   | eduled Com   | oletion Da                               | le (11)  | F blown of CHA   | Within the transfer of the tra |  |                |               |              |
| 7-22-12  |  | -27-   |  |  | ALCIA  | WINITE   | <u> CO IA</u>  |                |               | . Ta         |
| ccupancy Status D  | uring Abatement (Che   | eck only one   | 2)                                       | e graphic transcent from   | Street Address   | TOWNS C  | λ  |                |               |              |
| Facility Closed/Va   | caled During Entire P  | eriod of Aba   | itement<br>nurs                          |  | - State Visa   | Code   | 10   |                | 2772          |              |
|  | med Outside of Norm  |  |  |  | COLT   | N=(ic.   | NS 122   | ).).           | l<br>         |              |
| cope of Work (Chec<br>1/3 st or ≥3 lf<br>≥160 st or ≥260 lf  | ck all that apply)   | [ ]Benov   | ration<br>ition                          | Ed will built and  | []   Full Co   | ontainment with N<br>nelosure  | ogalive Pressure<br>Ion-Friable Procedu  |                | 7/24 He       | 1-4          |
| A  |  | ls Loc   | ation                                    |  |  | And the second   | 1  | /              | Abater<br>Typ |              |
| Locati<br>Asbestos-Containii<br><u>FO BE A</u><br>IM Fa  | ng Material (ACM)<br>BATED   | Used So<br>Mainter<br>Custo<br>Stat                      | ally<br>dely by<br>aance/<br>dial<br>17? | Asbe:<br>(i.e.   | (Description<br>dos Containing M<br>, thermal systems<br>surfacing, VA   | aterial (ACIM)<br>sinsulation,<br>L, or  | Amount<br>(Specify<br>SF or LF)  | Remove         | Reper         | ಕಾರ್ತಿಕರಣಗಳು |
| (1:  |  | (12  | .,                                       |  | other miscellan  | eous)  |  | iņ.            | '             | (1)          |
|  |  | Yes A  | lo MA                                    | W630 1650 690  |  | - 10 April 1984 - 1984  | ļ.,  |                |               |              |
|  |  |  |  |  | SOFE   | er i kal legi ledekke persengan persengan persengan persengan persengan persengan persengan persengan persengan  | 450005   | 1              |               | - 1 m        |
| ALTERNATION OF THE STREET, STR | A CONTRACT OF THE PROPERTY OF  | 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -                  |  | and all management when the  | loon Ti  | 4  | 3000 50  | 1              | 7             | ==           |
|  |  |  |  | F  | IRNAUL   | GASRAG   | 5 3/4.   | -              | -             | 40           |
| lame of Registered   | Waste Hauler   |  | NJOEF!                                   | l<br>Waste   | Cubic Yards<br>of Waste  |  | gistered Landfill  | 1              | 1             |              |
|  | SULATION   | Cu   | Hauter II                                | S Co   | 200  | <u>AC</u>  | υ VV ⊃   | ·              |               | area.        |
| City, State  |  |  | i, tellermenti<br>As in                  |  | Disposal Date  | City, State  | LYTOWN   | 1              | A C           |              |
| COLTS N.   | SUC N.   | ນ ທີ   | 12                                       |  | 3-21-1   | 4 11 11  | /  | . V            |               |              |
| Completed By   | 0.1 1  | () [ <sup>5</sup> ] }                                    | 1416                                     | v //   | Signatura  | 11. 1 1.1  | 12-1   | 3-             | 12            |              |
| 700 F (2)  | AL   | M. S.  | 17.1.0                                   | 1  |  | and the second of the first of the proper street 1999  | and the second s |                |               |              |

Print Form

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|------|------|
| 180  | 12   |
| 10   | 1 -/ |
|      | 180  |

| Date of Notification (1)                           |                                       |                 | T            |                        | f Building            | Owner   | Operator  | (2)               | -  |                          |  |         |                                      |             | Ministration - V |
|--|---------------------------------------|-----------------|--------------|------------------------|-----------------------|---------|---|-------------------|--|--------------------------|--|---------|--------------------------------------|-------------|------------------|
| 02/09/12 Ck: 1842                                  |                                       |                 |              | Reside                 | 111/1/2005            |         |   |                   | 100101   | 1.7                      |  |         |                                      |             |                  |
| Agencies Notified  EPA                             | Type Notification  Initial            |                 |              | Street A<br>51 No      | ddress<br>rth Lyle    | Aveni   | ue  |                   | . No File 7  | 8 (147 - 148)            |  |         |                                      |             |                  |
| DEP<br>X DOL                                       | Amended Amendment                     |                 | _            |                        | ate, Zip Co<br>y, New |         | y 07670   | ZFE               | .B 15 A  | 9 1:02                   | )  |         | 0.00000 PM                           |             | ****             |
| DOH DCA  | Emergency justification) Cancellation |                 |              | California and Carrier | f Contact<br>nasa Oc  |         |   |                   | STUS UC  | Telepho                  | ine Nun  | nber    |                                      |             |                  |
|  |                                       |                 |              | FACI                   | LITY INF              | ORMA    | TION  |                   | 11.0   | 4                        |  |         |                                      |             |                  |
| Name of Facility Where Residence                   | Abatement is Takir                    | g Place (3)     |              |                        |                       |         |   | F                 | of Facility (4<br>School (K-12   | -                        |  |         |                                      |             |                  |
| Street Address 51 North Lyle Aver                  | nue                                   |                 |              |                        |                       |         |   | ×                 | Subchapter 8   | (Other th                |  |         | sure  Procedure Abatema Type Removal | home        | es,              |
| City (5) Tenafly, New Jerse                        | ey 07670                              |                 |              |                        |                       |         |   |                   | re Feet  | # of Flo                 | ors  | 12.5    |                                      | \ge         |                  |
| County (6)<br>Bergen                               |                                       |                 |              |                        | Code (7)<br>USE ONLY  | ,       |   | Curre             |  | r if being d             | emolish  | ed)     |                                      |             | in bill of analy |
| Name of Monitoring Firm                            | n Hired by Building                   | Owner (8)       |              | ASCN                   | / No.                 |         |   |                   | tement Cont  | ractor (9)               |  |         |                                      |             |                  |
| Street Address                                     |                                       |                 |              |                        |                       |         | Street  | Addre             | tomorphism to the control of the con | 9                        | than K-12) commercial buildings, hore Floors Bldg. Age 55+ g demolished)  9)  ey 07424 License No. 01104  LCC  Negative Pressure  Non-Friable Procedure Type Thought Procedure Thought Procedure Type Thought Procedure Thought Proce |         |                                      |             |                  |
| City, State, Zip Code                              |                                       |                 |              |                        |                       |         | City, S   | State, Z          | ip Code  | -                        |  |         | ETOT DIS NOTE IN                     |             |                  |
| Project Manager for Mon                            | nitoring Firm                         |                 |              | Telepho                | ne No.                |         | Telepi  | none N<br>225-8   | 0.   | Lic                      | ense N   |         | 100                                  |             |                  |
| Start Date (10)<br>02/21/12                        |                                       | Scheduled       |              | mpletion               | Date (11)             |         | Name  | of OSI            | HA Monitor<br>onmental   |                          |  |         |                                      |             |                  |
| Occupancy Status Durin                             | a Abatament (Char                     |                 |              |                        |                       |         |   | Addre             |  | Laus LL                  |  |         |                                      |             |                  |
| Erroria .  | cated During Entire                   |                 |              | nont                   |                       |         |   |                   | te 22 Wes  | t                        |  |         |                                      |             |                  |
| Abatement Perform  Other – Describe:               | ned Outside of Norr                   | nal Facility F  | Hour         | S                      |                       |         | 0.0000000000000000000000000000000000000           |                   | ip Code<br>w Jersey  | 7083                     |  |         |                                      | s - 1.45 ** |                  |
| Scope of Work (Check A                             | All That Apply)                       |                 |              |                        |                       |         | Office  | 11, 140           | W ocidey (   | 01000                    |  | *****   |                                      |             |                  |
| ≥3 sf or ≥3 lf<br>≥160 sf or ≥260 lf               |                                       | -               | nova<br>moli | ation                  |                       |         | 2   | Mir               | ni-Enclosure<br>ovebag Proce   | edure                    |  |         |                                      | e           |                  |
|  |                                       | ls L            | ocat         | ion                    |                       |         |   | T                 |  | 1.7.                     |  | T       | Abat                                 | emen        | t                |
| Locatio  |                                       |                 | rma          | lly                    |                       |         | escription  | ption of          |  |                          |  | -       | T                                    | /pe         | т                |
| Asbestos-Containing<br>TO BE AB<br>In Faci<br>(13) | ATED<br>lity                          | Main<br>Custo   | tena         | nce/                   |                       | therma. | ntaining M<br>al system<br>acing, VA<br>miscellar | s insula<br>T, or | ation,   | Amou<br>(Spec<br>SF or I | ify  | Removal | Repair                               | Encapsulate | Endosure         |
| 1 St Floor   | Kitchen                               |                 | Χ            |                        |                       |         | TSI   |                   |  | 32 L                     | F  | Х       |                                      |             |                  |
|  |                                       |                 |              |                        |                       |         |   |                   |  |                          |  |         |                                      |             |                  |
| Name of Registered Wa                              | ste Hauler                            |                 | TN           | JDEP W                 | /aste                 | Cubi    | c Yards   |                   | Name of F  | Registered               | Landfill   |         |                                      |             | <u></u>          |
| Lilich Corporation                                 |                                       |                 | 1            | lauler ID<br>8724      |                       | of W    |   |                   | G.R.O.V  |                          |  |         |                                      |             |                  |
| City, State<br>Woodland Park, Ne                   | w Jersey 07424                        |                 |              |                        |                       |         | osal Date<br>4/12                                 |                   | City, State<br>Morrisvil   |                          | sylvar   | nia     |                                      |             |                  |
| Completed by<br>Tatiana Kalenikova                 | -07                                   | Title<br>Vice P | resi         | ident                  |                       | -       | Signature   | 101               | auto   | Lal.                     | Da 02  |         | 12                                   |             |                  |



| Date of Notification (1                 | )                                      |            |       | Name           | of Building        | Owner                                   | Operator (2                 | )                             | - []                  |               |               | _           |             |           |
|---|--|------------|-------|----------------|--------------------|---|-----------------------------|-------------------------------|-----------------------|---------------|---------------|-------------|-------------|-----------|
| Feb                                     | ruary 13, 2012                         |            |       | LEW            | Corporat           | ion                                     | 1                           | 2.9.8                         | 20 V                  |               |               |             |             |           |
| Agencies Notified                       | Type Notification                      |            |       | Street         | Address            |   |                             | - 514                         | 1:08                  |               |               | 11: 100     |             |           |
| ⊠ EPA                                   | Initial                                |            |       | 1090 E         | Bristol Ro         | ad                                      | 2017                        | TEB 15 AM                     | 1.00                  |               |               |             |             |           |
| DEP                                     | Amended                                |            |       |                | tate, Zip C        |   |                             |                               | TOTAL                 |               |               |             |             |           |
| DOL                                     | Amendment<br>Emergency (               |            | 1     | Mount          | ainside, I         | NJ 07                                   | 092 🦂 🗬                     |                               | )周11120               |               |               |             |             |           |
| DOH                                     | justification)                         | including  |       | Name           | of Contact         |   | 7.7                         | 100                           | Telephone             | Number        |               |             |             |           |
| DCA                                     | Cancellation                           |            |       |                | t Manage           |   |                             |                               |                       |               |               |             |             |           |
| N 65 10 100                             |  | DI (0      |       | FAC            | ILITY INF          | ORMA                                    |                             |                               |                       |               |               |             |             |           |
|   | ere Abatement is Taking                | g Place (3 | )     |                |                    |   |                             | ype of Facility (             | 4)                    |               |               |             |             |           |
| buildings<br>Street Address             |  |            |       |                |                    |   |                             | School (K-1                   | 2)<br>8 (Other than I | K 12\         | 4             |             |             |           |
|   |  |            |       |                |                    |   |                             |                               | rivate & comm         |               | lding         | s, ho       | omes        | 5,        |
| 68 River Rd.                            |  |            |       |                |                    |   |                             | etc.)                         | # of Floors           |               | DI4-          | ^           |             |           |
| City (5)                                |  |            |       |                |                    |   | 8                           | Square Feet                   | # of Floors           |               | Bldg.         | Age         | )           |           |
| Summit, NJ 07901                        |  |            |       |                | 0-4- (7)           |   |                             | Summer I Have / Daile         | l l                   | - li-b - d)   |               |             |             |           |
| County (6)                              |  |            |       |                | Code (7) USE ONLY  | )                                       |                             | Current Use (Price            | 1000                  |               |               |             |             |           |
| Union                                   | The History B. Building                |            |       |                |                    |   |                             | Abatamant Con                 | empty                 | У             |               |             | -           |           |
| 350                                     | firm Hired by Building (               | Jwner (8)  |       | 8300 2300      | M No.              |   | 1 (April 2 - April 2006)    | Abatement Con                 |                       |               |               |             |             |           |
| AET<br>Street Address                   |  |            |       | 0021           |                    |   | Street A                    | CK Group, L                   | LC                    |               |               | <del></del> |             |           |
|   |  |            |       |                |                    |   |                             |                               | CTE 200               |               |               |             |             |           |
| 907 Doolittle Drive                     | <u> </u>                               |            |       |                | ELECTRIC PROPERTY. |   |                             | ngs HWY N,<br>te, Zip Code    | STE 209               |               |               |             |             |           |
| City, State, Zip Code                   | 0007                                   |            |       |                |                    |   |                             |                               | 4                     |               |               |             |             |           |
| Bridgewater, NJ 0 Project Manager for N |  |            | - 1   | Telenh         | one No.            |   | Telephoi                    | Hill, NJ 08034                |                       | se No.        |               |             |             |           |
| Eric Houseknecht                        |  |            |       | 200            | 218-1108           | 2                                       | and the same of             | 59 - 5000                     | 00781                 |               |               |             |             |           |
| Start Date (10)                         |  | Schedule   |       |                | Date (11)          |   |                             | OSHA Monitor                  | 00701                 |               |               |             |             | -         |
| 2/25                                    | 3/12                                   |            |       | 3/31/          |                    |   | The MA                      | CK Group, L                   | I.C.                  |               |               |             |             |           |
|   | uring Abatement (Chec                  | k Only Or  | ne)   | 0.0 11         |                    |   | Street A                    |                               |                       | -             |               |             |             |           |
| 52                                      | /acated During Entire I                |            |       | ment           |                    |   | 1500 Ki                     | ngs HWY N,                    | STE 209               |               |               |             |             |           |
| Abatement Perfo                         | ormed Outside of Norm                  |            |       |                |                    |   |                             | te, Zip Code                  |                       |               |               |             | OTIC        | -         |
| Other - Describe                        | e:                                     |            |       |                |                    |   | Cherry                      | Hill, NJ 0803                 | 4                     |               |               |             |             |           |
| Scope of Work (Chec                     | k All That Apply)                      |            |       |                |                    |   |                             |                               |                       |               |               |             |             |           |
| ≥3 sf or ≥3 lf                          |  | X F        | Renov | ation          |                    |   |                             | Full Containme                | ent with Negati       | ive Press     | ure           |             |             |           |
| ≥160 sf or ≥260                         | If                                     |            | Demol |                |                    |   | ×                           | Mini-Enclosure                | )                     |               |               |             |             |           |
|   |  |            |       |                |                    |   |                             | Glovebag Prod<br>Non-Exempted |                       | able Proc     | edure         | •           |             |           |
|   |  | le le      | Loca  | tion           | T                  |   |                             |                               | -3-5                  |               |               | atem        | nent        |           |
| Local                                   | ation of                               | 2169       | Norma |                |                    | г                                       | Description o               | .f                            |                       |               |               | Туре        | 9           |           |
|   | ing Material (ACM)                     | 50000000   | d Sol | ely by         |                    | stos Co                                 | ntaining Ma                 | terial (ACM)                  | Amount                |               |               | ı           | n           | _         |
|   | ABATED acility                         | J-57770    |       | Staff?         | (i.e               |   | al systems i<br>facing, VAT |                               | (Specify<br>SF or LF) | Rer           | 7             | 2           |             | nc        |
|   | 13)                                    |            | (12)  |                |                    |   | r miscellane                |                               | Of Of Ery             | Remova        | Repair        | 0           | Fncansulate | Enclosure |
|   |  |            |       | T              |                    |   |                             |                               |                       | 8             | 7             | 1           | 9           | æ         |
|   |  | Yes        | No    | , N/A          | -                  |   |                             |                               |                       |               | /             | -           |             | -         |
| Small                                   | building                               |            | X     | -              |                    | wind                                    | ows w/gla                   | izing                         | 5                     | $-\langle$    | $\rightarrow$ | +           |             |           |
| Large                                   | Building                               |            | X     | <b>,</b>       |                    |   | transite                    |                               | 4500 s/f              | X             | >             |             | -           |           |
|   | ." <u></u>                             |            | X     | ,              |                    |   | roofing                     |                               | 600 s/f               | $ \times$     |               | _           |             |           |
| -                                       | ."_                                    |            | X     |                |                    | wind                                    | ows w/gla                   | azing                         | 14                    | $\rightarrow$ |               |             |             |           |
| Name of Registered                      | Waste Hauler                           |            | 100   | NJ DEP         |                    | 200000000000000000000000000000000000000 | ic Yards                    | Name of                       | Registered Lar        | ndfill        |               |             |             |           |
| Freehold                                |  |            |       | Hauler I<br>15 | D No.<br>5939      | of V                                    | Vaste<br>51.2               | GROWS                         | 3                     |               |               |             |             |           |
| City, State                             | ###################################### |            |       |                |                    | Disp                                    | oosal Date                  | City, Stat                    |                       |               | - 4 - 47      |             |             |           |
| Freehold, NJ                            |  |            |       |                |                    |   | 3/31/12                     | Morrisvi                      |                       |               |               |             |             |           |
| Completed by                            |  | Title      |       |                |                    | 1                                       | Signature                   |                               |                       | Date          |               |             |             |           |
| Mike Cooper                             |  | Presid     | dent  |                |                    |   | Mart                        |                               | 2                     | 2/13/12       | 2             |             |             |           |
|   |  |            |       |                |                    |   |                             |                               |                       |               |               |             |             |           |

| Location of   |          | Location Normall                         | у        | Description of .   |                                 | t       |        | ement<br>/pe | t .    |
|---|----------|--|----------|--|---------------------------------|---------|--------|--------------|--------|
| Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13) | Ma       | ed Solel<br>aintenar<br>todial S<br>(12) | ice/     | Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount<br>(Specify<br>SF or LF) | Removal | Repair | Encapsulate  | 110000 |
|   | Yes      | No                                       | N/A      |  |                                 |         |        | Ф            |        |
| Large Building  |          | X  |          | pipe insulation  | 275 l/f                         | X       |        |              | L      |
| _"_   |          | X  |          | VAT  | 5720 s/f                        | X       |        |              | L      |
| "   |          | X  |          | mastic   | 3220 s/f                        | X       |        |              | L      |
|   |          |  |          |  |                                 |         |        |              |        |
| ¥   |          |  |          |  |                                 |         |        |              |        |
|   |          |  |          |  |                                 |         |        |              |        |
|   |          |  |          |  |                                 |         |        |              |        |
|   |          |  |          |  |                                 |         |        |              |        |
|   |          |  |          | *  |                                 |         |        |              |        |
|   |          |  |          |  |                                 |         |        |              |        |
|   | -        |  |          |  |                                 |         |        |              |        |
|   |          |  |          |  |                                 |         |        |              |        |
|   |          |  |          |  |                                 |         |        |              | T      |
|   |          |  |          |  |                                 |         |        |              |        |
|   |          |  |          |  |                                 |         | -      |              | T      |
|   |          |  |          |  |                                 |         |        |              | T      |
|   |          |  | -        |  |                                 |         |        | 1            | t      |
|   |          |  |          |  |                                 | 1       |        |              | t      |
|   |          | -  |          |  |                                 |         |        |              | t      |
|   | <u> </u> |  |          |  |                                 |         | _      |              | 1      |
|   |          |  | -        |  |                                 | +       |        | 1            | 1      |
|   | _        | -  | -        |  |                                 | +       |        | 1            | t      |
|   |          |  | -        |  |                                 |         |        | -            | t      |
|   |          |  |          |  |                                 | +-      | 1      |              | +      |
|   | -        | -  | -        |  |                                 | +       | +-     | -            | +      |
|   |          | <del> </del>                             | <u> </u> |  |                                 | -       |        | -            | +      |
|   |          |  |          |  |                                 | -       |        | -            |        |
|   |          |  | -        |  |                                 | -       |        | +            | +      |
|   |          | -  | -        |  |                                 | +       | -      | -            | +      |
|   |          |  |          |  |                                 | -       | -      |              | 1      |
|   |          |  | -        |  |                                 | -       | -      |              | +      |
|   |          |  | -        |  |                                 |         | -      |              | +      |
|   |          |  | -        |  |                                 |         | -      | -            | 1      |
|   |          |  | -        |  |                                 |         | -      | -            | +      |
|   |          |  |          |  |                                 |         | +      |              | 1      |
|   |          |  |          |  |                                 |         | +-     | -            | +      |
|   |          |  |          |  |                                 |         | -      | -            | -      |
|   |          |  |          |  |                                 |         |        | -            | +      |
|   |          |  |          |  |                                 |         | -      | -            |        |
|   |          |  |          |  |                                 |         | -      |              | -      |
|   |          |  |          |  |                                 |         |        |              |        |



| Date of Notification (1)   |                 | 1000                      | -                                       | Name             | of Buildir   | ng Owner/Operator  | (2)  |   | -112        | -      |             |           |
|--|-----------------|---------------------------|---|------------------|--|--|--|---|-------------|--------|-------------|-----------|
| /13/   | 12              |                           |   | NJ               | DPMC   |  |  | RECEI                                     | 1           |        |             |           |
| Agencies Notified Type Notific   |                 |                           |   |                  | Address<br>BOX 34  |  | 2  |   |             |        |             |           |
|  |                 |                           |   | City, S          | State, Zip   | Code   |  | 1012 FEB 15                               | Ar.         | -      |             |           |
| □ DHSS    □ Emerger  |                 | ing                       |   | Tre              | nton, N.   | 08625  |  | TOTOD O                                   |             |        |             |           |
| ☐ DCA justificati  | ion)            | -                         |   | Name             | of Contac  | ot   |  | Telephone Nemb                            | er          |        |             |           |
| (NJAC 5:23-8)  | tion            |                           |   | Joe              | Kratocl  | nvil   |  | d LICEN                                   | 51          |        |             |           |
|  | MOERUS ALISANIA |                           |   | FA               | CILITY II  | NFORMATION   |  |   |             |        |             |           |
| Name of Facility Where Abatement is  | Taking Pla      | ce (3                     | )                                       |                  |  |  | Type of Facility   | (4)                                       |             | -      |             |           |
| Monmouth Battlefield State Pa  | rk Visito       | r Ce                      | nter                                    | •                |  |  | School (K-12   |   |             |        |             |           |
| Street Address   |                 |                           | 10000                                   |                  |  |  | Subchapter 8   | 3 (Other than K-12)<br>rivate & commercia | d buile     | lings  |             |           |
| 16 Business Route 33   |                 |                           |   |                  |  |  | homes, etc.)   |   | ii bulic    | iliys, |             |           |
| City (5)   |                 |                           |   |                  |  |  | Square Feet  | # of Floors                               | BI          | dg. A  | ge          |           |
| Manalapan, NJ 07726  |                 |                           |   |                  |  |  | 4066   | 1   |             | 50 +   |             |           |
| County (6)   |                 | 2                         |   | Cour             | nty Code (   | 7)(STATE USE ONLY)   | Current Use (Pri   | or if being demolis                       | hed)        |        |             |           |
| Monmouth   |                 |                           |   |                  |  |  | Visitor Cent   | er  |             |        |             |           |
| Name of Monitoring Firm Hired by Buil  | ding Owne       | er (8)                    | A                                       | SCM              | No.  | The state of the second second second  | ent Contractor (9)   |   |             |        |             |           |
| McCabe Environmental Service   | S               |                           |   | 0011             | 18   | Controlled E   | nvironmental S   | Systems                                   |             |        |             |           |
| Street Address   |                 |                           |   |                  | F  | Street Address   |  |   |             |        |             |           |
| 464 Valley Brook Ave   |                 |                           |   |                  |  | 1121 N. Beth   | ilehem Pike - Si   | uite 60                                   |             |        |             |           |
| City, State, Zip Code  |                 |                           |   |                  |  | City, State, Zip C   |  |   |             |        |             |           |
| Lyndhurst, NJ 07071  |                 |                           |   |                  |  | Spring Hous  | se, PA 19477   |   |             |        |             |           |
| Project Manager for Monitoring Firm  |                 | T                         |   | hone             |  | Telephone No.  |  | License No.                               |             |        |             |           |
| John Shiavello   |                 | 1                         |   |                  | 4839   | 215-542-700  |  | 00847                                     |             |        |             |           |
| The state of the s | Scheduled       |                           |   |                  | Action Control of the | Name of OSHA   | Monitor  |   |             |        |             |           |
| //   |                 |                           | Selformorus                             | _ / _            | 12   | CES  |  |   |             |        |             |           |
| Occupancy Status During Abatement (  |                 |                           |   |                  |  | Street Address   |  |   |             |        |             |           |
| ☐ Abstament Borformed Outside of N   |                 |                           |   |                  | a wile e   |  | ilehem Pike - Si   | uite 60                                   |             |        |             |           |
| Abatement Performed Outside of No. Time of Abatement: 7:00AM-  |                 |                           |   | _AM              | cribe  | City, State, Zip C<br>Spring Hous  |  |   |             |        |             |           |
| Scope of Work (Check all that apply)   |                 |                           |   |                  |  |  |  |   |             |        |             |           |
| <ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>  |                 | Renov<br>Demo             |   |                  |  | ☐ Mini-End<br>☐ Gloveba  | ntainment with Neg<br>closure<br>ag Procedure<br>empted (*) and No | 102                                       | e           |        |             |           |
|  |                 | Is Lo                     | catio                                   | on               |  |  |  |   | 9           | atem   | ent T       | уре       |
| Location of Asbestos-Containing Material (ACM <u>TO BE ABATED</u> IN Facility (13)   | 1) A            | sed S<br>Nainte<br>ustodi | enan                                    | y by<br>ce/      |  | Description estos Containing Marmal systems insul<br>VAT, or<br>other miscelland | aterial (ACM)<br>ation, surfacing,                                 | Amount<br>(Specify<br>SF or LF)           | Removal     | Repair | Encapsulate | Enclosure |
| (10)   | Ye              | s N                       | Vo.                                     | N/A              |  | other missenant  | , out,   |   |             |        | te          |           |
| interior   |                 |                           | ]                                       | $\boxtimes$      | fire do  | or insulation  |  | 350 SF                                    | $\boxtimes$ |        |             |           |
| exterior   |                 |                           | ]                                       | $\boxtimes$      | Red &  | Gray Caulk   | *  | 1350 LF                                   | $\boxtimes$ |        |             |           |
| exterior   |                 |                           | ]                                       |                  | roof fla   | shing  |  | 3400 SF                                   | $\boxtimes$ |        |             |           |
| interior   |                 |                           | ]                                       |                  | Floor ti   | le and Mastic  |  | 1500 Sf                                   |             |        |             |           |
| Name of Registered Waste Hauler  |                 |                           | 100000000000000000000000000000000000000 | DEP V            |  | Cubic Yards of   | Name of Regis  | tered Landfill                            |             |        |             |           |
| STG  |                 |                           | 1000000                                 | uler IC<br>20990 |  | Waste<br>40  | Minerva La   | ndfill                                    |             |        |             |           |
| City, State New Castle, DE   |                 |                           |   |                  |  | Disposal Date 3/31/12  | City, State<br>Waynesbur   | rg, OH 44688                              |             |        |             |           |
| Completed By (Print or Type)   | Title           | TO THE RESERVE            |   |                  |  | Signature  | 1  | Dat                                       | e           |        |             |           |
| Patricia Visco   | Office          | Mar                       | nage                                    | er               |  | Vatu   | icea Vis   |   | 1/1         | 3/     | 12          | _         |

| Date of Notification (1)  2 / 6 /   | 12          |                 | Nam                      | ne of Buildin | ng Owner/Operator  | (2)                                     |                         |                 |         | · ·         |           |  |
|---|-------------|-----------------|--------------------------|---------------|--|---|-------------------------|-----------------|---------|-------------|-----------|--|
|   | 12          |                 | 13                       | 4 Bay St      | reet LLC C/O To  | oll Brothers C                          | ity Living              |                 |         |             |           |  |
| Agencies Notified Type Notific  | ation       |                 |                          | et Address    | •  |   | L. L. L. J. K. J. W. I. |                 |         | -           | -         |  |
| ☑ EPA ☑ Initial   | 323         |                 | 10                       | 000 Maxw      | ell Lane   | 0010                                    | -                       |                 |         |             |           |  |
| ☐ DEP ☐ Amended ☐ DCA (NJAC 5:16) ☐ Amendm  |             |                 | City,                    | State, Zip    | Code   | 2012                                    | FEB 15 AM               | ,               |         | +           | -         |  |
| □ DHSS    □ Emergen   |             | na .            | Н                        | oboken, N     | IJ 07030   |   | *                       |                 |         |             |           |  |
| LI DCA justificati  | on)         | 3               | Nam                      | e of Contai   | ct   |   | Telephone Wun           | nber            |         |             | _         |  |
| (NJAC 5:23-8) Cancellar   | tion        |                 |                          |               |  |   | I LICENSIN              |                 |         |             |           |  |
| L   | F 18        | 9               | F/                       | ACILITY II    | NFORMATION   |   | A LA F                  |                 |         |             |           |  |
| Name of Facility Where Abatement is 1   | Faking Plac | ce (3)          | 8                        |               |  | Type of Facility                        | y (4)                   |                 |         |             |           |  |
| Block 174 Lot-Plot .A   |             |                 |                          |               |  | School (K-1                             |                         |                 |         |             |           |  |
| Street Address  |             |                 |                          |               |  | ☐ Subchapter                            | 8 (Other than K-1)      | 2)<br>rial buil | dinas   |             |           |  |
| 332-50 Marin Blvd   |             | 4780            |                          |               |  | homes, etc                              |                         | aar buii        | uniga   | • 1         |           |  |
| City (5)  |             |                 |                          |               |  | Square Feet                             | # of Floors             | В               | ldg. A  | \ge         |           |  |
| Jersey City, 07302  |             |                 | 12                       | -:            |  | 46,000                                  | 1                       |                 | 50+     | 1           |           |  |
| County (6) Hudson   |             |                 | Cou                      | inty Code (   | 7)(STATE USE ONLY)   |   | rior if being demoli    | ished)          |         |             | 1         |  |
|   |             | (0)             |                          |               |  | Warehouse                               |                         |                 |         |             |           |  |
| Name of Monitoring Firm Hired by Build<br>Lew Corporation   | ing Owner   | (8)             | ASCN                     | No.           | Name of Abateme  |   |                         |                 |         |             |           |  |
| Lew Corporation .  Street Address   | 6           |                 |                          |               | Controlled Er  | nvironmental                            | Systems                 |                 |         |             |           |  |
| 1090 Bristol Rd   |             |                 |                          |               | Street Address   |   |                         |                 |         |             |           |  |
|   | 3           |                 |                          | 100           | 1121 N. Bethlehem Pike - Suite 60  |   |                         |                 |         |             |           |  |
| City, State, Zip Code   | 9.50        |                 |                          |               | City, State, Zip Co  |   |                         |                 | (1,000) |             | .00       |  |
| Mountainside, NJ 07092 Project Manager for Monitoring Firm  |             | -               |                          | N             | Spring House   | e, PA 19477                             |                         |                 |         |             |           |  |
|   |             |                 | ephone<br><b>08 65</b> 4 | No.<br>4 8068 | Telephone No. 215-542-7000   |   | License No. 00847       |                 |         |             |           |  |
|   | cheduled (  | 4/650           |                          |               | Name of OSHA M   | onitor                                  |                         |                 | Nava    |             | THE       |  |
| 2 / 21 / 12   | 3           | / _3            | 0 /                      | 12            | CES  |   |                         |                 |         |             |           |  |
| Occupancy Status During Abatement (C  | Check only  | one)            |                          |               | Street Address   |   |                         |                 |         |             |           |  |
| Facility Closed/Vacated During Entire   | e Period of | Abate           | ement                    |               | 1121 N. Bethle   | ehem Pike - S                           | Suite 60                |                 | 4       |             |           |  |
| Abatement Performed Outside of No   | rmal Facili |                 | 70                       |               | City, State, Zip Co  | de                                      |                         |                 | ,       | -           | -         |  |
| Time of Abatement: 7:00AM-5:00P   | IVI/F       | PM              | AM                       |               | Spring House   | , PA 19477                              |                         |                 |         |             |           |  |
| cope of Work (Check all that apply)   |             |                 |                          |               |  |   |                         |                 |         |             |           |  |
| ] >3 sf or >3 lf  | Пр          | enovat          | ion                      |               | ☐ Full Conta   |   | gative Pressure         |                 |         |             |           |  |
| ∑ ≥160 sf or ≥260 lf  |             | emoliti         |                          |               | ☐ Glovebag   | Procedure                               | *                       |                 |         |             |           |  |
|   |             |                 |                          |               | Non-Exer     Non-Exer | -Exempted (*) and Non-Friable Procedure |                         |                 |         |             |           |  |
|   |             | s Loca<br>Norma | 2000                     |               |  |   |                         | Ab              | atem    | ent T       | ype       |  |
| Location of<br>Asbestos-Containing Material (ACM)   | 1.1-        | ed Sol          |                          | Acho          | Description of<br>stos Containing Mat  |   | A                       | Z               | R       | ш           | m         |  |
| TO BE ABATED  | Ma          | aintena         |                          |               | rmal systems insula  |   | Amount<br>(Specify      | Removal         | Repair  | Encapsulate | nclo      |  |
| IN Facility<br>(13)   | Cus         | todial<br>(12)  |                          |               | VAT, or  |   | SF or LF)               | oval            | =       | nsd         | Enclosure |  |
|   | Yes         | No              | N/A                      |               | other miscellaneo  | ous)                                    |                         |                 |         | ate         | a         |  |
| (13)  |             | -               |                          | Poofin        |  |   | 46 00005                | [Z]             |         |             |           |  |
|   | 111         | Ш               |                          | Roofing       | -  |   | 46,000SF                |                 |         | 닏           |           |  |
| xterior Roof  |             |                 | 1 1 2 1                  | Tile & N      | IdSUC  |   | 5000                    |                 | Ш       | Ш           | Ш         |  |
|   |             |                 |                          |               |  |   |                         |                 |         |             |           |  |
| xterior Roof  |             |                 |                          |               | 4)   |   |                         | 100000000       |         |             | П         |  |
| xterior Roof  |             |                 |                          |               |  | 20                                      |                         | $\vdash$        |         | 1 1         |           |  |
| xterior Roof<br>ffices  |             |                 |                          | Waste         | Cubic Yards of   | Name of Regis                           | stered Landfill         |                 |         | <u> </u>    | _         |  |
| sterior Roof  ffices  ame of Registered Waste Hauler  |             | N               | IJDEP \                  | O No.         | Waste  | Name of Regis                           |                         |                 |         |             |           |  |
| sterior Roof  ffices  ame of Registered Waste Hauler  |             | N               | JDEP V                   | O No.         | Waste<br>250   | Minerva La                              |                         |                 |         |             |           |  |
| erme of Registered Waste Hauler STG ty, State   |             | N               | IJDEP \                  | O No.         | Waste<br>250<br>Disposal Date  | Minerva La                              | andfill                 |                 |         |             | _         |  |
| xterior Roof  ffices  ame of Registered Waste Hauler  STG  ty, State  New Castle, DE                                |             | N               | IJDEP \                  | O No.         | Waste 250 Disposal Date 3/31/12  | Minerva La                              | rg, OH 44688            |                 |         |             |           |  |
| exterior Roof  ffices  ame of Registered Waste Hauler  STG  ty, State  New Castle, DE  completed By (Print or Type) | Title       |                 | JDEP (lauler III 20990   | O No.         | Waste 250 Disposal Date 3/31/12 Signature.   | Minerva La City, State Waynesbu         | andfill                 | tte /           |         |             |           |  |
| xterior Roof  ffices  ame of Registered Waste Hauler  STG  ty, State  New Castle, DE                                |             |                 | JDEP (lauler III 20990   | O No.         | Waste 250 Disposal Date 3/31/12  | Minerva La City, State Waynesbu         | rg, OH 44688            | ute /6          | ./2     | 201         |           |  |