| | P | \\(\sigma \) 01 s | ate of Neyr Jers | Sign | VIA FAX | | |
|---|--|--|---|--|---|----------------|-------------|
| Date of Notification (1) 29 18 | | Name of M 6 | SOF ASBESTOS to NJAC 8:69 a Building Owner NARCN | nd 12:120) /Operator (2) | oldings | | |
| Agencies Notified Type Notification Type Notification In thick in the content of the content | #(including | High Name of the | 5 WOO hland fontact JONATHA | Park No. | FEB 2 2 2018 AUC SBESTOS CONTRO LIGENSING | | Ľ |
| Name of Facility Where Abatement is Takin | g Place (3) | FAC | LITY INFORMA | Type of Facility School (N | (-12) ler 8 (Other than K-12 | 2) at twist | takensi |
| City (5) WESTFIELD NIS |). | | | Square Feet | # of Floors 3 Prior if being demolish | 0 | 3ldg. |
| County (6) UNCON Name of Monitoring Firm Hired by Building | Owner (8) | County (STATE) | Code (7) USE ONLY) | Name of Absternant C | toose | | g garage de |
| Street Address City, State, Zip Code | | | | Street Address City, State, Zip Code | 814 | 190 | |
| Project Manager for Monitoring Firm | | Telepho | | Telephone No. 3444 | 30 · C.0 800 000 | 0. | |
| Start Date (10) 30 18 Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire I | ic Only Only) Period of Aba | 30/18 tement | Date (31) | NOVATECH Street Address P.O. Box | 1102 | | مسين |
| Abatement Performed Outside of Norm Other — Describe: Scope of Work (Check All That Apply) | nat Facery Fig | ovation | | City, State, Zip Code OID Bridg | nent with Negative P | | |
| 23 of or ≥3 if □ ≥160 of or ≥280 if | Dem | cation | | Mini-Enclose | Te: | le Pro | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Non Used S Mainte Custodi | nally olely by Hance/ al Staff7 2) | Asbestos Cor (i.e. therms | escription of theining Material (ACM) it systems insulation, soing, VAT, or miscellaneous) | Amount (Specify SF or LF) | Removal | Repair |
| | Yes N | lo N/A | | | | | |
| BASEHENI | | X | bock 7 | APE/WRAP | 4 205/F | X | |
| Name of Registered Weste Haujer NOVATEÓ) 110C | Parameter Control of C | NUDEP WITH Hauler ID. | No. of We | 3, 6.8 | TRegistered Landill 0.05 | | 1 |
| City State | 857- Time2 = | i den | 121 | Self Date CRy, Sta 3 18 HAM Signistant A | SOTIE Date | e /29 | 118 |

| 01/11/26 | | 2) | | Slate of New Jers | | MENT | UIA FAX | | |
|---|-----------|--|------------------------|---|---|------------------------------|---|----------|--|
| Date of Notification (1) | U | Z | Pureda | nd NAT 260 a | ınd 12:12 | (0) Im I | 管性物 | 包包 | A. |
| Agencies Notified Type Notification |) | | MR | TONY PA | | | FEB 22 20 | 8 | 111) |
| EPA Initial Alhended | | | | State, Zip Code | | 0216 | BESTOS CONTR | 201 8 | |
| DOL Amendment Emergency justification | (includir | ng. | B | EWAILK | 5 N'O | , 0/18 | LICENSING Telephone M | | hamilton and an annual section of the section of th |
| Name of Facility Where Abatement is Takir | | (3) | £ | CALITY INFORMA | TION | Type of Fadilit | y (4) | | through distribution |
| Street Address | | | | | | School (I | (-12) ter 8 (Other than K- , private & commen | 12) | illeller eie |
| City (5) | ·^ | | | | | Square Feet | # of Floors | | Bldg. |
| COUNTY (6) HUDSON | .J. | | Count | y Code (7) EUSE ONLY) | | 3 COO Current Use (F | Prior If being demolis | hed) | 100 |
| Name of Monitoring Firm Hired by Building | Owner (| 8) | e e | M No. | 100000000000000000000000000000000000000 | of Abatement C | | | garantinista. |
| Street Address | | esisselylydd AMegad | | | Street | VATECH Address D. BOX | 110c | | |
| City, State, Zip Code | | | Utsinone in priorities | a a a a a a a a a a a a a a a a a a a | At a contract of the second | tate, Zip Code | 10 · C.M | 289 | 57. |
| Project Manager for Monitoring Firm | | - Contractives | Teleph | one No. | | 338x7 | 560 License I | io. | 520 |
| Start Date (10) 6 / 18 | (| 3 | npletion | Date (11) i 8 | 1 | or OSHA Monito JATECH | INL | | |
| Cocupancy Status During Atlatement (Check Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm | eriod of | Abateo | (nent | · | P.0 | Address S. Gox 9 | 814 | ******** | |
| Other Describe: | 81 F 2C88 | yrioun | 5 | ganaliský druhovní spravna nakovní mierický stalikov. | OID | ate, Zp Code Brieg | 0.C.N S | 883 | 57 |
| Scope of Work (Check All That Apply) ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf | | Renova Demolii | | | ACACA | Mini-Enclosus | nent with Negative F re seedure ed (") and Non-Friat | | |
| Location of Asbestos-Containing Waterial (ACM) TO BE ABATED | Use | s Locati Normali ed Sole intenar todial S | ly ly by ice/ | Asbestos Cont (i.e. thermal | systems | aterial (ACM) Insulation, | Amount (Specify SF-or LF) | Rej | Abai T) |
| In Facility (13) | Yes | (12) No | N/A | | oing, VAI niscellane | | orwar) | Removal | Repair |
| | | | | CIDINA | | | 2680:05 | X | |
| EXTERIOR 1 | | ecuplate de la description description de la des | X | SIDING HOOR T | HE | linoleun | 2,500 s/F 650 s/F | Χ | |
| BASEMENT Name of Registered Waste Hauler | | | DEP W | BIPE EID | Yends | | 60 L/F Registered Landfill | X | |
| NOVATED) 110C City, State | | e II | 850 | Dispola | rends to QO al Data | City, Stat | 0.WG. | 1 | oli protesta de la constanta d |
| CID Bridge NO. 085 | 857 mg | | | 13 [| 7/1 graund | & Harin | SOINE Y | 15 | 10 |
| PARIOS AMEIDA | 17 | Poi i | <u> </u> | | (Yu | 1904m | <u>. 12</u> | 1 | T |
| ASB-41 (R-06-08) | | | | | " Do not l | use this forth for | asbesios licensuré | exem, | ARTHUR . |

| no CK | ٨ | NOT | | ATION | | BES | STOS ABAT :60 and 5:1 | S#1 | D | EGI | G U | <u> </u> | | |
|---|---|----------------|-------------|---------------------------|--------------------------------------|--------------|---|----------------------------------|-------------------|---------------------------------|-----------|------------|-------------|-----------|
| Date of Notification (1) 2 / 15 | /18 | | | | | | ner/Operator (Construction | 1 | | FEB | 2 2 2 | 018 | | # |
| ☑ EPA☑ DOLWD☑ Ame | ended | | | 130 | t Address 01 N. 31s State, Zip | st Str | | | s. t. Auris con | ASBESTO: | S CON | | . & | |
| | endment # <u>1</u> ergency (inc | • | | | ladelphi | | | | | | 63 | | | |
| | fication) | Juding | ; | Name | of Contac | ct | | | | Telephone N | lumber | 1 | | |
| ☐ Cand | cellation | | | No | ah Freib | erg | | | | | | | | |
| | | 47124-71 | | FA | CILITY II | NFOF | RMATION | | | | | | | |
| Name of Facility Where Abatemen | nt is Taking | Place | (3) | | | | | Type of Fac | cility (4 | 4) | | | | |
| Street Address | | | | | | | | | oter 8 e., pri | (Other than K vate and com | | buildir | ngs, | |
| City (5) | | 22.00 | | | | | | Square Fee | t | # of Floors | | Bldg. | Age | |
| Woodbridge | odbridge (6) dlesex of Monitoring Firm Hired by Building Ov E Environmental Co., Inc. | | | | | | | 3,000 | | 1 | | 50+ | | |
| County (6) | Idlesex of Monitoring Firm Hired by Building Ow S Environmental Co., Inc. | | | | | | TE USE ONLY) | | | or if being dem | nolished |) | | |
| Middlesex | 5 11 0 | | a. T | 10011 | | | | residen | 63760 | | | -010-W-275 | | |
| | | wner (| 8) | ASCM | No. | | me of Abateme | | | | | | | |
| Street Address | C. | | | | | | Plymouth En | vironmenta | al Co | ., Inc. | | | | |
| | F | | | | | 100,000,00 | 23 Haws Av | • | | | | | | |
| City, State, Zip Code | | | | - 127 | | | , State, Zip Co | | | | | | | |
| Mickleton, NJ 08056 | | | | | | | lorristown, F | | | | | | | |
| Project Manager for Monitoring Fire | m | | Tele | ephone | No. | | ephone No. | 71 10 10 1 | | License No. | | | | |
| Jack Carney | | | 17,000 | 56-224 | | 12 | 10-239-9920 | | | 00398 | | | | |
| Start Date (10) | Schedu | ıled Co | omple | etion Da | te (11) | Nar | me of OSHA M | lonitor | | | | | | 100 |
| 12 /4 /17 | 3 | _ / | 9 | / | 18 | Р | lymouth En | vironmenta | al Co | ., Inc. | | | | |
| Occupancy Status During Abateme | | | | | | Stre | eet Address | | | | | | | |
| Facility Closed/Vacated During | | | | | 10 | 9: | 23 Haws Av | e. | | | | | | |
| Abatement Performed Outside of Time of Abatement: 7:00 AM-5 | | | | | cribe | 100 | , State, Zip Co | | | 7 | E12400. | | | |
| | | | | | | N | orristown, F | PA 19401 | | | | | | |
| Scope of Work (Check all that appl | У) | | | | | | ☐ Full Cont | ainment with | Nega | ative Pressure | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | ☐ Rer ☑ Der | | | | | | losure Procedure | 7 | -Friable Proce | | | | |
| | | | Loca | | | | X | | | | A | bater | nent T | уре |
| Location of Asbestos-Containing Material (TO BE ABATED IN Facility (13) | ACM) | Use Mai | ntena | ely by ance/ Staff? | | e., the s | Description o Containing Mar rmal systems i urfacing, VAT, ner miscellane | terial (ACM) nsulation, or | | Amount (Specify SF or LF) | Verilloyd | Repair | Encapsulate | Enclosure |
| (10) | | Yes | No | N/A | | Ott | ici illiscellarie | Jus) | | | | | te | 1 |
| 1 st floor | | | \boxtimes | | pipe | | | | | 10LF | D | | | |
| 1st floor | | | \boxtimes | | floor til | le and | d mastic | | | 700SF | D | | | |
| 1st floor | | П | | | plaster | wall | s | | | 6,000SF | | 1 - | П | П |
| 1st floor 1st floor | | | | | felt nar | | rd | | - | 104SF 50SF | | | | |
| Name of Registered Waste Hauler | | | | JDEP V | window | v ala | | Nome of D | ogiste | 501 F | D | 4 | | |
| Service Transport Group | | | 1 333 | lauler ID | | Was | | Minerva | 1000 | ered Landfill ndfill | | | | |
| City, State | | | | | | - | oosal Date | City, State | | 25500 | | | | |
| New Castle, DE | | | | | | 3/ | 9/18 | Waynes | sburg | g, Ohio | | | | |
| Completed By (Print or Type) | Title | _ | | | | | Signature | | - | | Date | 10 | 1,0 | |
| James M. Kelly | Vic | ce Pre | eside | ent | | | | | | | -1 | 115 | 114 | |

| | P | | OTIF | ICATION | tate of Ne N OF ASE to NJAC | BESTOS | ABAT | TEM! | ENT A | ام | L 1 | 17 | 44 | ŕ | |
|---|--|---|--|----------------------|-----------------------------------|-----------------------|---|---------------------|----------------------------------|---------------|--|------------------|----------------------|-------------|-----------------|
| Date of Notification (1) 2/16/18 | | | | | of Building ent Res | | | | 2) [[| 2 | ECE | 1 | / [5 | F | 2 |
| Agencies Notified | Type Notification | 1 | | Street A | The second second | ponse | ream | 1 | | U)- | | u (| | ┪ | ₩ |
| × EPA | × Initial | | | 23 Ma | alcolm S | Street, S | Suite | 2 | | | ccn 2 | 2 20 | 118 | | JII |
| DEP | Amended | | | | ate, Zip C | | | | | 14 | - FEB - | - 2 (| H0- | 1 | 7 |
| × DOL | Amendmer Emergency | | - | | stown, N | | 60 | | | | ATA | | igi Ot Mc | | _ |
| X DOH □ DCA | justification Cancellatio |) | | Name o | f Contact | | | | | 1 | ASBERTOBU | DONT | ROL | & | |
| □ box | Caricellatio | 11 | | | Lyan | ORMAT | ION | | L | | | | en man de man | | and the same of |
| Name of Facility Where | Abatement is Taki | ng Place (3 | 3) | | | Ortimizer | 1011 | 7 | Type of Facilit | y (4) | | | | | |
| Home | | | | | | | | | School (F | | | | | | |
| Street Address | | | | | | | | | | | Other than K-1 te & commerc | | dings | , hom | ies, |
| City (5) Bloomfield | | | 0 | | | I | | | Square Feet 2100 | 1 . | # of Floors 2 | | 3ldg. <i>1</i> 39 | \ge | |
| County (6) | | | | | Code (7) | | | (| Current Use (F | Prior if | being demolis | hed) | | | |
| Essex | | | | | USE ONLY | r) | _ | | home | | | | | | |
| Name of Monitoring Firm | n Hired by Building | Owner (8) | | ASC | И No. | | 100000000000000000000000000000000000000 | | f Abatement C Environmen | | tor (9) ervices, LL(| 2 | | | |
| Street Address | | | | | | | Stre | et A | ddress | 2022 | | | | | -0:0 |
| City State 7in Code | | | | | | | 100 | | ox 483, 4 E | Gate | Drive | | | | |
| City, State, Zip Code | | | | | | | 1 53 | | te, Zip Code ood, NJ 0 | 7418 | | | | | |
| Project Manager for Mor | nitoring Firm | | | Telepho | ne No. | i. | | | ne No. | , , , , | License N | lo. | | | |
| | | | | | | | 200 | | 64-2276 | | 703 | | | | |
| Start Date (10) 2/20/18 | | Schedule 3/5/18 | ed Cor | npletion | Date (11) | | Nam | ne of | OSHA Monit | or | | | | | |
| Occupancy Status Durin | g Abatement (Che | ck Only Or | ie) | | | | Stre | et A | ddress | | | | | | |
| Facility Closed/Vac Abatement Perform Other – Describe: | ated During Entire led Outside of Nor | Period of Amal Facility | Abaten | nent | 1 | 1 | City, | . Sta | te, Zip Code | | | | | | |
| Scope of Work (Check A | II That Apply) | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf | | CONTRACTOR OF THE PARTY OF THE | lenova Iemolit | | | | | × | Mini-Enclose Glovebag P | ure rocedu | vith Negative I re and Non-Frial | | | 10 | |
| | | le | Locati | ion | | | | | Non-Exemp | led () | and Non-i nat | 10110 | 7235-57 | emen | t |
| Location | n of | 1 | Vormal | ly | | De | scription | on o | f | | | | Ty | ре | _ |
| Asbestos-Containing TO BE AB, In Facil (13) | ATED | Ma | d Sole intenal odial S (12) No | nce/ | | stos Con . thermal | taining I syster cing, \ | Mat ms in AT, | terial (ACM) nsulation, or | | Amount (Specify SF or LF) | Removal | Repair | Encapsulate | Enclosure |
| 1 | annat. | 168 | 140 | | | - | | | | - | | | - | 1351 | |
| basem | ent | | | X | | | loor ti | ile | | | 400 SF | X | | | |
| N. (S. | | | | | | | | | | | | | | | |
| Name of Registered Was | ste Hauler | | 40.000 | IJDEP W lauler ID | | Cubic of Wa | Yards ste | | | | stered Landfill | | | | |
| Freehold Cartage | | | 1000 | 5939 | | TBD | | | Grow | s/Fair | less Landfi | li | | | |
| City, State Freehold NJ | | | | | | Dispo: TBD | sal Da | te | City, St Morris | | PA | | | | |

Signature

Date

2/16/18

Title

President

Completed by

A. Scott Higgins



State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

| | | | | | (Pursu | ant to NJAC 8:60 a | ind 12: | 120) | | Cl | -++- | 16 | 3 | | |
|-----------------------|------------|--------------------------|------------|-------------------------|-------------|---|---|----------------------------------|----------------|---------------------|-----------------------|---------------------------------------|--------|-------------|----------------|
| Date of Notification | 1 (1) | | | Name | of Buildir | ng Owner/Operator (2) | | | Г | | | 1 | | | |
| 02/14/18 | | | | Jani | ce Kra | snow | | | | 9 | F C | F | 1 1 | // | 5 |
| Agencies Notified | | tification | | Street | Address | | | | T | | 3 0 | 19 | U (| | 5 |
| □ EPA | × | Initial | | | | | | | | 2 | | | | | |
| □ DEP | | Amended | | | tate, Zip (| | | | | | FEB | 2 2 | 20 | 10 | |
| ⊠ DOL | | Amendment # | - | | | , NJ 07307 | | | | | ILU | | 20 | ΙŎ | - [[|
| N POU | | Emergency (including | 5 | | of Contac | | | | Telephone Nu | mber | | | | | T |
| ☑ DOH ☐ DCA | | justification) | | Jani | ce Kras | now | | | | | BESTO | 10.00 | TAITE | - | |
| □ DCA | 1 | Cancelation | | | - | ACILITY INFORMA | TION | | | 710 | LIC | ENS | JIVIT- | IOL | Ğ. |
| Name of Facility Wh | ere Abate | ment is Taking Place (3) | | | | ACILITY INFORMA | | of Facility (4) | has | Trouble to the same | THE PERSON CHARLES | - | 11101 | Power | error strategy |
| Residence | | | | | | | | | | | | | | | |
| Street Address | | | | | | | 10 | School (K-1 | | | | | | | |
| Street Address | | | | | | | | | 8 (Other tha | | | | | | |
| | | | | | | | X | Other (i.e. p | rivate & Con | nmercial | buildings | , hom | es, et | :.) | |
| City (5) | | | | | - | | Squar | re Feet | # of Floors | Blds | g. Age | | | | - |
| Jersey City, NJ (| 07307 | | | | | | 2,00 | | 2 | 10 | 10000000 | | | | |
| County (6) | | | | | County | Code (7) | | nt Use (Prior if be | ing demolished | | | | - | | |
| Hudson | | | | | (STATE | USE ONLY) | Resi | dential | | | | | | | |
| | Firm Hired | by Building Owner (8) | | - | | ASCM No. | Nama | of Abatement Co | | | | | | - | |
| | | | | | | ASCIVI NO. | 100000000000000000000000000000000000000 | orn Contract | | | | | | | |
| Street Address | | | | | | | | Address | ing corp. | | | | | | |
| Street Address | | | | | | | | | | | | | | | |
| C: | | | | | | *********** | | Villow Way | | | | | | | |
| City, State, Zip Code | | | | | | | | tate, Zip Code | | | | | | | |
| | | | V | | 1 | | | dland Park, I | NJ 07424 | | | - | | | |
| Project Manager fo N | Monitoring | Firm | | | Telepho | ne No. | | none No. | | | ise No. | | | | |
| | | | | | | | 973- | 333-9176 | | 013 | 331 | | | | |
| Start Date (10) | | | | 1 | | etion Date (11) | Name | of OSHA Monitor | | | | | | | |
| 02/24/18 | | | | 02/25 | 5/18 | | Envir | rovision Cons | ultants, Inc | | | | | | |
| Occupancy Status Dur | ring Abate | ment (Check Only One) | | | | | Street | Address | | | | | | | SIDA N |
| | | ated During Entire Per | | | nt | | 20-2 | 1 Wagaraw F | ld., Bldg. 35 | -E | | | | | |
| ☐ Abatemen | t Perform | med Outside of Norma | I Facility | Hours | | | City, St | tate, Zip Code | | | | 1775-2- | | | |
| Other - De | | 08:00 AM - 03:00 | PM | | | | Fair L | Lawn, NJ 074 | 110 | | | | | | |
| icope of Work (Check | All That A | pply) | | | | | | | | | | e e e e e e e e e e e e e e e e e e e | | | |
| ≥3 sf or ≥3 | If | | | \times | Renov | ation | | Full Contains | nent with Ne | gative Pr | essure | | | | |
| ≥160 sf or | ≥260 If | | | | Demol | ition | X | Mini-Enclosu | re | | | | | | |
| | | | | | | | \boxtimes | Glovebag Pro | ocedure | | | | | | |
| | | | | | | | | Non-Exempte | ed (*) and No | on-Friable | e Procedu | ire | | | |
| | | | | Is Locatio | | | | | | | | | Ab | teme | ent |
| | Locatio | | | Normally | | | Desc | ription of | | | | - | | Type | _ |
| Asbestos- | | Material (ACM) | 1000 | sed Solely Iaintenan | | -1 100000000000000000000000000000000000 | | ning Material (AC | | | Amount | | | | |
| | TO BE AB | | | stodial St | | (i.e. ti | | ystems insulation ng, VAT, or | V | | (Specity SF or LF) | | | En | |
| | (13) | | | (12) | | | | iscellaneous) | | | SF OF LF | | Ren | caps | Enclo |
| | | | Yes | No | N/A | | | 38018C0.55004-18005.0 | | | | | Repair | Encapsulate | Enclosure |
| | Basem | ent | | X | | Asbestos o | contair | ning Pipe Ins | ulation | | 170 LF | | X | 10 | +0 |
| | | | | | | | | 3 F- | | - | | 1 | - | +- | + |
| | | | 1 | | | | | | | | | - | _ | + | + |
| | | | 1 | | | | | | | - | | - | - | + | + |
| ame of Registered W | aste Haula | r | | NIDEDIA | /aste Haul | er ID No | Cubi- W | ards of Waste | | N | of P | | 1511 | | |
| Inicorn Contrac | | | | 00358 | | er io ivo. | 4 | ards or vvaste | | 1 | of Reguste | | | | |
| ty, State | LINE COI | γ. | | 00330 | | | - | 18 | | _ | ess Hills | rand | 1111 | | |
| | Now In | 55014 | | | | | Disposa | Date | 7 | City, S | | | | | |
| Voodland Park, | MEM 16 | sey | T | | | | TBD | Ciandina | | Mor | risville, f | | | 774 | |
| ompleted by | | | Title | | | | | Signature | 1 | 1 | | 0 | ate | | |
| imo Golcev | | | 10 | al Man | | | - 1 | | 1/ | | | | 2/14/ | | |



CV#0640 Name of Building Owner/Operator (2) Date of Notification (1) Kostas Kawadias 2/16/18 Street Address Type Notification Agencies Notified Initial City, State, Zip Code EPA Amended DEP Maywood, NJ Amendment# X Telephone Number DOL Emergency (including Name of Contact ASBESTOS CONTROL & iustification) DOH HOENSING Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Residential House Other (i.e. private & commercial buildings, homes, Street Address etc.) Bidg. Age # of Floors Square Feet 50÷ 2000 City (5) Current Use (Prior if being demolished) Maywood County Code (7) Residential House (STATE USE ONLY) County (6) Name of Abatement Contractor (9) Bergen Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Harmony Contracting Inc n/a Street Address 360 Palisade Ave Street Address City, State, Zip Code n/aCity, State, Zip Code Garfield, NJ 07026 License No. n/a Telephone No. Telephone No. Project Manager for Monitoring Firm 01255 973460.6026 Name of OSHA Monitor Scheduled Completion Date (11) Harmony Contracting Inc Start Date (10) 3/25/18 2/26/18 Street Address Occupancy Status During Abatement (Check Only One) 360 Palisade Ave Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Garfield, NJ 07026 Other - Describe: ____DEMO Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation Mini-Enclosure ≥3 sf or ≥3 lf Demolition Glovebag Procedure ≥160 sf or ≥260 lf Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Amount Asbestos Containing Material (ACM) Location of Used Solely by (Specify Remova Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, Maintenance/ SF or LF) TO BE ABATED **Custodial Staff?** surfacing, VAT, or other miscellaneous) In Facility (12) (13)N/A No Yes 600 sf Drywall Joint Compound 1ST FL LIVING ROOM X 600 sf K Drywall Joint Compound X 1ST FL DINING ROOM Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler of Wasta GROWS Landfill Hauler ID No. TBD 033085 Harmony Contracting INc City, State Disposal Date Morrisville, PA City, State TBD Garfield, NJ Date Signature 2/16/18 Completed by Secretary E. Cirovic

IN CONJUNCTION WITH ANNUAL NOTIFICATION CHECK 1721

| State of New Jersey |
|---|
| NOTIFICATION OF ASBEST OS ABATEMENT (Pursuant to NAAC 8:40 and 12:120) |
| (Pursuant to NJAC 8:60 and 12:120) |

CHECK# 1727

| Date of Notification (1) 02/15/2018 | | Na N | me of Building | Owner/ | Operator LC | (2) | | EC | E | | 7 [5 | |
|---|--|---------------------|-------------------------------|--------------|---|---|-----------|--------------------------|---------------|-----------------|-------------|-----------|
| Agencies Notified Type Notification | | | eet Address 000 MAPLE | WOOE | D DRIV | E | IK | | 0.0 | | | |
| EPA Initial Amended Amendment | # | | y, State, Zip C IAPLE SHA | | 08052 | | | FEB | 10 | 20 | 18 | 1 |
| DOH Emergency (justification) Cancellation | including | 10000 | me of Contact M | | | | Tel | ep86HeSNu | ගිහිණ | ONTE | ROL 8 | Ž. |
| | - | | FACILITY INF | ORMAT | ION | | | | | - stakesterning | | |
| Name of Facility Where Abatement is Taking PARK CROSSING APARTMENT F | Place (3) HOMES | | | | | Type of Facility (School (K-1 | 50000 | | | | | |
| Street Address 11B HICKORY COURT | | | | | | Subchapter Other (i.e. p | 8 (Oth | er than K-1 & commerc | 2) ial bui | ldings | , hom | ies, |
| City (5) MAPLE SHADE | | | | | | Square Feet 800 | # of | f Floors | | Bldg. / 50+ | Age | |
| County (6) CAMDEN | | | unty Code (7) ATE USE ONLY | 0 | | Current Use (Pri RESIDENTIA | or if bei | ng demolis ARTMEN | hed) | | | |
| Name of Monitoring Firm Hired by Building C ACER ASSOC. | Owner (8) | A | ASCM No. | | | of Abatement Cor URED ENVIR | | | ERV | ICES | INC | ·. |
| Street Address 1012 INDUSTRIAL DRIVE | | | | | | Address CLEMS RUN | | | | | | |
| City, State, Zip Code WEST BERLIN NJ 08091 | | | | | | tate, Zip Code LICA HILL NJ | 08062 | 2 | | | | • |
| Project Manager for Monitoring Firm MATT DEPALMA | | | ephone No. 56-809-1202 | 2 | | one No. 304-4676 | | License N 01145 | 10. | | | |
| Start Date (10) 02/16/2018 | Scheduled 02/17/20 | | etion Date (11) | | Name EMS | of OSHA Monitor | | | | | | • |
| Occupancy Status During Abatement (Check | Only One) | | | | Street | Address | | | - | | | - |
| Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal | eriod of Aba | tement | | | 200 | RT. 130 NORT | H | | | | | |
| Other – Describe: Scope of Work (Check All That Apply) | | | | _ | | NAMINSON N | J 0807 | 77 | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | Contraction of the last of the | ovation nolition | | | ~ | Full Containme Mini-Enclosure Glovebag Proc | | Negative F | Pressu | ire | | |
| | | | | | 4 | Non-Exempted | (*) and | d Non-Friab | le Pro | cedur | е | |
| Location of | (259) | cation mally | | | ************************************** | | | | | Abate Ty | ement pe | |
| Asbestos-Containing Material (ACM) | Used S | olely by | Asbes | tos Cont | | aterial (ACM) | Ar | mount | | | Ш | |
| TO BE ABATED In Facility (13) | Custodi | | (10 | surfac | systems cing, VA niscellan | insulation, F, or eous) | | pecify or LF) | Remova | Repair | Encapsulate | Enclosure |
| | Yes N | 10 N | I/A | | | | | | a | = | late | ıre |
| BATHROOM AND KITCHEN | | | X J | OINT (| COMP | DUND | 12 | 25 SF | X | | | |
| LIVINGROOM-BEDROOM | | | X NF1 N | MASTIC | CASSO | DC. W/VAT | 40 | 0 SF | Х | | | |
| | | | | | | | | | | | | |
| Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SER | VICES | | P Waste er ID No. 1895 | Oubic of Was | 100000000000000000000000000000000000000 | | _ | red Landfill NDFILL | | | | |
| City, State MULLICA HILL NJ | | | | | al Date 7/2018 | City, State WAYNE | | RG, OH | | | | |
| Completed by RON SWANSON | Title GENEF | RALM | ANAGER | Si | ignature | Laxel Du | CUI DO | M Da 02 | te 2/15/: | 2018 | 8 | |

| Ch 1543 | B | | CATION | ate of New OF ASB D NUAC | 860 ap | ABATE d 12:12 | | | | EG | |] \ <u>\</u> | | |
|--|-----------------------|--------|--------------------|--------------------------------|------------------------------|------------------|---|---|--------------|----------------------------|----------------|--------------|----------------|-----------|
| Date of Notification (1) 02-13-18 | | | | Building ella Den | | | r (2) | | ЦЦ | FFB | 22 | 20 | 18 | |
| Agencies Notified Type Notification | 1 | 1 | Street A 40 Def | ddress forest A | ve. | | | | | ASBEST | OS CO | | ROL 8 | <u>Q</u> |
| DEP Amended Amendmer | | | | te, Zip Co lanover | | 936 | | | | | With the Party | | NO. ALECTOR OF | Aradoo |
| Emergency justification Cancellation |) | 100 | 190 | Contact | a | | | | Tel | ephone Nu | mber | | | |
| Name of Facility Where Abatement is Tak | ng Place (3) | | FACI | LITY INFO | ORMATI | ON | Туре | of Facility (| 4) | | | | | |
| Private Home | | | | | | | | School (K-1 | 2) | | | | | |
| Street Address | | | | | | | ď | Subchapter Other (i.e. p etc.) | rivate & | & commerc | ial buile | | | es, |
| City (5) Paterson | • | | | | | | | ire Feet | | f Floors | | ldg. A | ge | |
| County (6) Passaic | | | County (| Code (7) ISE ONLY | | | Curre | ent Use (Prid | or if bei | ng demolis | hed) | | | |
| Name of Monitoring Firm Hired by Building N/A | Owner (8) | | ASCM | l No. | | | | atement Cor stracting L | | (9) | | | | |
| Street Address | | | | | | | Addre | 22 | | | | | | |
| City, State, Zip Code | | | | | | | | ip Code / NJ 0708 | 7 | | | | | |
| Project Manager for Monitoring Firm | | T | Telephor | ne No. | | | hone N 216-9 | | | License N 01206 | lo. | | | |
| Start Date (10) 02-15-18 | Scheduled 02-26-18 | | pletion [| Date (11) | | | | HA Monitor tracting L | LC | | | | | |
| Occupancy Status During Abatement (Che | ck Only One |) | | | | | Addre | | | | | | | |
| Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: | | | | | | City, S | State, Z | ip Code | 7 | | | | | |
| Scope of Work (Check All That Apply) | | | | | - | Onio | on Ony | y NJ 0708 | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | nova | | | | | Mir | Il Containme ni-Enclosure ovebag Prod n-Exempted | e edure | | | | e | |
| | | ocati | | | | | | | () | | | Abate | ement pe | 1 |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Used Main Custo | tenar | ly by nce/ | | tos Cont thermal surfa | | Materia s insula \T, or | ation, | (5 | mount Specify or LF) | Remova | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | 0.0000000000000000000000000000000000000 | | | | = | | ate | ře |
| Entire Property | | X | | Dem | olition | Asbes | stos D | ebris | | | X | | | |
| | | | | | | | | | | | - | | | |
| | | | | | | | | | | | | _ | | |
| Name of Registered Waste Hauler | N | JDEP W | aste | Cubic | Yards | | Name of | Registe | ered Landfil | 1 | | | | |
| Caravella Demolition Inc | | H | auler ID 3568 | | | 80 | | 1 | ESI | | | | | |
| City, State E. Hanover, NJ 07936 | | | | | Dispos 02-16 | sal Date 3-18 | | Bethleh | | | | | | |
| Completed by Jaime Delgado | Droi N | Mana | gor | | 10 | lanatur | 1 | 2 | | | 0,12. | 1Ω | | |

Print Form

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|--|---|---------------------|--|-----------------------------|----------|------------------------------|---|---------------------------|--|-----------------|-------------------------------|----------------|------------|--------------|----------------------|
| (h/5L | 12 [| P | | Sta CATION orsulant t | | ESTOS A | ABATE | | Т | |) <u>[</u> | C | | \mathbb{V} | E |
| Date of Notification (1) | ,,, | | - 1 | Name of | | | 7 | (2) | | | 1 | |)) | 0040 | |
| 02-13-18 | T Marife and an | | - 8 | Carave | | nolition | | | | 111 | <u> </u> | EB 2 | 2 2 | 2018 | |
| Agencies Notified | Type Notification | | - 1 | Street Ad 40 Defo | | ve. | | | | _ | | | | ITO | 21 0 |
| DEP DOL | Initial Amended Amendment | | | City, State East Ha | | | 936 | | | annex. | ASBI | LICE | NSIN | IG |) - & |
| DOH DCA | Emergency justification) Cancellation | | 1 | Name of Jhon C | | 9 | | | | Tele | ephone Nu | mber | | | |
| ☐ DCA | Cancellation | 1 | | | ITY INFO | | ON | | | 1- | | | | | |
| Name of Facility Where | Abatement is Takir | ng Place (3) | | | | J. (11) | - | Тур | oe of Facility (4 School (K-12 | 233 | | | | | |
| Street Address | | | | | | - y - 1 | | | Subchapter (Other (i.e. pretc.) | B (Oth | er than K-1 & commerc | 2) ial buik | dings, | home | ≥S, |
| City (5) Paterson | | | | | | | | Squ | uare Feet | # 01 | f Floors | В | ldg. A | ge | |
| County (6) Passaic | | | | County C | |) | | Cui | rrent Use (Prio | r if bei | ng demolis | hed) | | | |
| Name of Monitoring Firm | Hired by Building | Owner (8) | | ASCM | No. | | | | batement Cont ontracting LI | | (9) | | | | |
| Street Address | | | | | | | Street 522 | | | | | | | | |
| City, State, Zip Code | | | | | | | 000000000000000000000000000000000000000 | | Zip Code ity NJ 0708 | 7 | | | | | |
| Project Manager for Mon | itoring Firm | | | Telephon | e No. | | Telepi 201 | | No. -9603 | | License I | Vo. | | | |
| Start Date (10) 02-14-18 | | Schedule 02-26-1 | | pletion D | ate (11) | | A. 1 - 1 - 1 - 1 - 1 | | SHA Monitor ontracting LI | _C | | | | | |
| Occupancy Status During | g Abatement (Che | ck Only One | e) | | | | Street 522 | Add | ress | | | | | | |
| Facility Closed/Vac Abatement Perform | | | | | | | City, S | State, | Zip Code | Ole of the last | | | | | |
| Other – Describe: | | | | | | _ | Unic | n C | ity NJ 0708 | 7 | | | | | |
| Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | Il That Apply) | - | enova emolit | | | | | | Full Containme Mini-Endosure Glovebag Proc Non-Exempted | edure | | | | e | |
| | | ls | Locati | on | | | | | | | | | | ement pe | 1 |
| Location Asbestos-Containing <u>TO BE AB</u> In Facil (13) | Material (ACM) ATED ity | Used Mai | ormal d Sole ntenar odial S (12) | ly by nce/ | | tos Coni thermal surfa | | Mater is ins AT, or | r | (8 | amount Specify F or LF) | Removal | Repair | Encapsulate | Enclosure |
| Entire Pro | perty | 105 | X | I WA | Dem | nolition | Asbes | stos | Debris | | | X | - | | |
| Litarottic | , por ty | + + | | | | | | | | | | + | | | |
| | | | | + | | | | 10110=0 | | | | 1 | 1 | | |
| | | | | | | - | | | | | | 1 | - | | |
| Name of Registered Was | ste Hauler | | IN | JDEP W | aste | Cubic | Yards | | Name of F | Registe | ered Landf | II | | | |
| Caravella Demolition | | | H | lauler ID I 3568 | | of Wa | ste 80 | | IE | ESI | | | | | |

Disposal Date 02-15-18

Signature

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

Date

02-13-18

City, State

Bethlehem,PA

Jaime Delgado

E. Hanover, NJ 07936

Title

Proj. Manager.

City, State

Completed by

| Ch1544 | į | NOTIF | CATIO u sua i | of ASS to N.AS | Jerse ESTOS 8:60 em | ZEATE | MENT | | Processor V. Communication of the Communication of | | | | <u> </u> | \mathbb{V} | U |
|---|--------------------|---------------------------------------|------------------|--------------------------|------------------------------|--|-----------------------------|--|---|----------------------------|----------------|--------------|----------|--------------|-----------|
| Date of Notification (1) 02-13-18 | | | | of Building rella Der | | | (2) | | | | FE | 8 2 | = 4 | 2018 | 1 |
| Agencies Notified Type Notification | | | Street A | Address forest A | ve. | | | | + | A | SBES | TOS | | | L & |
| DEP Amended Amendment | | _ | | ate, Zip Co Hanover | | 936 | 72.0 | | | -intertonic | | LIOLI | 40114 | | |
| Emergency (justification) DCA Cancellation | | | | f Contact Caravell | a | | | | T | elepho | ne Nu | mber | | | |
| | | | FAC | ILITY INF | ORMAT | ION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Private Home | g Place (| 3) | | | | | - | of Facility | | | | | | | |
| Street Address | | | | | | | | School (K- Subchapte Other (i.e.) | r 8 (OI | | | | dings | home | es, |
| City (5) | | | | | | | _ | etc.) re Feet | 1# | of Floo | 250 | To | olda / | \00 | |
| Paterson | | | | | | | oqua | 6 1 661 | " | 011100 | J15 | - | Bldg. A | nge | |
| County (6) Passaic | | | | Code (7) USE ONLY | | | Curre | nt Use (Pri | ior if b | eing d | emolisi | ned) | | | |
| Name of Monitoring Firm Hired by Building C | Owner (8) | | ASCN | √l No. | | | | tement Cor | | or (9) | 07 v - 1010-1- | | | | |
| N/A Street Address | | | | | | Delfa | - 9V-5110-0 | tracting L | LC. | | | | | | |
| | | | | | | 522 7 | | | | | | | | | |
| City, State, Zip Code | | | | | | | | p Code NJ 0708 | 37 | 5/1000 | | | | | |
| Project Manager for Monitoring Firm | | | Telepho | ne No. | | Teleph 201 2 | | | | | ense N 206 | 0. | | | |
| Start Date (10) 02-16-18 | Schedule 02-26- | | npletion | Date (11) | | 400000000000000000000000000000000000000 | | A Monitor | | | | | - | | |
| Occupancy Status During Abatement (Check | CONIY Or | ne) | | | | Street | | | | | | | | | |
| Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: | | | | | | 1000 | tate, Zi | p Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | Unio | n City | NJ 0708 | 37 | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | - | Renova Demolit | | | | | Min Glo | Containmi i-Enclosure vebag Prod i-Exempted | e cedure | Э | | | | e | |
| A 80 14 | 100 | Locati | | | 200 | | 22 | | | | | | | ement pe | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Use Ma | d Sole intenai todial S (12) | ly by nce/ | | tos Cont thermal surfa | scription taining M systems cing, VA niscellan | laterial insula T, or | | | Amoui (Speci SF or L | fy | Remova | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | | | | <u>a</u> | | ate | Ге |
| Entire Property | | Х | | Dem | olition | Asbest | tos D | ebris | | | | X | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | - | - | | | |
| Name of Registered Waste Hauler | 1 | N | JDEP W | /aste | Cubic | Yards | | Name of | Regis | tered L | andfill | | | | _ |
| Caravella Demolition Inc | | Н | auler ID 3568 | | of Was | ste 80 | | 1 | ESI | | | | | | |
| City, State E. Hanover, NJ 07936 | | | | | Dispos 02-17 | sal Date '-18 | | City, State Bethleh | | PA | | | | | |
| Completed by Jaime Delgado | Title Proj. | Mana | ager. | | S | ignature | 1 | <i>B</i> | | | Da 02 | te !-13-1 | 18 | | |

Print Form

| Ch 1051 Date of Notification (1) | | N | of | | ATIO | OF AS | AG B:60 | Sey OS ABAT and 5:16 | 5) | | | | | | | 7 [| |
|---|---|-------------|----------------|--------------|-------------------------------|------------------------------------|----------------------------------|---|---|------------------------|---------|---------------------------|---------------|---------|---------------------|-------------|-----------|
| 02/ | 15 / | 18 | | | 10000001100 | | | Bridgewa | | - | 1 4 | ГС | В 2 | 2 2 | 201 | 8 | 14 |
| Agencies Notified EPA DOLWD DHSS | Type Notifica Initial Amended Amendme | | | | 12 City, | t Address 01 Page State, Zip | Drive Code | | | | | ASBES | STOS | CO | NTR VG | OL 8 | |
| DCA (NJAC 5:23-8) | ☑ Emergence justificatio☐ Cancellation | cy (incl | uding | | Nam | rgo, ND e of Conta ri Kasov | act | | | Т | eleph | ione Nu | ımber | | | | |
| | | | | | FA | CILITY | INFORM | ATION | | | | | | | | | |
| Name of Facility Where A Former Days Inn Co Street Address 1260 US 22 East | | | | (3) | | | | | Type of Facility ☐ School (K- ☐ Subchapter ☐ Other (i.e., homes, etc.) | 12) - 8 (0 priva | Other | than K- d comm | 12) nercia | l bui | ldings | s, | |
| City (5) Bridgewater | | | | | | | | | Square Feet 98,000 | | # of F | loors | | 1 | g. Ag • 5 | е | |
| County (6) Somerset | | | | | Cou | nty Code | (7)(STATE | USE ONLY) | Current Use (F | Prior | if beir | ng demo | olishe | d) | | | |
| Name of Monitoring Firm Health and Safety S | | | vner (8 | 8) | ASCM 001 | | | | ent Contractor (s nental Servic | | LC | | | | | | |
| Street Address CPO Box 365 | | | | | | | | Address Fairfield | Road, Suite 1 | 102 | | | | | | | |
| City, State, Zip Code Berlin, NJ 08009 | | | | | | | | tate, Zip Co | | | | | | | 4 | 7. | |
| Project Manager for Moni Jim Proctor | | | | 8 | 0.500 | 2-1311 | (973 | one No. 3) 852-344 | | | 1000000 | nse No. 349 | | | | | |
| Start Date (10) / / | 18 | 03 | 3_ / | | | ate (11) 18 | | of OSHA M Environn | onitor nental Servic | es L | Lc | | | | | | |
| Occupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement: | ed During Entir I Outside of No | e Peri | od of A | Abat / Ho | urs - De | | 277 City, S | Address Fairfield tate, Zip Co | | 102 | | | | | | | |
| Scope of Work (Check all | I that apply) | | | | | | | • | ainment with N | egat | ive Pr | essure | | | | | |
| ≥3 sf or ≥3 lf≥160 sf or ≥260 lf | | | ☐ Rei ☑ Dei | | | |]]] | ☐ Mini-Enc ☐ Glovebag | | | | | dure | | | | |
| | | | (3.20) | | ation | | | 1 12 120 | | | | | | Aba | ateme | nt Ty | /ре |
| Location Asbestos-Containing TO BE ABA IN Facilit (13) | Material (ACM |) | Use | inter | lely by nance/ I Staff? | (1 | bestos Co i.e., therm surf | escription on ntaining Ma al systems acing, VAT, miscellane | terial (ACM) insulation, or | | (S | mount pecify or LF) | | Removal | Repair | Encapsulate | Enclosure |
| Segregated ACM Deb | oris Piles | | | | | | up of A0 | CM roofing | g debris | 2 | 200-3 | 00 Cu | Yd | | | | |
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| | | | | | | | | | | | | | | | | | |
| Name of Registered Was Service Transport (| | | | | NJDEF Hauler SW2 | | Waste | Yards of | Name of Reg | | | andfill | | | | | |
| City, State New Castle, DE | | | | | 3442 | 111 | | sal Date | City, State Waynest | ourg | jh, O | Н | | | | | |
| Completed By (Print or Ty | ype) | Title Pr | eside | ent | | | S | ignature | Mention | 13 | 1 | 9 | Date | // | 151 | 1/8 | |

ASB-41 MAY 11 * Do not use this form for asbestos licensure exempted activities.

| Chir | 51 | N | AT . | De (Pr | ATION ursuan | of ASE | ew Jersey 3ESTOS ABAT C 8:60 and 5:16 | EMENT (6) | DEGE DO FIEB 2 | 2 | V 2018 | E | To produce the second |
|--|----------------|------------|------------|-----------|-------------------|--------------|---|---------------------------|---|---------|-----------|----------------|-----------------------|
| Date of Notification (1) | | | - | | Name | of Building | Owner/Operator (| 2) | | | <u> </u> | | F |
| 02 / | 15 / | 18 | | | RIF | lertitage | Inn of Bridgewa | eter, LLC | AND RESIDENCE AND PROPERTY OF STREET, SALES | E | 10000 | _/ | 13 |
| Agencies Notified | Type Notifica | tion | | | Street | Address | | | ASBESTOS LICEN | | |)/8 | |
| □ EPA | ☐ Initial | ibon. | | | 1 | 1 Page D | rive | - | LIUEI | 1211/ | 12 | _ | THE COLUMN TO |
| Ø DOLWD | ☐ Amended | | | | 1 | itate, Zip C | | | TANKIN TANKIN | | | | |
| ☑ DHSS | Amendme | - Delivery | _ | | | go, ND 50 | | | 1 1 1 1 1 1 | - | | - | |
| □ DCA | | | iding | | | of Contact | Districts and the second | | Telephone Number | er | - | | |
| (NJAC 5:23-8) | Cancellati | | | | 1 | Kasows | | | | | • | | |
| | L | | | - | EA | או עדע וא | FORMATION | ~~~ | - | - | | | |
| Name of Facility Where A | Instamant is T | akina D | iaca | (3) | EAG | /15.21 1 11% | PORIGIATION | Type of Facility | (4) | | | | |
| Former Days Inn Co | | | lave | (5) | | | | School (K-1 | | | | | |
| Street Address | Dillerence C | GIIIGI | | | | | | ☐ Subchapter | 8 (Other than K-12) | | | | |
| 1260 US 22 East | | | | | | | | M Other (i.e., homes, etc | private and commerc | ial bu | ilding | S . | |
| City (5) | | | - | | | | | Square Feet | # of Floors | IBH | dg. A | ce . | - |
| Bridgewater | | | | | | | | 98,000 | 2 | | 45 | | |
| County (6) | | | | | Cour | ty Code (7) | (STATE USE ONLY) | | rior if being demolish | ed) | - | | |
| Somerset | | | | | 000 | i, 0000 (°) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Vacant | | | | | |
| Name of Monitoring Firm | Hired by Ruild | ling Ow | ner / | 3) | ASCM | No | Name of Abateme | ent Contractor (9 | 9) | | | | |
| . Health and Safety S | | | | , | 0011 | 7 | SAI Environn | | | | | | |
| Street Address | | | | | | <u> </u> | Street Address | | | | - | | - |
| CPO Box 365 | | | | | | | 277 Fairfield | Road, Suite 1 | 02 | | | | |
| City, State, Zip Code | | | - | | | | City, State, Zip Co | ode | | | | | 1.7 |
| Berlin, NJ 08009 | | | | | | | Fairfield, NJ | 07004 | | | | | |
| Project Manager for Moni | itoring Firm | | | Tel | ephone | No. | Telephone No. | ***** | License No. | M. 200 | | | |
| Jim Proctor | | | | 8 | 56-452 | -1311 | (973) 852-344 | 14 | 01349 | | | | |
| Start Date (10) | S | chedule | ed Co | mple | etion Da | te (11) | Name of OSHA N | Monitor | | | | | |
| 2 / 20 / | 18 | 03 | _ / | 0 | 2 / | 18 | SAI Environn | nental Service | es LLc | | | | |
| Occupancy Status During | | Check o | nly o | ne) | | | Street Address | | | | - | - | |
| □ Facility Closed/Vacate | | | | | ement | | 277 Fairfield | Road, Suite 1 | 02 | | | | |
| Abatement Performed | Outside of No | rmal Fa | cility | Hou | rs - Des | cribe | City, State, Zip Co | ode | | | | | |
| Time of Abatement: _ | AM | PM/_ | | _P₩ | | AM | Fairfield, NJ | 07004 | | | | | |
| Scope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | that apply) | | Rer Der | | | | ☐ Mini-Enc | closure o Procedure | egative Pressure | | | | |
| <u> </u> | | | İş | Loca | tion | | | | | Ab | atem | ent T | уре |
| Location | | | | orm | ely by | | Description of | | | R | R | m | [E] |
| Asbestos-Containing I TO BE ABA | |) | | | ance/ | | stos Containing Ma ., thermal systems | | Amount (Specify | Remova | Repair | Encapsulate | Enclosure |
| IN Facilit | | | Custo | 7.1 | Staff? | (| surfacing, VAT | , or | SF or LF) | val | _ | sul | Sure |
| (13) | | - | /es | (12 No | 7 | | other miscellane | eous) | | | | ate | |
| | | - | | | 1 | | | | 200-300 CuYd | × | | П | |
| Segregated ACM Deb | ris Piles | |] | | | Cleanu | of ACM roofin | g debris | 200-300 Cura | - | | | |
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| Agencies Notified Type Notification | Note | | | | | | | | | | | | |
| DEP Amended | 4 | | City, Sta | ate, Zip Code | er/Operator (2) LLC ASBESTOS CONTROL & LICENSING 19144 2672280111 ATION Type of Facility (4) School (K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bidg, Age ~1937 Current Use (Prior if being demolished) School Name of Abatement Contractor (9) Associated Specialty Contracting Inc Street Address 98 LaCrue Avenue City, State, Zip Code Glen Mills, PA 19342 Telephone No. 610-364-9622 Name of OSHA Monitor Criterion Labs Street Address 3370 Progress Dr City, State, Zip Code Bensalem, PA 19020 Full Containment with Negative Pressure Mini-Enclosure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and No | | | | | | | | |
| Emergency | (including | - | Name of Building Owner/Operator (2) Name of Building Owner/Operator (2) MCS Erie Street LLC Street Address 5700 Wayne ave ASBESTOS CONTROL & LICENSING City, State, Zip Code Philadelphia, PA 19144 Name of Contact Joseph Ferguson 2672280111 FACILITY INFORMATION Type of Facility (4) School (K-12) School ASCM No. Name of Abatement Contractor (9) Associated Specialty Contracting Inc Street Address 98 LaCrue Avenue City, State, Zip Code Glen Mills, PA 19342 Telephone No. 888-715-2211 Follows Figure School Telephone No. Street Address 98 LaCrue Avenue City, State, Zip Code Glen Mills, PA 19342 Telephone No. Street Address 3370 Progress Dr School Telephone No. Street Address 3370 Progress Dr City, State, Zip Code Bensalem, PA 19020 Jame of OSHA Monitor Criterion Labs Street Address 3370 Progress Dr City, State, Zip Code Bensalem, PA 19020 Jame of OSHA Monitor Criterion Labs Street Address 3370 Progress Dr City, State, Zip Code Bensalem, PA 19020 Jame of OSHA Monitor Criterion Labs Street Address Street Address 3370 Progress Dr City, State, Zip Code Bensalem, PA 19020 Jame of OSHA Monitor Criterion Labs Street Address Stre | | | | | | | | | | |
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| Street Address | , ou | .,,,,,, | | | | | Subchapter 8 | (Othe | | | | | |
| 800 Erie Street Camden NJ | | | | | | | | vate & | commerci | al bui | ldings, | home | es, |
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| Name of Monitoring Firm Hired by Building | Owner (8) |) | ASCN | Λ No. | 2.000.000.000.000 | | | | | Ino | - | | |
| Street Address | | | | | 70000000 | | • | / 001 | iliacing | IIIC | | | |
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| City, State, Zip Code | | | | | 200 C | | | _ | | | | | |
| Medford NJ 08055 Project Manager for Monitoring Firm | | | Talanha | no No | 110000000 | SIEUNY-TURES. | | <u> </u> | License N | ^ | | | |
| Mark Rubnitz | | | | | | | | | | 0. | | | |
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| Other – Describe: | nai Facility | / Hours | 3 8 | | 12 TO 12 CAN TO | | | 0 | | | | | |
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| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Use Ma | ed Sole intenar todial S | ly by nce/ | Asbestos Con (i.e. therma surfa | taining N system cing, VA | Material is insula AT, or | | (S | pecify | Remova | | İ | Enclosur |
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| Name of Decister- J. Waste Hards | | 1 | | leate Louis | Vest | | Nome of D | aniat- | rod Lor Jell | | | | |
| Name of Registered Waste Hauler Mercer Group International | | 1 | | No. of Wa | | | | | | | ery I | acili | ty |
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| Chilo | 2910 | D | NOTI | FIC | الأصلة الم | OFLAS | ew Jersey BESTOS ABAT C 8:60 are 5:1 | TEMENT 6) | DE C | E | 2 2018 CONTROL SING buildings, Bldg. Age 50) | | | |
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| Date of Notification (1) 02 / | 19 / | 18 | | | | | g Owner/Operator (| 2) | ∐ ∐ FE | B 2 | 2 | 201 | 8 | L |
| Agencies Notified | Type Notific | ation | | | Street | Address | | | William Andre City City City City City City City City | erani en en en en en en en en en en en en en | Performance | - | 700000000 | |
| ⊠ EPA | ☐ Initial | 40011 | | | - Continuos espe | | treet | | ASBES | TOS C | 100 | VTR | OL 8 | A. |
| □ DOLWD | ☐ Amended | 70 | | | 72.00 | | | | ASBESTOS CONTROL & LICENSING Telephone Number Cility (4) (K-12) per 8 (Other than K-12) .e., private and commercial buildings, etc.) et # of Floors Bldg. Age 3 50 e (Prior if being demolished) or (9) License No. 00774 Amount (Specify SF or LF) Amount (Specify SF or LF) Registered Landfill .W.S., Inc. | - | | | | |
| □ DHSS | Amendm | _ | | | | | | | | ASBESTOS CONTROL & LICENSING Telephone Number Other than K-12) rate and commercial buildings, are and commercial buildings, | | | | |
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| (110/10/0.20/0) | ☐ Cancella | | | | Ale | x Baylor | | ASBESTOS CONTROL & LICENSING Telephone Number | | | | | | |
| | | | | | FA | CILITY IN | ASBESTOS CONTROL & LICENSING | | | | | | | |
| Name of Facility Where A | Abatement is | Taking | Place | (3) | | | • | Type of Facility | (4) | | | | | |
| Verizon | | | | | | te of Building Owner/Operator (2) PER 2 2 2018 ASBESTOS CONTROL & LICENSING ASBESTOS CONTROL & LICENSING ACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, homes, etc.) Square Feet 10,000 3 50 AND Name of Abatement Contractor (9) JVN Restoration Inc Street Address 47 Foster Road City, State, Zip Code Staten Island NY 10309 e No. Telephone No. Telephone No. Telephone No. Telephone No. Telephone No. Telephone No. O0774 Street Address 10 59 Jackson Avenue City, State, Zip Code LIC NY 11101 Escribe Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) P Waste ID No. Signature Cubic Yards of Name of Registered Landfill G.R.O.W.S., Inc. Signature Date O4/28/18 Norrisyille,PA Signature Date | | | | | | | | |
| Street Address | | | | | | | Street | | | | | | | |
| 95 William Street | | | | | | | | | ASBESTOS CONTROL & LICENSING Telephone Number of Facility (4) shool (K-12) bbchapter 8 (Other than K-12) her (i.e., private and commercial buildings, omes, etc.) re Feet # of Floors Bldg. Age 50 nt Use (Prior if being demolished) ntractor (9) ntc O309 License No. 00774 The with Negative Pressure endure (*) and Non-Friable Procedure ACM) Amount | | | | | |
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| Name of Monitoring Firm | Hired by Build | ding O | wner (| 8) | ASCM | No. | Name of Abatem | ent Contractor (9) |) | | | | | |
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| Project Manager for Moni | toring Firm | | | Tele | ephone | No. | Telephone No. | | License No. | | | | | ==00 |
| Mark Jenkins | | | | 2 | 15-365 | -5810 | 718-605-6256 | 3 | 00774 | | | | | |
| Start Date (10) | 5 | Sched | uled C | omple | etion Da | ite (11) | Name of OSHA N | Monitor | | | | | | |
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| | | | $\overline{\Box}$ | | | | A-9-4 | | ASBESTOS CONTROL & LICENSING Telephone Number (4) (2) (8) (Other than K-12) private and commercial buildings, (3) (4) (2) (7) (8) (Other than K-12) private and commercial buildings, (3) (4) (2) (7) (8) (Other than K-12) private and commercial buildings, (3) (4) (2) (8) (Other than K-12) private and commercial buildings, (5) (6) (7) (8) (9) (4) (12) (8) (9) (9) (14) (15) (15) (15) (15) (15) (15) (15) (15 | | | | | |
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| Newark Carting | i i i i i i i i i i i i i i i i i i i | | | - 3 | lauler II | D No. | Waste | | | | | | | |
| City, State | | | | | NJ-56 | 56 | | | (3) | ASBESTOS CONTROL & LICENSING ASBESTOS CONTROL & LICENSING Per than K-12) and commercial buildings, of Floors Bldg. Age 3 being demolished) Cense No. 00774 Abatement Type Amount (Specify SF or LF) Date | | | | |
| Hackettstown, NJ | | | | | | | | 33 | ,PA | | CONTROL SING buildings, Bldg. Age 50 | | | |
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| Ralph Barnhardt | 000 == 65. | P | rojec | t Mai | nager | | 1/1/11 | 2// / | | EB 2 2 2018 STOS CONTROL 8 LICENSING Number K-12) nmercial buildings, Bldg. Age 50 molished) Date Date | 8 | | | |

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| By Che (i.e. 3) wats & commercial buildings, homes, etc.] By Che (i.e. 3) wats & commercial buildings, homes, etc.] By Che (i.e. 3) wats & commercial buildings, homes, etc.] Square (i.e. 3),000 Square (i.e. 3), | 203 Grove Street | | | | | | | | □ Subc | ratent | R 6/ 14 | ner than | K-121 | | | | |
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| James of Monitoring Firm Hired by Bullding Owner (8) ASCM No. Name of Abstern int Contractor (9) | | | | | | Count | Code (7 | 2 | Current Us | a (Pi | ar if b | sing dem | iolishedi | ان | | يينتب | - |
| Lilich Corpored in Corpored | Marie of Monitoring Fim | n Hirad | by Building | Owner (| 8) | | | | | | Sch | 001 | | | | | |
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| Pelact Manager for Manitoring Firm Telephone No. 201-569-8078 Telephone No. 201-569- | 300 Grand Ave | | | | | | and 2000 - | | Street Addr | 688 | | | | | | ··· · | <u> </u> |
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| Telephone No. 201-509-5078 973-225-8400 License No. 01104 075-2018 973-225-8400 01104 0110 | Project Manager for Mon | | Firm | | | Talast | | | Woodland | Park | Now | Jersey | | conse No. Conse No. Conse | | | |
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| Union, NJ 07 B3 Union, Nion, Nio | Feelilly Closed Nen | sted D | who C-II | | 2222 | ment | | | 2333 Rout | 22 I | Vest | | | | | :: | - 4 |
| Section of content (Check All That Apply) Section of content with Negative Pressure | W.F. | 1011 | 301 | nai Facili | ty Hou | 75 | * | | City, State, 2 | Zip Ci | de | | | | | | |
| Panovation Demolition Demolit | 12.50 | II That A | (pply) | | | | | | | | | | | | | | terefores |
| Secription of Non-Exampled (*) and Non-Friable Procedure Non-Exampled (*) and Non-Exampled (*) and Non-Exampled (*) and Non-Exampled (*) and Non-Exampled (*) and Non-Exampled (*) and Non-Exampled (*) and Non-Exampled (*) and Non-Exampled (*) and Non-Exampled (*) and Non-Exampled (*) and Non-Exampled (*) and Non-Exampled (*) and Non-Exampled (*) and Non-Exampled (*) and Non-Exampled (*) and Non-Exampled (*) and Non-Ex | 2160 of or ≥260 if | | | 0.00 | | | | | □ Fu | ılı Co | tair m | ant with | Nemative | Drana | | # 44.4 ********* | |
| Location of Normally Description of Normally Description of Asbestos Containing Material (ACM) TO BE ABATED (In Facility (13) (12) Normally Description of Asbestos Containing Meterial (ACM) Amount (Speply Maintenance) (I.e. thermal systems insulation surfacing VAT, or other miscellaneous) Yes No N/A Loose Pipe Insulation Debris 200 SF Clean Up NJDEP waste Hauler D No. of Waste Hauler Disposel Date College C | | | | _ | Delilai | HOU | | | □ 1011 | UI-E | DSUM | 2 | | | | | |
| Location of Normally Used Solely by Maintenance Custodial Staff? (I.e. thermal systems insulation Specify SF or LF) Page Solely SF or LF Page SF or | #idi | | | l: | s Loca | tion | T | | □ No | n-E | mpte | d (°) and | Non-Fri | ablePro | cedur | e | أستنسا |
| Custodial Staff? (12) Yes No N/A Taige Room X Loose Pipe Insulation Debris Claim Up Taige Registered Weste Hauler NJDEP Waste Hauler ID No. 18724 Dispose Date 15 Fix feet Landfill Custodial Staff? (12) Yes No N/A Loose Pipe Insulation Debris Cubic Yards of Waste Hauler ID No. 18724 Dispose Date 02/20 /2018 Title President President Custodial Staff? (1.6. Endmal systems insulation) Specify SF or LF) President Cubic Yards of Waste Cubic Yards of Waste Cubic Yards of Waste Cubic Yards of Waste Fix feet Landfill Fix feet Landfill Cit State 02/20 /2018 Cit State 02/15/2018 | Location | of. Materia | I (ACM) | | Nomi | lly | | Des | scription of | | - 1 | | | ľ | | | 1 |
| Yes No N/A Trage Room X Loose Pipe Insulation Debris 200 SF Clean Up The President | TO BE ABA | TED | . 0, | ivid | inten | incel | Asba: | . Inemel | evsiems insul | I (AC a | 0 | | | | Ι | - பு | |
| Clean Up Clean Up | (13) | | | | (12) | | | SULTED | Ing. VAT or | | | SF | or LF) | dino | Repa | Selection | TX I |
| Clean Up Title of Registered Waste Hauler NJDEP Waste Hauler ID No. 18724 Dispose Date O2/20 /2018 Title President Date O2/15/2018 | Arago Bass | | | | No | N/A | | | 159 | | | | | <u> </u> | 夏. | ulake | all a |
| Cited Op Cited Op | 4.5 | | | X | | | | | ulation Deb | ris | -+ | 200 SF | | + | | 1.11 | |
| Interest Registered Waste Hauter NJDEP Waste Hauter ID No. 18724 State Cubic Yards of Waste Hauter ID No. 18724 Dispose Date O2/20 /2018 Title President President Cubic Yards Of Waste Fix feet Landfill Fix feet Landfill Cit State Mc rrieville, PA Date O2/15/2018 | to one | | | - | | - | Clean I | Jp | | | + | | | + | | 5.1 | |
| State Stat | | | | - | | - | | | | | 7 | | | | | 97 - 75 - 4 | - |
| Hauler ID No. 18724 Of Waste 15 Fix fee; Landfill | The of Registered West | Haule | г | | | DEDIA | (===== | T & | | | T | 1 11 | | | | | |
| State Godland Park, New Jersey Dispose Date O2/20 /2018 Ci , Siste Mc rrisville, FA Trile President President Date O2/15/2018 | ich Carporation | | | | 1 1- | auler ID | No. | of Was | | | | | d Landfi | II | | | |
| Ozizo /zo1a Mc rrieville, PA Trile President Date 02/15/2018 | V. State | HEREN/ | | ` | | .4767 | | | Date | | | | | | | | |
| President Date 02/15/2018 | moleted by | y | - | THE | | | | 02/20 / | 2018 | Me ri | levill | e, FA | | | 1 | | 1 |
| 5-61 (R-96-08) | ceriana Olejarova | | | | siden | t | | Sig | Dature (| (6) | 2 | | | | | 17 - 10 | |
| * Do dot use this if m for asbestos licensure exampted activities: | 9-41 (M-06-08) | | | | | | | -4 | 1 | | | | | 15/2 | 018 | 1, H | |
| | | | | | | | | () | Do dot use tt | nie ii m | n :or a | estes et es | licensur | 'e exem | pted a | ctiviti | 89 |

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) February 16, 2018 The Valley Hospital FFR 2.2 Agencies Notified Notification Type Street Address X EPA x Initial Notification 223 North Van Dien Avenue DCA City, State, Zip Code x DOL Ridgewood, NJ 07450-2736 X DEP Emergency (including Name of Contact x DOH Telephone Number justification) William Stasiak FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) The Valley Hospital ☐ School (K-12) Cheel Wing Basement Rm# B430 ☐Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) 223 North Van Dien Avenue Sq. Feet: Unknown # of Floors: 4 Bldg. Age: City (5) County (6) County Code (7) Current Use (prior if being demolished): Hospital Ridgewood Bergen (State Use Only) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Colden Corporation GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 28 Washington Street **511 MAIN STREET** City, State, Zip Code City State, ZipCode Ballston Spa, NY 12020 Butler, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Jim Miades 347.435.3561 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor March 9, 2018 March 17, 2018 EMSL inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours -1056 Stelton Road Describe City, State, Zip Code Other - Describe: Piscataway, NJ 08854 Source of Work (Check all that apply) x Full Containment with Negative Pressure \geq 3 sf or \geq 3 lf Renovation Mini-Enclosure □≥ 160 sf or ≥ 260 Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Solely Description of Asbestos Amount Abatement Type Material (ACM) in Facility (13) by Maint./Custodial Staff? (12) Containing Material (ACM) (i.e. (Specify SF YES NA thermal systems insulation, Remove Repair Encap Enclose or LF) surfacing, VAT, or other miscell.) Cheel Bsmt-Room # R430 X VAT & Mastic 300 sf X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste: Name of Registered Landfill See Hauler Below # 1 & 2 See Below Meadowfill Landfill/GROWS Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJ DEP # 12561 March 16, 2018 Route 2, Box 68 Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551 Bridgeport, WVA 304-842-2784 Completed by (Print or Type) Signature Date Marin Graure SENIOR PROJECT Marin Graure February 16, 2018 MANAGER

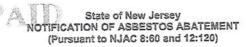
GAC # 2018-633-002



| - | WHE | State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT |
|----|--------------|--|
| 10 | 人里里多 | NOTIFICATION OF ASBESTOS ABATEMENT |
| | A. M. Barren | (Pursuant to NJAC 8:60 and 12:120) |

| 1240 | | | | | | | | | and in State of the last of th | 7 (5) | e week | Prin | t For |
|--|----------------------------|--|----------------------------|--|---------------------|---|--|---------------|--|------------------|----------|---|-------|
| PA | DNO | | ATION | te of New Jer OF ASBESTO o NJAC 8:60 | SABATE | | 顺厚 | C | E. I.V | | - | | |
| Date of Notification (1) 2/15/18 | | | lame of Reside | Building Owne | r/Operator | r (2) | | FF | B 22 | | | | |
| Agencies Notified Type Notification I provided in the image of the i | | C | | ldress e, Zip Code ys, NJ 0706 | 55 | | | ACE | | . (1996) 1364 | & | - 10 mg - 10 mg - 10 mg - 10 mg - 10 mg - 10 mg - 10 mg - 10 mg - 10 mg - 10 mg - 10 mg - 10 mg - 10 mg - 10 mg | |
| □ Emergency (ir □ DOH | ncluding | 1000 | | Contact Gavelanesa | a | | | Tel | ephone Num | ber | | | |
| | | 1- | FACIL | ITY INFORMA | ATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Residence | Place (3) | | | | | Тур | | | | | | | |
| Street Address | | | | | | × | Other (i.e. pr | (Oth ivate | er than K-12 & commercia |) al build | ings, | home | 5, |
| City (5) Rahway | | | | | | 10000 | uare Feet | # o 2 | f Floors | 1989 | • | ge | |
| County (6) Union | | | County C | ode (7) ISE ONLY) | | Cu | rrent Use (Prio | r if be | ing demolish | ed) | | | |
| Name of Monitoring Firm Hired by Building Of A. Seine Lighthouse Solutions | wner (8) | | ASCM | No. | 1.100 (2000) (2000) | | | | (9) | | | | |
| Street Address PO Box 354 | | | 2001 | | | | | 9 | | | | | |
| City, State, Zip Code South Orange, NJ 07079 | | | | | | | | | | | | | |
| Project Manager for Monitoring Firm Sarah Calandra | | 8 | elephor 201-34 | ne No. 9-2666 | 10000000 | | | | License No 01316 | 0. | | | |
| 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Scheduled 3/7/201 | | pletion [| Date (11) | | | | Sol | utions | | | | |
| Occupancy Status During Abatement (Check | Only One | e) | | | | | | | | | # IP C C | | |
| Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma Other – Describe: | eriod of Al al Facility | bateme Hours | ent | | City, | State | , Zip Code | 7079 | 9 | | | | |
| Scope of Work (Check All That Apply) | | | | | | | 7,01190,110 | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | enovat emoliti | | | | × | Mini-Enclosure Glovebag Proc | edure | 247122 1 | | | e | |
| | Is | Locatio | on | | _ | | | 7 | | | Abate | ement | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Used Mai | ormally d Solely ntenan odial S (12) | y by ice/ | (i.e. ther | | Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bidg. Age 105 Current Use (Prior if being demolished) e of Abatement Contractor (9) Iks Tank Services Address 6 Liberty Avenue State, Zip Code 6 Ciberty Avenue State, Zip Code 1316 e of OSHA Monitor 1316 e of | Enclosure | | | | | | |
| | Yes | No | N/A | | | | | | | - | | dure satement Type | |
| Basement | | X | | | Pipe Wr | rap | | | 7 LF | X | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Name of Registered Waste Hauler Newark Carting | | Н | JDEP W auler ID 1509 | H1061018100 H 106101 | ibic Yards Waste | | A Transmission of the Control of the | | | | ill | | |
| City, State East Orange, NJ | | | | Di | sposal Dat | te / | | | , PA | | | | |
| Completed by Alison Lamers | Title Office | e Mar | nager | | Signatu | re. | land | 15 | 2.5 | | 8 | | |







| | N | | | o NJAC 8: | | | | | | CKA | # C | 16 | 11 | |
|---|--------------|-------------|-----------|-------------|--------|--|------------|---------------------|--------------------|--------------|----------|---------------|-------------|---|
| Date of Notification (1) 2/16/18 | | | | Building O | | Operator | (2) | | | | | market de la | ware . | |
| Agencies Notified Type Notification | | | Street Ad | | | | | 11 344 | TE | GE | -11-1 | VI I | n | |
| Agencies Notified Type Notification | | lì | Ju coi Ac | 101000 | | | | | 1 | | | 1 1 | = 1 | |
| EPA Initial | | - | City Stat | te, Zip Cod | 9 | | | 11 300 | 11 | | | | \dashv | Н |
| EPA Initial Amended Amendment # | | | | ood, NJ | | | | | | FFD 0 | 2 2 | 118 | | IJII |
| i i i Emergency (in | | 2000 | | Contact | | | | | Tele | phone Nu | | 110 | | |
| DOH justification) DCA Cancellation | - | | Name or | Contact | | | | P | Tele | DITORIC 1401 | | | | |
| Eurel Curch | | | FACIL | ITY INFO | TAME | ION | | | AG | Y a | | 1/25 | . &t | |
| Name of Facility Where Abatement is Taking | Place (3) |) | | | | | Type o | f Facility (4 | 1) | 1. | | r Pometi f | eroest t | |
| Residential House | | | | | | | | chool (K-1: | | | | | | |
| Street Address | | | | | | | | ubchapter | 8 (Othe | r than K-1 | 2) | ince | nome: | . |
| | | | | | | | | tner (I.e. p c.) | nvate & | commerc | al build | ings, | igine: | 3, |
| City (5) | | | | | | | Square | | # of | Floors | В | dg. A | je | |
| | | | | | | | 2000 | | 2 | | 5 | 0+ | | |
| Maywood | | | County C | ode (7) | ~~~~ | | Curren | t Use (Pric | r if beli | ng demolis | hed) | | | |
| County (6) Bergen | | | | ISE ONLY) | | | | dential H | | | | | | |
| Name of Monitoring Firm Hired by Building O | uner (8) | | ASCM | No. | | Name | of Abate | ment Con | tractor | (9) | | | | |
| n/a | w.ici (0) | | n/a | | | | | Contracti | | | | | | |
| Street Address | | | 1.20 | | | 1 | Address | | | | | | | |
| n/a | | | | | | | | de Ave | | | | | | |
| | | | | | | 1 | tate, Zip | | | | | | | |
| City, State, Zip Code | | | | | | | | J 07026 | | | | | | |
| n/a | | | Telephor | no Ale | | | none No | | | License N | No. | | | |
| Project Manager for Monitoring Firm | | . | n/a | is No. | | | 460.60 | | | 01255 | | | | |
| n/a | 21.00 | 10- | | Date (11) | | 1 515 | | A Monitor | | | | | | |
| | 3/25/18 | | thieuon t | Data (11) | | 100000000000000000000000000000000000000 | | Contracti | na Inc | | | | | |
| 2/26/18 | | TO SECURE | | | | 1 | Address | | | | | | | |
| Occupancy Status During Abatement (Check | | | | | | | | de Ave | | | | | | |
| Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal | eriod of A | Abatem | nent | | | | state, Zip | | | | | | | • |
| Other – Describe: DEMO | at I southly | TIQUIA | | | | | | J 07026 | ; | | | | | |
| Scope of Work (Check All That Apply) | | | | | | J | | | · | | | | | |
| 23 sf or ≥3 if | | Renova | tion | | | 2 | | | | Negative | Pressu | re | | |
| ≥160 sf or ≥260 lf | X | emolit | ion | | | and the same of th | | -Enclosure | | | | | | |
| | | | | | | 2 | S Non | vebag Pro | cedure d (*) an | d Non-Fria | ble Pro | cedur | 8 | |
| | T . | | | T | | | | | | | T | Abata | ment | |
| | 11 | Locati | | | _ | | | | | | | Ту | ре | |
| Location of | | d Sole | | Achast | | escriptior ntaining f | | (ACM) | ۵ | mount | | | m | |
| Asbestos-Containing Material (ACM) TO BE ABATED | | intena | | (i.e. | therma | al system | s insula | tion, | | Specify | Re | 70 | nca | Enc |
| In Facility | Cus | todial (12) | | | | acing, VA | | | Si | or LF) | Removal | Repair | Encapsulate | Enclosure |
| (13) | | (1-) | | 1 | amer | miscella | neous) | | | | a | = | late | Tre |
| English and | Yes | No | N/A | | | | | | | | | | | |
| Exterior | | | × | | Tran | site Shi | ingles | | 20 | 00 SF | 4 | | | |
| 1st Fl Living Room | | | x | | Cei | iling Pla | aster | | 5 | 00 SF | × | | | |
| | | | | | | | | | | | | | | |
| | + | | - | | | | | | | | | | | |
| Name of Registered Waste Hauler | ٠ | 1 | NJDEP V | Vaste | | ic Yards | | Name of | Regist | ered Landf | īIĮ T | dance | | |
| ANNOTED SPECIAL PROBLEM AND AND AND AND AND AND AND AND AND AND | | | łąuler ID | | 13.0 | laste | | GROV | VS La | ndfill | | | | |
| Harmony Contracting INc | | (| 33085 | | TBI | | | | | NOTE | | | | |
| City, State | | | | | | osal Date | е | City, Sta | | D.A. | | | | |
| Garfield, NJ | | | | | TBI | | | Morris | ville, i | | N=6= | | | |
| Completed by | Title | | | | | Signatu | | | | 1 - | Date | 0 | | |
| E. Cirovic | Sec | retan | / | | | E. Con | LOUR | | | | 2/16/1 | 0 | | |

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

| Date of Notification (1) | | | | | Name | of Buildin | a Ow | ner/Operator (| 2) | | | | | |
|--|-----------------------|--------|---------|--------------------|---|---------------|---------|--------------------------------|--------------------|--------------------------------------|---------|----------|-------------|-----------|
| 02/ | 16 / | 18 | | | 100000000000000000000000000000000000000 | vid Schn | | | | NEGE | 2/2 | WA | 9/1 | -\ |
| Agencies Notified | Type Notific | ation | | | Stree | t Address | | | 1 3000 | | ノン | 10 | 7 | |
| ⊠ EPA | | | | | | | | | Tanasa Tanasa | | | | | |
| ⊠ DOLWD | ☐ Amended | | | | City, | State, Zip 0 | Code | | | U FEB 2 | 2 2 | 318 | | 1 |
| ☑ DOH | Amendm | | | - | 53 | ymarket, | | | 2000 | | | | | BHOUSE. |
| ☐ DCA (NJAC 5:23-8) | ☐ Emergen justificati | | cludin | g | | of Contac | 1000000 | | | Telephone Num | nher | Soldal I | - | |
| (************************************** | Cancella | | | | 100000000000000000000000000000000000000 | vid Schn | | ıs | 1 | 4 | | | | |
| | | | | | FA | CILITY IN | IFOF | RMATION | #A 10 | | - | 2.00 40 | | de a |
| Name of Facility Where A | Abatement is 7 | Taking | Place | e (3) | 7,000 | | | | Type of Facility | (4) | | | | |
| Residence | | | | | | | | | School (K-12 | | | | | |
| Street Address | | | | | | | | | | 8 (Other than K-12 rivate and comme | | uilding | s, | |
| City (5) | | | | | | | | | Square Feet | # of Fioors | RI | dg. Ag | 10 | |
| Long Beach Twp. | | | | | | | | | 1500 | 1 | 1 | 65 | jc | |
| County (6) | | | | | Cour | nty Code (7 |)(STA | TE USE ONLY) | Current Use (Pri | ior if being demoli | ished) | | | |
| Ocean | | | | | | | | | Residence | | | | | |
| Name of Monitoring Firm | Hired by Build | ding C | wner | (8) | ASCM | No. | Na | me of Abateme | ent Contractor (9) | | | | | |
| N/A | | | | | | | 0 | Guardian Co | ntracting, Inc. | | | | | |
| Street Address | | | - 1 | | | | Stre | eet Address | | | | | | |
| | | | | | | | 1 | 889 Route 9 | , Unit 61 | | | | | |
| City, State, Zip Code | | | | | | | City | y, State, Zip Co | ode | | | | | |
| | | | | | | | Т | oms River, | New Jersey 08 | 755 | | | | |
| Project Manager for Moni | itoring Firm | | | Tele | phone | No. | | ephone No. | | License No. | | | -171 | |
| Ctort Data (40) | | | | Ш. | | | | 32-349-9932 | | 00624 | | | | |
| Start Date (10)02 /26 / | 0.000.0010 | | | | etion Da | te (11) 18 | 5505500 | me of OSHA M E.M.S.L. Ana | | | | | | |
| Occupancy Status During | Abatement (| Check | only | one) | | | Stre | eet Address | | | | | | |
| □ Facility Closed/Vacate | | | | | | | 1 | 056 Stelton | | | | | | |
| Abatement Performed | Outside of No | ormal | Facilit | y Hou | rs - Des | cribe | City | y, State, Zip Co | ode | | | | | |
| Time of Abatement: _ | | PN | Λ/ | PM- | | AM | Р | Piscataway, I | New Jersey 08 | 854 | | | | |
| Scope of Work (Check all | that apply) | | | | 7 7 12 12 | | | | | | | | | |
| ☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf | | | | enovat emolitio | | | | ☐ Mini-Enc ☐ Glovebag | Procedure | gative Pressure n-Friable Procedu | iro | | | |
| | | | İs | Locat | tion | | | Z4 NON EXC | impled () and ito | THE HADIE TO COUL | | ateme | nt T | vne |
| Location | | | | Norma | | | | Description o | | | | | -100 | |
| Asbestos-Containing I TO BE ABA | | 1) | | ed Sole intena | | Asbe | stos | Containing Ma ermal systems | terial (ACM) | Amount | Removal | Repair | Encapsulate | Enclosure |
| IN Facilit | | | Cus | todial | Staff? | (1.6 | S | surfacing, VAT, | or | (Specify SF or LF) | oval | = | nsd | Sur |
| (13) | | | Yes | (12) No | N/A | - | oth | her miscellane | ous) | | | | late | 0 |
| exterior | | | | | | asbesto | is si | idina | | 1450 sf | | | П | |
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| Name of Registered Was | to Haular | | | | | Manta | Cul | is Varda of | | | | | Ш | Ш |
| Guardian Contraction | | | | 1933 | IJDEP I | D No. | Was | | Name of Regis | stered Landfill | | | | |
| City, State | | | | | 20223 | 5 | Disp | posal Date | City, State | | | | | |
| Toms River, New Je | ersey | | | | | | | /28/18 | | Penņsylvania | 24 | | | |
| Completed By (Print or Ty | /pe) | Title | | | | | _ | Signature | | _// | ate / | | - | |
| Nicholas Fernicola | | Pr | roject | Man | ager | | | \ \ | Vi de | 1. | 2/ | 16/ | 1 3 | - |

ASB-41 JAN 13

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

State of New Jersey

| | A A | | (F | ursuant | to NJAC | 8:60 an | ABATE d 12:12 | MENT 0) | (1 | PC | 14 | 14 | 60 | 0 | |
|--|-----------------------|--------------|--------------------|----------|-------------|--------------------|---------------------|------------|--------------------------|---|---|---|---|--------------------|--------------|
| Date of Notification (1) 2-16-18 | | | | | of Building | | | | Paalty III | 6015 | - OVER ME | + 00 | 47 | iones. | 1000 - |
| Agencies Notified | Type Notification | 1 | | Street A | | y, LLO (| and Do | ai NO I | realty, Li | 7) [| Textil MC | Ji. GC | יינטונ | 二 | H) |
| × EPA | ☐ Initial | | | | IS Hwy. | 22W | | | - | YL. | being demolished) tor (9) tal Co., Inc. License No. 00398 al Co., Inc. with Negative Pressure re and Non-Friable Procedure Amount (Specify SF or LF) Removal 7,400 SF X 325 SF X 20 LF X stered Landfill | | | | |
| DEP | × Amended | | | | ate, Zip C | | | | 11 | \mathbb{H} | rra : | 2 0 | 2019 | | \mathbb{H} |
| X DOL | Amendmen Emergency | | _ | North | Plainfie | eld, NJ | 07061 | | l he | | FED . | | dings, hour statements and the statements and the statements and the statements are statements and the statements are statements and the statements are statements and the statements are statements and the statements are statements and the statements are statements and the statements are statements and the statements are statements and the statements are statements and the statements are statements and the statements are statements and the statements are statements and the statements are statements and the statements are statements and the statements are statements and the statements are statements and the statements are statements are statements and the statements are statements and the statements are statements are statements are statements and the statements are statements are statements and the statements are statements are statements are statements are statements and the statements are statements are statements are statements are statements. | | Lunament |
| DOH DCA | justification |) | 1 | | f Contact | | | | | Te | lephone Nu | mber | | | |
| DCA | Cancellatio | n | | Steve | 11.00.000 | | | | | | | | 41590 | 1.8 | |
| Name of Facility Where | Abatement is Takin | na Place (| 3) | FAC | ILITY INF | ORMATI | ION | Tura | of Facility | 118 | Like | | erijik Aliomorjan | فادعة أصفيان في | ar war |
| Galloping Hill Cen | | ng r idoc (| 0) | | | | | prompt | of Facility | 3 39 | | | | | |
| Street Address | | | | | | | | H | School (K- Subchapte | 12) r 8 (Oth | er than K-1 | 2) | | | |
| 1350 Galloping Hil | I Road | | | | | | | × | Other (i.e. | private | & commerci | ial buil | ldings | , hom | es, |
| City (5) | | | | | | | | | etc.) re Feet | # 0 | f Floors | F | Blda / | Age | |
| Union | | | | | | | l l | 8,00 | | 1 | | 17/3 | - | 190 | |
| County (6) | | | | | Code (7) | | | Curre | nt Use (Pr | ior if be | ing demolisi | ned) | | | |
| Union | | | | (STATE | USE ONLY |) | | com | mercial | store | | | | | |
| Name of Monitoring Firm Vertex | n Hired by Building | Owner (8 |) | ASCN | ΛNo. | | | | tement Co | | | | 125 | | |
| Street Address | | | | | | | 557 | | | nental | Co., Inc. | | | | |
| 700 Turner Way | | | | | | | | Addres | ss Avenue | | | | | | |
| City, State, Zip Code | | | 3111111 | | | | | | ip Code | <u> </u> | | | | | |
| Aston, PA 19014 | | | | | | | | | n, PA 19 | 401 | | | | | |
| Project Manager for Mon | nitoring Firm | | | Telepho | ne No. | | | none N | | | License N | 0 | | | |
| Dave Brown | | | | 610-5 | 58-8902 | 2 | | 239-9 | | | | ٥. | | | |
| Start Date (10) | | | | npletion | Date (11) | | Name | of OSH | HA Monitor | si . | | | | | |
| 3/1/18 | | 3/16/1 | 25.4 | | | | Plym | nouth | Environr | nental | Co., Inc. | | | | |
| Occupancy Status Durin | | | | | | | | Addres | | | | | | ings, homodig. Age | |
| Facility Closed/Vac Abatement Perform | ated During Entire | Period of | Abaten | nent | | | | | Avenue | | | RK-12) mercial buildings, home Bidg. Age 50 molished) Inc. Removal Removal X X X X X | | | |
| Other – Describe: | 7:00 AM - 3:30 PM | nai Facility | Hours | 5 | | | | | p Code | 404 | | | | | |
| Scope of Work (Check A | All That Apply) | | | | | | Norr | IStowi | n, PA 19 | 401 | | | | | |
| ≥3 sf or ≥3 lf | | X . | Renova | tion | | | IX | 1 | | | | | | | |
| × ≥160 sf or ≥260 lf | | programmed . | Demolit | | | | | | i Containm i-Enclosur | | Negative P | ressu | re | | |
| | | | | | | | - | Glo | vebag Pro | cedure | d Nieus Estats | | | | |
| | | le | Locati | on | | | | 1 1401 | i-Exemple | u () an | и моп-глар | le Pro | | | |
| Location | n of | 1 | Vormal | ly | | Des | scription | of | | | | | | and the second | 6.6 |
| Asbestos-Containing | Material (ACM) | | ed Sole intenar | | | tos Cont | aining M | 1aterial | | А | mount | | | Е | |
| TO BE AB In Faci | | 1 500000 | todial S | | (i.e. | thermal surface | systems cing, VA | | ition, | | | Rer | Re | nca | Encl |
| (13) | | | (12) | | | other m | niscellar | neous) | | 01 | OI LI') | nova | pair | psul | Enclosure |
| | | Yes | No | N/A | | | | | | | | = | | ate | e, |
| 1st Flo | oor | | X | | | floor tile | e and r | mastic | | 7.4 | 00 SF | X | | | |
| basem | ent | | X | | | flo | oor tile | • | | 71 200 200 200 200 200 200 200 200 200 20 | | 1000 | | | |
| basem | ent | | X | | | 1000 | insula | | | | | | | | |
| 200111 | | | | | | hihe | iiiould | uon | | | ULF | Y | | | |
| Name of Registered Was | ste Hauler | | l N | JDEP W | aste | Cubic ` | Yarde | | Name of | Pagisto | rad Landfill | | | | |
| Newark Carting | 2000 NO 12 20 TO | | Н | auler ID | | of Was | | | GROW | | reu Landilli | | | | |
| City, State | | | 4 | 509 | | 40 | | | | | | | | | |
| Newark, NJ | | | | | | 3-16- | al Date | | City, Stat | | Δ | | 2018 illdings, hom Bldg. Age 50 ure occedure Abatement Type | | |

James M. Kelly

Completed by

Title

VIce-President

Date

2-16-18

Signature

CKHG PAID

| D : (11 05 0 10 | 235 | | | | T | | | | (3000) | TAVAL | 42-7 | 11 | 11 | -10 | / |
|---------------------------|-----------------|--------|---------|---------------|-----------------|-----------------------|---|-----------------------------------|---|-------------------|--|-------------|--------|-----------------------|-----------|
| Date of Notification (1) | 16 / | 18 | | | | of Buildin 675 Rou | | ner/Operator (LLC | 2) | | 15. N | - | 7_1 | 7 | |
| Agencies Notified | Type Notifica | ation | | | Street | Address | | | 200 A 100 A |) EED | 2.2 | 2(|)18 | - 1 | H) |
| ⊠ EPA | | 20 | | | 210 | Route 4 | Eas | st | | LI FED | 4. 4 | Aug 1 | ,,, | - 1 | i squares |
| ☑ DOLWD | Amended Amendm | | | | City, S | State, Zip C | Code | | | | The state of the s | | | أسدرر | |
| □ DCA | ☐ Emergen | _ | | | Par | amus, N | J 07 | 652 | | ASS | | | | . & | |
| (NJAC 5:23-8) | justification | | cidanig | | Name | of Contac | t | | | Telephone N | umber | | y seed | ± = 1 + 1 + 1 + 1 + 1 | |
| | ☐ Cancellat | tion | | | Rog | ger Real | | | | 1.4 | | | | | |
| | | | | | FA | CILITY IN | IFOF | RMATION | | | | | | | |
| Name of Facility Where A | batement is T | aking | Place | (3) | 1000 | | | | Type of Facility | (4) | | | | | |
| Woodbridge Plaza | | | | | | | | | School (K-1) | | | | | | |
| Street Address | | 1 275 | | | | | _ | | Subchapter | 8 (Other than K | (-12) | | | | |
| 675 US Route 1 | | | | | | | | | Other (i.e., phomes, etc. | | mercia | bu | ilding | S, | |
| City (5) | | | | | | | | | Square Feet | # of Floors | | Blo | lg. Ag | je | |
| Woodbridge | | | | | | | | | 100,000 | 2 | | | 50 | | |
| County (6) | tantant—ra-c-ti | | | | Cour | ty Code (7 |)(STA | TE USE ONLY) | Current Use (Pr | rior if being dem | olished | d) | | | |
| Middlesex | | | | | | | | 8 | commercia | I | | | | | |
| Name of Monitoring Firm | Hired by Build | ding C | wner (| 8) | ASCM | No. | Nai | me of Abateme | ent Contractor (9 |) | | | | | |
| Whitestone Associa | ates, Inc. | | | | | | F | lymouth En | vironmental C | o., Inc, | | | | | |
| Street Address | | | | | | | Stre | eet Address | | | | | | | |
| 1600 Manor Drive | | | | | | | 9 | 23 Haws Av | e. | | | | | | |
| City, State, Zip Code | | | | | | | City | y, State, Zip Co | ode | | | | | | |
| Chalfont, PA 18914 | | | | | | | N | lorristown, F | PA 19401 | | | | | | |
| Project Manager for Monit | toring Firm | | | Tele | ephone | No. | Tel | ephone No. | | License No | | | | | |
| Jeremy M. Hassett | | | | 2 | 15-712 | -2700 | 6 | 10-239-9920 | | 00398 | | | | | |
| Start Date (10) | S | Sched | uled C | omple | etion Da | te (11) | Nar | me of OSHA M | lonitor | | | | | - | |
| _3_/_5_/ | 18 | 3 | 3/ | 3 | <u> </u> | 18 | P | lymouth En | vironmental C | o., Inc | | | | | |
| Occupancy Status During | Abatement (0 | Check | only o | ne) | | | Stre | eet Address | | | | | | | |
| ☐ Facility Closed/Vacate | | | | | | | 9 | 23 Haws Av | e. | | | | | | |
| ☐ Abatement Performed | | | | | | cribe | City | y, State, Zip Co | ode | | | | | | |
| Time of Abatement: 7: | 00AM-3:30P | PM/ | PI | VI | AM | | 100000 | lorristown, F | | | | | | | |
| Scope of Work (Check all | that apply) | | | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf | | | ⊠ Re | novat | ion | | | Mini-Enc | ainment with Ne losure | gative Pressure | l | | | | |
| ≥160 sf or ≥260 lf | | | ☐ De | | | | | | g Procedure | | | | | | |
| | | | - 1- | | | 1 | | ∐ Non-Exe | mpted (*) and No | on-Friable Proce | ACTUAL STREET | 100.00 | V-0-2 | South Park | |
| Location | of | | | Loca Norma | | | | Depositorio | | | - | Aba | ateme | ent Ty | уре |
| Asbestos-Containing N | |) | Use | d Sol | ely by | Asbe | stos | Description o Containing Ma | | Amount | | Rei | Repair | Enc | Enc |
| TO BE ABA | TED | 50 | | intena | ince/ Staff? | | ., the | ermal systems i | insulation, | (Specify | | Removal | oair | caps | Enclosure |
| IN Facility (13) | у | | Cusi | (12) | | | | surfacing, VAT, her miscellane | | SF or LF) | | a | *** | Encapsulate | ure |
| (.0) | | | Yes | No | N/A | | Ou | noi miscolario | ousj | | | | | te | |
| basement | | | | \boxtimes | | fittings | root | f drains | | 160LF | 1 | \boxtimes | | | |
| basement | | | | \boxtimes | | floor til | e an | d mastic | | 5,900SF | | X | | | |
| loading dock | | | | \boxtimes | | fittings | | | | 12LF | | \boxtimes | | | |
| | | | | | | | | | | | | | | | |
| Name of Registered Wast | e Hauler | | | 1.0 | JDEP \ | | 0.0000000000000000000000000000000000000 | oic Yards of | Name of Regi | stered Landfill | | - 16 | | 711 | |
| Newark Carting | | | | F | lauler II | O No. | Wa | 2.100 | Grows La | ndfill | | | | | |
| City, State | | | | | 4509 | | Dis | posal Date | City, State | | | | - 1743 | | |
| Newark, NJ | | | | | | | | /30/18 | Morrisville | e, PA | | | | | |
| Completed By (Print or Ty | pe) | Title | | | - 05/12/- | | | Signature | | | Date | | 1 | | |
| James M Kelly | | Vi | ice Pr | esid | ent | | | | | | 2 | -/1 | 6/1 | 0 | |
| | | 200-17 | | | | | | 11/1/ | | | | 1. | 1/1 | 0 | |

0(2312)

| Date of Notification (1) 02/13/2018 | Check# 3127 | | | | f Building Ov Shepherd | | | (2) | NE | CE | | | 7 | | |
|---|---|---|--|-----------------------|---------------------------|--------------------------|---|--------------------------------|---------------------------------------|------------|---------------------------|--------------|----------|-----------------------|-----------|
| Agencies Notified | Type Notification | | | Street A | ddress esbit Terra | ance | | | N | | 0 0 00 | 18 | | $\parallel \parallel$ | |
| DEP DOL | Initial Amended Amendment | # | | | ite, Zip Code | | | | | FEB_ | 2 2 20 | 110 | | 1 | |
| DOH DCA | Emergency (justification) Cancellation | including | П | | Contact | | | | ASE | Tele | phone Nu | mber- | <u> </u> | - | |
| | | | | FACI | LITY INFOR | MATI | ON | - | | 2 | | _ | | | |
| Name of Facility Where A Good Shepherd Aca | | Place (3 |) | | | | | | of Facility (4 | 1) | | 14 | | | |
| Street Address 285 Nesbit Terra | | | | | | | | | Subchapter Other (i.e. p | 8 (Other | | | dings, | home | es, |
| City (5) IRVING TON | | | | | | | | Square 30,00 | | # of 1 | Floors | 1000 | ildg. A | ge | |
| County (6) | | | 1 | County (| Code (7) | | | | nt Use (Pric | - | a domolie | | | | |
| Essex | | | (| | JSE ONLY) | | | None | | i ii beiii | g demons | illeu) | | | |
| Name of Monitoring Firm N/A | Hired by Building (| Owner (8) | 3 | ASCN N/A | No. | | | of Abate ervice | ement Con S | tractor (| 9) | | | | |
| Street Address N/A | | | | | | | | Address 9th st | | | | | | | |
| City, State, Zip Code N/A | | | | | | | | tate, Zip | Code J, NJ, 070 | 093 | | | | | |
| Project Manager for Moni | itoring Firm | | | Telephor | ne No. | | Teleph | one No 295-17 | | | License 1 | No. | | | |
| Start Date (10) 02/24/2018 | T | Schedule 02/25/2 | ed Com | | Date (11) | | | | A Monitor | | | | | | |
| Occupancy Status During | Ahatement (Chec | 000000000000000000000000000000000000000 | SSPESSOR ASSESS | | | | assimous. | Address | e | | | | | | - |
| Facility Closed/Vaca | | 877 | 850 | ont | | | N/A | Addies | 3 | | | | | | |
| Abatement Performe | | | | | | _ | City, S N/A | tate, Zip | Code | | | | | | |
| Scope of Work (Check Al | II That Apply) | | | | | | | 2502975 | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | Renovat Demoliti | | | | × | Mini Glov | Containme -Enclosure vebag Proc | edure | | | | | |
| | | T | | | | | IX. | 1 Non | -Exempted | (*) and | Non-Fria | ble Pro | 17550 | | _ |
| | | 1000 | Location | 73720 | | | | | | | | | Abate | ement rpe | |
| Location Asbestos-Containing TO BE ABA In Facili (13) | Material (ACM) ATED | Use Ma Cusi | d Solel intenar todial S (12) | y by nce/ taff? | *025****** | s Cont ermal surfa | scription aining M systems cing, VA niscellan | laterial s insulat T, or | | (Sp | nount pecify or LF) | Removal | Repair | Encapsulate | Enclosure |
| Bsmt Hal | hvav | Yes | No X | N/A | | Saar | ns on F | Dino | | 1 | LF | + | X | | |
| Cafeter | | | X | | | S-52/2007 | @ Rad | | -+ | | SF | | X | | |
| 2nd Floor H | | + | X | | | | ed on C | CH 2000 CH CH | - | | SF | +- | X | | |
| ZIIG FIOOI H | laliway | | ^ | | 0, | praye | ed on C | elling | | | or | - | ^ | | |
| Name of Registered Was | te Hauler | | I N | JDEP W | /aste | Cubic | Yards | | Name of F | Register | ed Landfi | II | | | |
| Tri-State Transfer As | | | | auler ID 9551 | No. | of Wa | ste | | Minerva | | | | | | |
| City, State Bronx, NY | | | | | 100 | Dispos TBD | sal Date | | City, State Waynes | | ОН | | | | |
| Completed by Gina Betances | | Title Office | e Man | ager | | S | Signature | J. | Viua | 8- | 27000 | ate 1/31/ | 2018 | | |

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

| Date of Notification | n (1) | (Pursu | Name of F | AC 8:6 | ng Owner/Operato | 7) | | | | | |
|-------------------------------------|----------------|----------|---------------------|--------|--------------------------------------|---------------------------|-------------------------------|-------------|----------|--------|------------|
| 2/17/2018 | PAN | | Mike | Matt | evi | or (2) | INE | C | | l / | 7 6 |
| Agencies Notified | Type Notific | ation | Street Ad | idress | | | | <u> </u> | ites | 13 1 |) L |
| []EPA | [X]Initial | | | | | | | | | | |
| []DEP | Notific | ation | City Cto | ha 172 | - 0-1 | | | FER | 2.5 | 20 | 118 |
| [X]DOL | []Amended | | City, Sta | | 7,07044 | | land bench | | | | 2/14/32/19 |
| [X] DOH | Notific | ation | | | 170 | | ļ <u>L</u> | | are e | | |
| | []EMERGENC | Y | Name of C | | | Teleph | one Number | 1.0 | 1.125 | | 1 2 80 |
| []DCA | []Cancella | | Mike | Matt | evı | | | | | | |
| Namo of Basilit | | | FA | CILITY | INFORMATION | | | | | | |
| Name of Facility Whe Mike Mattevi | re Abatement | is Takir | ng Place (| (3) | | Type of Fac | ility (4) | | - | | |
| TITILE MACKENT | | | | | | []School | l (K-12) | | | | |
| Street Address | 1 | | | | | []Subcha | apter 8 (Othe | r than | n K- | 12) | |
| | | | | | | buildings | (i.e., priva s, homes, etc | te & c | comm | erci | al |
| City (5) | | | | | | Square Feet | # of Floo | | ldg. | Age | |
| Verona | 4. | County (| 6) | | ounty Code (7) | | | | | 9- | |
| | ľ | Essex | | 100 | STATE USE ONLY) | Current Use | (Prior if be | ing de | moli | she | d) |
| Name of Monitoring Fi | irm hired by H | Building | ASCM No | | Name of Abate | ment Contract | or (9) | | | | |
| Owner (8) N/A | | | | | | ANAGEMEN' | | | | | |
| Street Address | | | | | Street Address | | -, | | | | |
| | | | | | | topher St | E. | | | | |
| City, State, Zip Code | | | | | City, State, 2 | | | | | | |
| | | | | | | r, NJ 070 | 142 | | | | |
| Project Manager for M | onitoring Fir | m Tele | phone Num | ber | Telephone Numb | | | | | | |
| | | N/2 | | | (973) 744 | | | cense | | ber | |
| cheduled Start Date | (10) Sched | . Comple | tion Date | (11) | Name of OSHA M | | | 0037 | _ | | |
| 02-26-1 | 8 0. | 2-2 | | | N/A | OHICOT | | | | | |
| Month Day Yea | ng Abatement | th Da | y Yea | r | Charact 3.11 | | | | | | |
| [X]Facility Close | ed/Vacated Dur | ing Ent | ire Period | i | Street Address | | | | | | |
| of Abatement []Abatement Perf | ormed Outside | of Nor | mal Facili | tu | Gi to Gi to - | | | | | | |
| Hours - Descri | be: «OffHours | Descript | ±» | . cy | City, State, Z | 1p Code | | | | | |
| []other - Descri | | | Descript» | | | | | | | | |
| cope of Work (Check a | all that apply | λ) | | | רוייםו ו | | | | | | |
| [X] >3 sf or > | 3 lf | [] | Renovatio | n | []Mini-E | ontainment wi nclosure | th Negative | Pressu | ire | | |
| []≥160 sf or | ≥260 1f | [X] | Demolition | n | | bag Procedure | | | | | |
| | 288 | | Is | T | [K]NOII-FI | iable Procedu | ire | Aba | teme | nt 7 | 'we |
| Location of Asbestos-Conta | | Nor | ation mally | | Description | of | | | | E | E |
| Material (A | CM) | So | sed lely | | Asbestos-Conta Material (A | | Amount (Specify | E | R | C | C |
| TO BE ABAT | | Cust | ntenance/ todial | | (i.e., thermal | systems | SF or | M | PA | A P | P |
| (13) | -Y | | f (12) | | sulation, surfactor or other miscell | | LF) | VA | I R | S | S |
| C | | Yes | No N/A | | | | | L | K | L | R |
| Garage | | | X | Roc | of Shingles | | | X | | | |
| | | | | | | | | | | | |
| me of Registered Was | te Hauler | NATOR | P Waste | Cur | oic Yards | Name of Regi | atomod T. 101 | | | | |
| AZTECH MANAGEM | | | er ID No. | | Waste 4.0 | | Enterpri | | INC | : | |
| ty, State | 7-1 | 1 / (| 7=0 | Dis | sposal Date | City, State | - | | | | |
| ontclair, NJ 0 | 7042 | | | 3 | Tr | 1,550 | urg, Ohio | 44 | 688 | | |
| mploted Day (D.) | - | | | ~ | 1 11 // | _ | | | | | |
| mpleted By (Print or Onstantine Viv | | | _ | | Signature | 1 / | / | ate | | | |
| ATA | Tan Pre | sident | | | 1 on | Hartinel | lvilia | 2/17/: - | 2018 | | |
| | | | | | 1 | 1 | / | | _ | _ | |

NOTIFICATION OF ASBESTOS ABATEMENT MO#24776106232 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 02 17 / 18 Steve Newton Agencies Notified Type Notification Street Address 2018 ПЕРА ✓ Initial **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DHSS Amendment # ASSESTED OF LITTOL & Union, NJ 07083 DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Steve Newton **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Street Address Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Union, NJ 07083 County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Union Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 02 / 28 / 18 __03__ / __01__ / __18 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM- PM/ PM_ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 If Mini-Enclosure 2 160 sf or >260 lf Glovebag Procedure Tent with Negative Pressure Demolition Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Used Solely by Asbestos-Containing Material (ACM) Encapsulate Remova Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A П Basement \bowtie Pipe insulation 75 LF П П П П П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date ewic N.Jevtic Owner Wenad 02/17/18 ASB-41

State of New Jersey

02/02 02/15/2018 13:48 2012620321 (5 TIPICATION OF ASSESTOS ASATEMENT (Purpuent to NJAC 8:80 and 12:120) 2/16/18 2/16/18 Name of Building Owner/Operator (2) ASSE 2 PURO CLEAN Apenders Notifed Type Kostication Street Addresse STRAGT 48 IRVING Cby, State, Zip Code Amended 117018 NED DEP NJ BAST ORMNOR PPR COL Amagaph Emergency (violating Names of Contact kustification) DOM Adam Cencelleton DCA PAGILITY INFORMATION Name of Feetilly Where Abriement in Telding Place (3) Type of F (4) Setv. ((K-12) Sub: implier & (Other than K-12) Other (Le private & consenercial buildings, homes. Street Address Boune Fi et Bido. Ago # of Floors 〇份(图) 1500 -EAST ORANGE 3 Current (p (From if being demalated) County Code (7) County (d) ESSA Name of Absten: At Contractor (9) ASCM No. Name of Monitoring Firm Hand by Building Owner (8) A. Mac Contri cting Inc. Street Address Street Address 185 Vrseignd Ava. City, State, Zip C de Chy, State, Zip Coda Midland Park, N. I. Telephone No. Telephone No. Liberse No. Project Manager for Monitoring Firm 00156 201-262-584 Complete Date (11) Name of OSHA I DREX Stan Deta (No) 2716/17 3 Omega Envir na ental Services Inc. Occupancy Status During Abstement (Check Only One) SHEEL ANDTERES 260 Huyler & vel Fedility Classed/Vectoid During Sinting Pariod of Abelement City, State, Zip C de Abetsmant Performed Outside of Normal Facility Hours Other - Describe: Hackensack, N.J. 07608 Scope of Work (Check All That Apply) Renovation Full C: nationent with Negative Prossure MAGNI 2100 af or \$250 K Demotition Mini-El digiture Glower up Fromeoure Non-E amined (*) and Non-Prisble Procedure Abetement is Location Type Normally Location of Asbesius-Containing Material (ACM) TO SE ABATED Description of Asbestos Containing Material (A) :M). Used Salely by AMOUNT Matrienance/ (Le. thermal systems insulation , surfacing, VAT, or (Specify Custodial Staff? In Facility (12) (13) offer miscellaneous) Yes No N/A MASTER 30754 KITCHER VAT BANGERT 400 5 X erw of Registered Landilli NUDEP Wester Hauter ID Ma. Name of Registered Waste Heuter Cultic Yards Circuid Central Sanitary Landfill Newark Carting, Inc. 04509 ty, state Olty, Biele 01/6/18 en Argyl, PA 08072 Newark, N.J. 07105 Completed by Tina

President

R. McDoneld

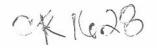
82/16/2018 13:41 2012620321

PAGE 02/02

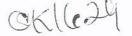
CHECK & CREPIT

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| Owner | (8) | ASA | CM No. | | Name | of Abateme | Contract | CC14(. | | | | |
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STEVE FACILITY I County Code (1) Ing Place (3) Ing Place (4) Ing Place | Name of Building Own AGJ Street Address Street Address Street Address Oity, State, Zip Code WHITE Name of Confect STEVE (EDD FACTUTY INFORM Place (3) County Code (7) (STATE USE ONLY) Owner (8) ASCM No. Scheduled Completion Date (11) Scheduled Completion Date (11) Scheduled Completion Date (11) Scheduled Completion Date (11) World One) Partial of Abatement Maintenance County Code (7) (STATE USE ONLY) Owner (8) ASCM No. Control of Abatement Maintenance County Code (7) (STATE USE ONLY) Owner (8) ASCM No. County Code (7) (STATE USE ONLY) (STATE USE ONLY) County Code (7) (STATE USE ONLY) (STATE USE ONLY) County Code (7) (STATE USE ONLY) (STATE USE | Name of Building Cyrimal/Operation Street Address Oity, Brais, Zip Code WHITE PLAN Name of Confect STEVE CEDDINGTO FACILITY INFORMATION County Code (7) (STATE USE ONLY) Owner (8) ASCM No. Name Street 185 City, S. 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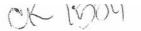
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| Date of Notification (1) | | | 1 | Name | of Building | Owner/0 | Operator (2) | | 1 | | | a martine faller | | | | | | |
| 02 / | 16 , 18 | | | I : .J | . V L : | | | 11.07-498 | $ \Pi $ | FED 8 | 0 0/ | 110 | | | | | | |
| Agencies Notified | Type Notification | | | | Kamhi Address | | | | lad be | FEB 2 | 2 4 |)18 | | | | | | |
| ☐ EPA | Initial | | | 00000 | ridarcoo | | | İ | | | | | | | | | | |
| □ DOLWD | Amended | | | City, S | tate, Zip C | ode | | | | ASSIS | | 17.75 | 8 | | | | | |
| DHSS | Amendment #_ | 1 - 1 | | | , NJ 0711 | | | 1 | 17 TO 000 | 1.01 | | , , , d | | | | | | |
| DCA (NJAC 5:23-8) | Emergency (inc justification) | cluding | | | of Contact | | | | | | | | | | | | | |
| | ☐ Cancellation | Kamhi | 1 | | | | | | | | | | | | | | | |
| | | | | - | CILITY IN | FORMA | TION | | | | | | | | | | | |
| Name of Facility Where | Abatement is Taking | Place | (3) | | Type of Facility (4) | | | | | | | | | | | | | |
| Private house | | | | | | School (K-12) | | | | | | | | | | | | |
| Street Address | | | | | | Subchapter 8 (Other than K-1 2) | | | | | | | | | | | | |
| | | | | | | Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | | | | | | |
| City (5) | | | | | | | | Square Feet | | # of Floors | Blo | dg. Ag | je | | | | | |
| Nutley, NJ 07110 | | | | | | | | | | | | | | | | | | |
| County (6) | | | 100000 | Count | y Code (7) (| STATE U | SE ONLY) | Current Use | (Prior | if being demolis | ned) | | | | | | | |
| Essex | | | | | | | | | | | | | | | | | | |
| Name of Monitoring Firm | Hired by Building C |)wner (| 8) | ASCM | No. | Name o | of Abatemer | nt Contractor | (9) | | -100,000/10000 | | | | | | | |
| | | | | | | Gr Tecl | h LLC | | | | | | | | | | | |
| Street Address | | | | | | Street Address | | | | | | | | | | | | |
| City State 7ie Code | | | lley Rd #2 | | | | | | | | | | | | | | | |
| City, State, Zip Code | | | ate, Zip Co | | | | | | | | | | | | | | | |
| Project Manager for Mon | phone i | No | Wayne. Telepho | , NJ 07470 |) | | License No. | | | | | | | | | | | |
| 1 Tojout Manager for Mon | 1 616 | priorie i | | N 72 | | | | | | | | | | | | | | |
| Start Date (10) | tion Da | | 973-63 Name (| of OSHA Mo | onitor | | 01127 | | | | | | | | | | | |
| _ 02 / 27 / | | | | 1 | 18 | 0.000.000.000 | | | | | | | | | | | | |
| Occupancy Status Durin | | | | | | Envirovision Consultants,Inc Street Address | | | | | | | | | | | | |
| | | 0.0101010101010 | | ment | | 20-21 Wagaraw Road, Bldg .# 35E | | | | | | | | | | | | |
| Abatement Performe | d Outside of Normal | Facility | y Hour | s - Des | cribe | | ate, Zip Co | | .TT 33 | ·L | | | | | | | | |
| Time of Abatement: | PI | W/ | PM_ | | AM | Fair Lawn, NJ 07410 | | | | | | | | | | | | |
| Scope of Work (Check a | II that apply) | | | | | Clean up and decontamination with negative pressure | | | | | | | | | | | | |
| | | ⊠ Re | novati | OD | | Full Containment with Negative Pressure Mini-Enclosure | | | | | | | | | | | | |
| >3 sf or >3 If > 160 sf or >260 If | | molitic | | | Press | ressure | | | | | | | | | | | | |
| | | | | | 1 | | Non-Exer | npted (*) and | Non- | Friable Procedur | _ | 1 | | | | | | |
| Location | n of | 1 | Locat Norma | | | De | escription of | | | | - | atem | | T | | | | |
| Asbestos-Containing | Material (ACM) | | d Sole | | | stos Con | taining Mat | erial (ACM) | | Amount | Removal | Repair | Enc | Enclosure | | | | |
| TO BE AB IN Faci | The state of the s | 4 | intena todial | | (i.e | | al systems in acing, VAT, | | | (Specify SIF or LF) | Vou | air | apsi | osu | | | | |
| (13) | nty | | (12) | | | | miscellaneo | | | SIF UI LF) | <u>a</u> | | Encapsulate | Te | | | | |
| | | Yes | No | N/A | | | | | | | | | (D | | | | | |
| Basement | | | | \boxtimes | Pipe inst | ulation | | | 1 | 0 LF | X | | | | | | | |
| | | \Box | | \Box | 1 | | | | | | П | П | П | П | | | | |
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| | 믐 | 무 | | | | | | | | | | | | | | | | |
| | | | | | | \perp | | | Ш | Ш | | | | | | | | |
| Name of Registered Wa | iste Hauler | | NJ | DEP Wast | e Hauler ID No. | Cubic Y | ards of Waste | Name of R | egiste | ered Landfill | | | | | | | | |
| Gr Tech LLC | | | (| 003378 | 85 | TB | 1000 | T.R.R.F. | | | | | | | | | | |
| City, State | | | | | | Disposal Date City, State | | | | | | | | | | | | |
| Wayne, NJ 07470 | | | | | | TBD Tullytown, PA | | | | | | | | | | | | |
| Completed By (Print or | Type) Titl | е | | | | Signature Date Date 02/16/18 | | | | | | | | | | | | |
| N.Jevtic ASB-41 | Ow | ner | | | | | / | lenge M | ena | of 02 | /16/1 | 8 | | | | | | |
| A00-41 | | | | | | | 1/ | | | | | | | | | | | |



| Date of Notification (1) 02/14/2018 | 1 0 | Name of Building Owner/Operator (2) Jill Painter FEB 2 2 201 | | | | | | | | 8 | | 圳 | | | | | |
|--|------------------------------------|--|---------------------------------|----------------------------------|---|--|-----------------------|-----------------|-------|--------------------|--|-----------|------------------|----------|----------------|-----------|--|
| Agencies Notified Type Notification Let EPA Let DEP Let DOL Type Notification Amended Amendment # | C | | dress e, Zip Cod rood, NJ | | 50 | | 177 | | ASE | | | 1053 | OL (| <u> </u> | e gentant (AA) | | |
| Emergency (ii justification) DCA Emergency (ii justification) Cancellation | ncluding | 1 2 | Name of Jill Pair | | | | Telephone Number | | | | | | | | | | |
| _ | ITY INFO | RMATI | ON | T | 4 C = -:11:A | · (4) | | | À | | | | | | | | |
| Name of Facility Where Abatement is Taking House | | | | - | of Facilit | | | | | | | | | | | | |
| Street Address | | | | | | | | | | | Other than K-12) ate & commercial buildings, homes, | | | | | | |
| City (5) Ridgewood | | | | | | | etc.) Square Feet N/A | | | # of Floors N/A | | | Bldg. Age N/A | | | | |
| County (6) Bergen | | | County C | ode (7) SE ONLY) | | | Currer | nt Use (I se | Prior | if beir | ig dem | olishe | d) | | | | |
| Name of Monitoring Firm Hired by Building C N/A | wner (8) | | ASCM | No. | | The state of the s | | ement (| | | (9) | | | | | | |
| Street Address | | | | | | | Addres | s ren Av | /enu | ie | | | | | | | |
| City, State, Zip Code | | | | | | State, Zip Code owa, NJ 07512 | | | | | | | | | | | |
| Project Manager for Monitoring Firm | | Telephor | ne No. | | hone No. License No. 01311 | | | | | | | | | | | | |
| The state of the s | Com | pletion [| Date (11) | | 100000000000000000000000000000000000000 | e of OSHA Monitor S Abatement, Inc. | | | | | | | | | | | |
| Occupancy Status During Abatement (Check | Street Address 11 Rosengren Avenue | | | | | | | | | | | | | | | | |
| Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: occupied | | | | State, Zip Code owa, NJ 07512 | | | | | | | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | , | | | | | | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | - | novat moliti | | | | Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | | | |
| | le I | ocati | on | | | Tron Exemples () and from mass | | | | | | Abatement | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Used Main Custo | Solel tenar dial S (12) | ly ly by nce/ Staff? | | os Cor therma surfa | Description of ontaining Material (ACM) anal systems insulation, rfacing, VAT, or ser miscellaneous) Amount (Specify SF or LF) | | | | | | | Removal | Repair | e Encapsulate | Enclosure | |
| | Yes | No | N/A | | D:- | | | | + | 41 | 00 1 5 | | 37 | | | | |
| Basement | | X | | | Pipe | e Insula | ation | | | 10 | 00 LF | | X | | | | |
| | | | | | | | | | + | | | | | | | | |
| Name of Registered Waste Hauler | | 18.52 | IJDEP W | | Cubic of Wa | c Yards | | | | J. 20 | ered La | | | | | | |
| D&S Abatement, Inc. | | 0.000 | 0996 | 140. | TBD | | | | | | geme | nt of | PA | | | | |
| City, State Totowa, NJ | | | | | TBD | | | City, S Moo | | | PΑ | | | | | | |
| Completed by Ned Joksimovic Title Project Manager | | | | | | Signature Date 02/14/2018 | | | | | | | | | | | |



| P | (P | ursuant | to NJAC | 8:60 an | d 12:12 | 0) | m | EG | E | 1 11/ | IS | attioner, A | | |
|--|---|-----------------------------|----------------------------|--------------------------|---------|---------------------------------|--|--|---------------------------------|-----------|---|-------------|-----------|--|
| Date of Notification (1) 02/15/2018 | Francisco (1900 - 1900 | | | of Building ns Instit | | | | KI | 5 (0) | St. | | | - | |
| | Notification | | Street A | Address tle Point | t on Hu | ıdson | | ШЦ | FEB | 2.2 | 2018 | 3 | | |
| × DEP × DOL A | nitial mended mendment # | _ | City, Sta | ate, Zip Co | ode | | ASSESTES CONTROL & | | | | | | | |
| ĭ DOH iju | mergency (including stification) ancellation | | | f Contact Fernan | dez | | | | lephone N | umber | 7 1, 2 1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | | |
| | | | FACI | ILITY INF | ORMAT | ION | W | | | | | Juli - | | |
| Name of Facility Where Abateme School (McLean Building | | 3) | | | | | Type of Facility School (K | | | | | | | |
| Street Address 507 River Street | | | | | | Subchapt | in (K-12) lapter 8 (Other than K-12) (i.e. private & commercial buildings, hom | | | | | | | |
| City (5) Hoboken | | | | | | Square Feet N/A | # c | | Bldg. Age N/A | | | | | |
| County (6) Hudson | | | | Code (7) USE ONLY |) | | Current Use (F School | rior if be | ing demoli | shed) | | | | |
| Name of Monitoring Firm Hired b Briggs Associates | y Building Owner (8) | | ASCN 0004 | | | | of Abatement C Abatement, | | r (9) | | | | | |
| Street Address 3 Crosswicks Street | | | | | | Street | et Address Rosengren Avenue | | | | | | | |
| City, State, Zip Code Bordentown, NJ 08505 | | | | | City, S | state, Zip Code wa, NJ 07512 | Code | | | | | | | |
| Project Manager for Monitoring F | - | Telepho | | | | phone No. License No. | | | | | | | | |
| Michael Hoodak Start Date (10) | Schodul | od Con | | 98-5520 | | | 345-8685 | | 01311 | | | | | |
| 02/17/2018 | 02/18/2 | ripietion | Date (11) | | | of OSHA Monito Abatement, | | | | | | | | |
| Occupancy Status During Abaten | Street Address 11 Rosengren Avenue | | | | | | | | | | | | | |
| Facility Closed/Vacated Duri Abatement Performed Outsi Other – Describe: | ing Entire Period of a de of Normal Facility | Abaten / Hours | nent | | | City, S | tate, Zip Code wa, NJ 07512 | | | | | | | |
| Scope of Work (Check All That A | pply) | | | | | 1010 | wa, NJ 07512 | | | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Renova Demolit | 70.700 | | | × | Mini-Enclosu Glovebag Pr | Containment with Negative Pro Enclosure ebag Procedure Exempted (*) and Non-Friable | | | | | | |
| | Is | Locati | on | | | | | T | | Abatement | | | | |
| Location of | 1144 | Normal d Sole | | | | scription | | | | | Туре | | | |
| Asbestos-Containing Material TO BE ABATED In Facility (13) | (ACIVI) Ma | intenar todial S (12) | nce/ | Asbestos Con | | | s insulation, T, or | (| Amount (Specify SF or LF) | | Repair | Encapsulate | Enclosure | |
| D #240 | Yes | No | N/A | | | | | | Wall to come to | | | æ | | |
| Room #319 | | X | | | | VAT | | 140 SF | | Х | | | | |
| | | | | | | | | | | + | | | | |
| | | | | | | | | | | | | | | |
| Name of Registered Waste Haule D&S Abatement, Inc. | r | Н | JDEP W auler ID 0996 | | of Was | | ds Name of Registered Landfill Waste Management of PA | | | | | | | |
| City, State Totowa, NJ | | | | | Dispos | al Date | | City, State Moorisville, PA | | | | | | |
| Completed by Ned Joksimovic | | S | ignature | | -/ | D | ate 2/15/ | 2018 | | | | | | |



PAID

| Date of Notification (1) 2/17/18 | | | f Building (| 415 | perator | DEGETVE | | | | | | | | | | | |
|--|---------------------------------------|----------------------|--------------------|-----------|--------------|------------------------|--|--|-----------------------|-----------------|----------------------|-----------|-------------|-----------|--|--|--|
| Agencies Notified | Street A | | | | | 1 | | | | | -11 | | | | | | |
| | Type Notification | | | | urie Ave | 1 | | | | FF | B 2 | 2 2 | 018 | | | | |
| EPA DEP | Initial Amended | | + | | ate, Zip Co | | | And East | | May 2 | Cr. dea | 010 | | | | | |
| DEP X DOL | Amendment | | | Closte | | | | ļ | | | | | | | | | |
| X DOH DCA | Emergency justification) Cancellation | , | | Name of | f Contact | | | Telephone Number | | | | | | | | | |
| | LITY INFO | RMATIO | N | | | | | | | | | | | | | | |
| Name of Facility Where | | Type of Facility (4) | | | | | | | | | | | | | | | |
| Educational Facility | ty | | | | | | | School (K-1 | 2) | | | | | | | | |
| Street Address | | | | | | | | Subchapter | 8 (Othe | | | | | | | | |
| 511 Durie Ave | | | | | | | İ | Other (i.e. p etc.) | rivate 8 | commer | cial bui | dings | , home | es, | | | |
| City (5) | | AII. | | | | | | Square Feet | # of | Floors | T | Bldg. Age | | | | | |
| Closter | | | | | | | | 25,000 | 3 | | | 50+ | 70 | | | | |
| County (6) | | | T | County (| | | | Current Use (Price | or if beir | ng demoli | shed) | - / | | | | | |
| Bergen | | | | (STATE L | JSE ONLY) | | _ | Educational F | acility | / | | | | | | | |
| Name of Monitoring Fire | m Hired by Building | Owner (8) | | ASCN | I No. | T | Name | of Abatement Con | tractor | (9) | | | | | | | |
| n/a | | | | n/a | | | Harn | nony Contracti | ng Inc | | | | | | | | |
| Street Address | | | | | | | Street | Address | | | | | | | | | |
| n/a | | | | | | | 360 | Palisade Ave | | | | | | | | | |
| City, State, Zip Code | | | | | | | City, S | tate, Zip Code | | | | | | | | | |
| n/a | | | Garfield, NJ 07026 | | | | | | | | | | | | | | |
| Project Manager for Monitoring Firm | | | | | ne No. | | | phone No. License No. | | | | | | | | | |
| n/a | | | | | | | | 160.6026 | | | | | | | | | |
| Start Date (10) Scheduled Complete (10) | | | | | Date (11) | | | of OSHA Monitor | 9 725 | | | | | | | | |
| 12/23/17 5/31/18 | | | | | | | | nony Contracti | ng Inc | | | 000.000 | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | | | | Street Address | | | | | | | | | | | |
| Facility Closed/Vac | cated During Entire F | Period of A | baten | nent | | L | | 360 Palisade Ave ity, State, Zip Code | | | | | | | | | |
| Other – Describe: | med Outside of Norm DEMO | ial Facility | Hours | 5 | | | | | | | | | | | | | |
| | | | | | 227-12-11-11 | | Garfield, NJ 07026 | | | | | | | | | | |
| Scope of Work (Check / | All I nat Apply) | | | | | | V 80. CO 8 12 | | | | | | | | | | |
| ≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf | | | enova emolit | | | | Full Containment with Negative Pressure Mini-Enclosure | | | | | | | | | | |
| = 100 31 01 E200 II | | | emon | uon | | | Glovebag Procedure | | | | | | | | | | |
| | | | | | | | × | | | Non-Fria | on-Friable Procedure | | | | | | |
| | | ls i | Locat | ion | | | | | | | Abatement | | | | | | |
| Locatio | | | ormal Sole | | | | ription | | | | | Type | | | | | |
| Asbestos-Containing TO BE AB | | Mair | ntena | nce/ | | os Contai thermal s | | | | nount pecify | 70 | | m | Е | | | |
| In Faci | ility | Custo | odial (12) | Staff? | (1.0.) | surfacir | ng, VA | T, or | | or LF) | Remova | Repair | cap | nclo | | | |
| (13) |) | | (12) | | | other mis | scellan | eous) | | | oval | air | Encapsulate | Enclosure | | | |
| | | Yes | No | N/A | | | | | | | | | te | u | | | |
| Throughout Build | ding except in | | | | 9x9 | and 1: | 2x12 | floor tile | | | | | | | | | |
| boiler room, gym | , locker room, | | | | an | d assoc | ciated | mastic | 11,5 | 00 SF | × | | | | | | |
| bathrooms, baseme | ent corridor, and | | | | | | | | | | | | | | | | |
| auditor | ium | | | |). | | | | | | | | | | | | |
| Name of Registered Wa | ste Hauler | | 17890 | JDEP W | 70707 H | Cubic Y | ards | Name of F | f Registered Landfill | | | | | | | | |
| Rovic Transport | | | H | lauler ID | No. | of Waste | е | 10 200 AND STREET STREET | WS Landfill | | | | | | | | |
| City, State | | | | | | Disposa | l Date | City, State | ate | | | | | | | | |
| Riverdale, NJ | | | | | | TBD | | | sville, PA | | | | | | | | |
| Completed by | | Title | 40 | | | Sig | nature | | > | | ate | | | | | | |
| Tina Caporino Secretary | | | | | | | 113 | 17/11 | 7 | 1 2 | 2/17/1 | 8 | | | | | |

NOTIFICATION OF ASBESTOS ABATEMENT Check#2988 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 02 19 / 18 Leo LaPlaca Type Notification Agencies Notified Street Address reb 2018 Initial □ EPA **⋈** DOLWD Amended City, State, Zip Code Amendment # ASSESTOS CONTROL & X DHSS Ringwood, NJ 07456 ☐ Emergency (including T DCA Name of Contact Telephone Number justification) (NJAC 5:23-8) Cancellation Leo LaPlaca FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) Bldg. Age # of Floors City (5) Square Feet Ringwood, NJ 07456 County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) County (6) Passaic Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 License No. Project Manager for Monitoring Firm Telephone No. Telephone No. 01127 973-638-1777 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor 03 / 01 / 18 03 / 03 / 18 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/_ Fair Lawn, NJ 07410 Clean up and decontamination with negative pressure Scope of Work (Check all that apply) Full Containment with Negative Pressure >3 sf or >3 If > 160 sf or >260 If □ Renovation Mini-Enclosure Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Demolition Is Location Abatement Type Normally Location of Description of Repair Encapsulate Remova Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility SIF or LF) surfacing, VAT, or (12)(13)other miscellaneous) N/A Yes No П X \boxtimes Transite panels 250 SF Boiler room П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill 0033785 TBD T.R.R.F. Inc Gr Tech LLC City, State Disposal Date City, State TBD Tullytown, PA Wayne, NJ 07470 Completed By (Print or Type) Title Signature Date eutic Wenad 02/19/18 N.Jevtic Owner ASB-41

State of New Jersey



| | <u>M</u> . L | (Pi | ırsu | ant t | o N. | J.A.(| <u>C.</u> 8:60 and | 12:1 | 20) | M | Assessment of the second of th | | | And the state of t | | | | |
|--|---------------------------|---------------------|-------------|------------------------|----------|-----------------------|---|--|---------------------|----------|--|----------|----------------|--|-----------|--|--|--|
| Date of Notification | Owner / Operato | r (2) | | Ш | FEB | 222 | 016 | \dashv | 1 | | | | | | | | | |
| | | 12.15 | | | 70 | | | 200 | | | | | | | | | | |
| Agencies Notified | Type Notifica | ation | | Pegg Street | | | | | | | ASSESTO | | ma(n) | 8- | | | | |
| ⊠ EPA | | e. | | | | | *************************************** | | | | LO | 1870 | 1 1 1 1 1 1 1 | . 00 | | | | |
| DEP | Initial | | | | | Zip C | ode | | | | | | | | 20.00% | | | |
| □ DOL □ DOH | Amer | | | Long | | | | | | | 17 | alanka | - N | | | | | |
| □ DOH □ DCA | | rgency cellation | 1 | Name P egg y | | | | | | | 1, | elenho | ne N | ump | ег | | | |
| | ODMATION | | | s in partie | | | | | | | | | | | | | | |
| Name of Facility W | here Abateme | ent is Taking Pl | ace (3 | | -ILII | TIME | ORMATION Type of Facili | tv (4) | | <u> </u> | | | | | | | | |
| Residence | | | | | | | School (K-12) | | | | | | | | | | | |
| Street Address | | | | | | | Subchap | ter 8 (| 8 (Other than K-12) | | | | | | | | | |
| | | | | | | | Other (i.e | | | | | | | , etc.) | | | | |
| | | _ | | | | | Square Feet | | # of Flo | oors | В | dg. Ag | Э | | | | | |
| City (5) | | County (6) | Co | unty C | code (| 7) | 1000 | | | 1 | | | 50÷ | | | | | |
| Long Branch | | Monmouth | | | | | Current Use (Prior if being demolished) | | | | | | | | | | | |
| | | | Ц_ | | 1 | | Residential | - | | | | | | | | | | |
| Name of Monitoring | Firm Hired b | y Building Own | er (8) | | ASC | M No. | Name of Abar Alpha Envir | | | | | | | | | | | |
| Street Address | | | | | | | Street Addres | | | | | | | | | | | |
| | | | | | | | 3525 Quake | | | ad | | | | | | | | |
| City, State & Zip Code | | | | | | | City, State & Zip Code | | | | | | | | | | | |
| Decision Manager (1997) | | | | | N I In | | | Trenton, NJ 08619 Telephone Number License Number | | | | | | | | | | |
| Project Manager for Monitoring Firm Telep | | | | | Numb | er | | 609-847-2956 C1222 | | | | | | | | | | |
| Scheduled Start Date (10) Scheduled Completion E | | | | | | | Name of OSH | Delta de la companya del la companya de la companya | nitor | - | | | | - | | | | |
| 2/26/2018 3/7/2018 | | | | | | | EMSL Analy | ytical | | | | | | | | | | |
| Occupancy Status | | | | | | | Street Addres | Street Address 107 Haddon Ave. | | | | | | | | | | |
| | | During Entire Po | | | | | City, State & Zip Code | | | | | | | | | | | |
| Describe: | Periorniea O | utside of Norma | и по | urs – I | am ic | 3pm | Westmont, NJ 08108 | | | | | | | | | | | |
| | upied During | Ahatement | | | | | avestmont, | IAN OC | 100 | | | | | | | | | |
| Scope of Work (Ch | | | | | | | | | | | - | | | | .0.217-11 | | | |
| (2 | | | | | | | | Full Containment with Negative Pressure | | | | | | | | | | |
| ≥3 sf or ≥3 | lf | | \boxtimes | Ren | ovatio | n | | | Mini-Er | nclosu | ıre | | | | | | | |
| ≥160 sf ≥26 | 60 If | | | Dem | nolition | 1 | | Glove Bag Pr | | | | | rocedures | | | | | |
| | | | | | | | | | Non-Ex | kempt | ed and Non | -Friable | Pro | cedu | ire | | | |
| | ocation of | | | Locati | | Description of Amount | | | | | | | Abatement Type | | | | | |
| | tos-Containin | g | | nally L | | | Asbestos-Con | | | | (Specify | | | | | | | |
| | terial (ACM) BE ABATED | | | olely b tenan | | | Material (A0 (i.e., thermal sy | | 3 | | SF or LF) | R | Z | nc | E | | | |
| | n Facility | | | odial S | | i | nsulation, surfac | | | | | Removal | Repair | psu | Enclsoure | | | |
| | (13) | _ | | (12) | | | or other miscella | aneou | s) | | | l a | = | Encapsulate | ure | | | |
| | | | Yes | No | N/A | | | | | | | 1 | | | | | | |
| Throughout | | | Ш | | Ш | | Accoustical (| Ceilin | g | 100 | 00sf | | Ш | Ш | | | | |
| Name of Registered | d Waste Haul | er | | 0.000.000 | | | Cubic Yards | Nam | e of Reg | gister | ed Landfill | | | | | | | |
| ALPHA ENVIRONMENTAL Hauler ID No. 00033330 | | | | | | | of Waste Grows Landfill | | | | | | | | | | | |
| City, State | | | | | | | Disposal Date | | | | | | | | | | | |
| Trenton, NJ | | | | | | | Various | Mor | risville | , PA | | | | | | | | |
| Completed By (Prin | t or Type) | | - 160 | Title | e | | Signature | | | | | Date | | | | | | |
| Rod Richardson | | | | 10000 | oject | | | 1 | | | | 2/15 | /20 | 18 | | | | |
| Manager | | | | | | Rod Richa | MA | on | | | | | | | | | | |