| STOS ABATEMENT | 00- |
|----------------|----------|
| 3:60 and 5:16) | MECEIVER |

| 10) | | | | | | | | | | | ** ` | 1 | 115 | 7 | | |
|---|---------------------------|----------|--------|--------------|--------------------|--------------------------|------------|------------------------------|------------------------|------------|--------------------------------|---------|---------|--------|-------------|-----------|
| Date of Notification (1) 02 / | 24 / | 16 | | 1 | | f Building (ander Ba | | r/Operator (2 N.A. |) | 2 | 016 FEB 25 | | · . | . [] | | |
| Agencies Notified | Type Notification | on | | - ; | Street A | ddress | | | | A | -520 | P | M 12 | : 51 | 4 | |
| ⊠ EPA | | | | | 75 St | ate Stree | et | | | aug - | DESTING | Cia. | | | • | |
| □ DOLWD | ☐ Amended | | | | City, Sta | ate, Zip Co | de | | | | & LICEA | 50 | MI | RAI | | |
| □ DHSS | Amendmen | 100 | lina | | | on, MA | | | | | & LICEN | 13/ | VG | ·OL | | |
| DCA (NJAC 5:23-8) | ☐ Emergency justification | | iiig | . 1 | Name o | f Contact | | | | T | elephone Nun | nher | | | | |
| (110/10 0.20 0) | ☐ Cancellatio | | | | Susa | n Peck | | | | T. | | | | | | |
| | | | | | FAC | LITY INF | ORN | MATION | | | | | - | | | |
| Name of Facility Where | Abatement is Tal | king Pla | ace (3 | 3) | | | | | Type of Fa | cility (4) | | | | | | |
| Santander Bank | | | | * | | | | | ☐ School | | | | | | | |
| Street Address | | | | | | | | | Subcha | pter 8 (0 | Other than K-1 ate and comm | 2) | buile | dinac | | |
| 712 10 th Avenue | | | | | | | | | homes, | | ate and comm | erciai | Dulk | ungs | , | |
| City (5) | | | | | | | | | Square Fe | et | # of Floors | | Bldg | . Age | 9 | |
| Belmar | | | | | | | | | 2,000 | | 2 | | 45 | 5 | | |
| County (6) | | | | | Count | y Code (7) | STATE | E USE ONLY) | Current Us | e (Prior | if being demo | lished | d) | | | |
| Monmouth | | | | | 5000-0-0-0-0-0 | | | | | | | | | | | |
| Name of Monitoring Fire | m Hired by Buildin | ng Own | ner (8 |) / | ASCM N | 10. | Nam | e of Abateme | ent Contract | or (9) | | | | | | |
| Hillmann Consult | | J | 2.500 | | 6225 | 2 | J۷ | 'N Restora | tion Inc | | | | | | | |
| Street Address | 9 | | | | | | Stree | et Address | | | | | | | | |
| 1600 Route 22 Eas | st | | | | | | 47 | Foster Ro | ad | | | | | | | |
| City, State, Zip Code | | | | | | | City, | State, Zip C | ode | | | | | | | |
| Union NJ 07083 | | | | | | | VI | aten Island | | 9 | | | | | | |
| Project Manager for Mo | onitoring Firm | | | Tele | phone N | No. | Tele | phone No. | 7 | | License No. | | | | | |
| Tammy Lomax | and the second | | | sea unicipal | 8-577- | 2000 | 71 | 8-605-6256 | 5 | | 00774 | | | | | |
| Start Date (10) | So | chedule | ed Co | mplet | ion Dat | e (11) | Nam | e of OSHA N | Monitor | | | | | | | |
| 03 / 05 | 56 Access (6000) | 05 | | | | | Te | estor Tech | | | | | | | | |
| Occupancy Status Duri | | | | | | | Stree | et Address | | | | | | | | |
| ☐ Facility Closed/Vac | | | | | ment | | 100 | 59 Jackso | n Avenue |) | | | | | | |
| | | | | | | cribe | City. | State, Zip C | ode | | | | | 75 - | | |
| Time of Abatement | :AM | PM/_ | | _PM- | Saturo | ay 2:00 | | C NY 1110 | | | | | | | | |
| pm to 11:00 pm. Scope of Work (Check | | to 6:0 | 00 pr | n | | AM | | | | | | | | | - | |
| Scope of Work (Check | all triat apply) | | | | | | | | | ith Nega | tive Pressure | | | | | |
| | | | - | novati | | | | ☐ Mini-En | closure ig Procedur | ۵ | | | | | | |
| ≥160 sf or ≥260 lf | | _ |] Del | nolitio |)H | | | ☐ Non-Exe | empted (*) a | and Non- | -Friable Proce | dure | | | | |
| | | | Is | Locat | ion | | | | | | | | Aba | ateme | ent Ty | /ре |
| Locati | | | | lorma | lly ely by | | | Description | | | Amount | | Re | Re | Ē | E |
| Asbestos-Containir TO BE A | |) | | intena | - | | | Containing M rmal systems | | (1) | (Specify | | Removal | Repair | cap | clos |
| IN Fa | | | Cust | | Staff? | (| SI | urfacing, VA7 | Γ, or | | SF or LF) | | val | _ | Encapsulate | Enclosure |
| (13 | 3) | | V | (12) No | N/A | - | oth | ner miscellan | eous) | | | | | | ate | |
| | | | Yes | 300,000 | | | | | | - | 450.05 | - | | | | |
| 1st Floor FC Office | | L | | | | Joint C | • | | 1 | | 150 SF | _ | | | | |
| 2 nd Floor | | | | | | Pipe in: | sulat | ion and Fit | timgs | | 20 LF | | | | | Ш |
| 2 nd floor | | | | | | Joint C | omp | ound | | | 150 SF | | | Ш | | Ш |
| | | | | | | | | | | | | | | | | |
| Name of Registered W | Vaste Hauler | | | 10.5 | NJDEP ' | | 1-37-23-23 | oic Yards of | The commonweal | f Regist | ered Landfill | | | | | |
| Newark Carting | | | | ŀ | Hauler II NJ-56 | | Was | | IESI | | | | | | | |
| City, State | | | | | 140-00 | ,,, | | posal Date | City, St | ate | | | | | | |
| Newark, NJ | | | | | | | 0 | 3/10/16 | Beth | lehem, | PA | | | | | |
| Completed By (Print o | r Type) | Title | | | | | 1 | Signature, | 1 /// | 7 | | Date | 166 | | | |
| Ralph Barnhardt | | 300000 | oiect | Mar | nager | | | Soll | John | 1) | | 0 | 2- | 24 | -16 | , |
| raipii baililialut | arnhardt Project Manager | | | | | | | 11/1 | Morro | | | 1 15000 | | - 1 | - 10 | _ |

2016-27-A

B & G proj. #:

State of NJ

Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) CEIVECHECK # 7700

| Date of Notification | 1 (1) | IIN | ame of Build | ina Owne | r/Operator (2) | | 2016 FEB 25 | PH 12: 22 | | | | | |
|---|--|-------------|-----------------|------------|----------------|---------|-----------------------------------|----------------------|---------------|---------------|--------|----------|--------------|
| 0 12 1/12 12 | 1/116 | | | 10.70 | and Street, | LLC | 45050 | . 1115.55 | | | | | |
| Agencies Notified | Type Notification | on St | reet Address | ; | 7 | | & LICE | LUNTROI | | | - | | |
| EPA | Initial | | 268 Morri | s Avenu | ue, Suite 2A | | ~ LIVE | NSING | | | | <i>y</i> | |
| ☐ DEP | | | ty, State, Zip | | | | -4.7 | | | | | | |
| ▼ DOL | Amendm | | Elizabeth | | 208 | | - | Talashara | Museleas | 1 | | | - |
| ⋉ DOH | ☐ Cancella | . 1000 | me of Conta | act | | | | Telephone | Number | | | | |
| ☐ DCA | L Caricella | | Manny F | ernande | ez | | | | | | _ | | _ |
| | | T) | | FACI | LITY INFORMA | ATION | | | | | | | |
| Name of facility w | here abatement is | taking pla | ce (3) | | | | | Type of Facility (4) | | | | | |
| vacant buildir | ng | | | | | | | | oter 8 (Othe | er th | an K- | 12) | |
| Street Address | | | | 0. | | | | Cother (P | rivate/Com | | | | |
| | th Broad Stree | et | | | | | | | omes, etc. | $\overline{}$ | Bld | g. Ag | je |
| - Cit. (E) | | I Cour | ty (6) | | | Cour | nty Code (7) | Square reet # | 01110013 | | - | 55 | |
| City (5) | | | 8.37 | | | | e use only) | Current Use (Price | or if being o | iemo | lishe | d) | |
| Elizabeth | | Uni | | | | | | vacant buildin | ig | _ | | | |
| Name of Monitoria | ng Firm Hired by E | 3ldg. Owne | r (8) | | ASCM No. | | Name of Abatement | | | | | | |
| n/a | | | | | | _ | B & G Restorati | on, Inc. | | _ | | | - |
| Street Address | | | | | | | 105 Ryerson R | toad | | | | | |
| City, State, Zip Co | de | | | | | | City, State, Zip Code | | | | | | |
| City, State, Zip Co | uc | | | | | | Lincoln Park, | NJ 07035 | 8 | | 52 | | *15.5 |
| Project Manager for | or Monitoring Firm | | Pho | ne Numb | ег | | Telephone Number | 0. | License No | | er | | |
| | | | | | | | (973)696-686 Name of OSHA Moni | | 003 | /8 | _ | | |
| Scheduled Start D | ate (10) | Sched | . Completion | Date (11 | 1) | | B & G Restorat | | | | | | |
| 02/23/2016 | | 04/0 | 7/2016 | | | | Street Address | | | | | | * |
| Occupancy Status | During Abatemer | nt (Check o | nly one) | | | | 105 Ryerson R | oad | | | | | |
| Facility close | ed/vacated during performed outside | entire peri | od of abaten | nent. | | | City, State, Zip Code | × 4 | | | | | |
| Describe: | | OI HOITHAI | lacility flours | - | | | LincolnPark, N | J 07035 | | | | | |
| Other-Descr | | | | | | - 11 | | | | | | | _ |
| Scope of Work (c | theck all that apply | | - | | | F F | ull Containment w/ne | native pressure | 7 Gloveba | a pro | cedu | ire | |
| | , D | Renovatio | | | | | lini-enclosure | x | - | ٠. | | | |
| > <u>3</u> sf or > <u>3</u> | f 🗵 | ≥160 sf or | n normally u | sed solely | / | | | | | R | R | Е | TE |
| Location of asbestos-co | ontaining | by mainte | enance/custo | | 1 | on of a | sbestos-containing | Amount | | e m | e p | n | E n |
| material to t | oe . | staff(12) | | | material (| | | (Specify SF LF) | | 0 | a | а | C |
| abated iii ia | Gifty (10) | Yes | No | N/A | | | - | | | e | Ė | Р | |
| throughout 3 fl | oors | | | × | | | rtial ceiling plaste | | | X | 片 | 믐 | 卄 |
| | | | | X | pipe insula | | a ulking | 3,500 lf 149 / 4 | | X | 屵 | 片 | 片 |
| | | | | X | window & | uoor (| Jaulking | 143/4 | | 뷔 | H | H | 情 |
| | | | | |] | - | | | | | | | |
| Registered Waste | Hauler | NJD | EP Hauler II |)# C | Cubic Yards of | Waste | Name of Registered | Landfill | | | | | |
| B & G Restoration, Inc. 19563 400 | | | | | | | Tullytown City, State | Resource & Re | covery C | ent | er | - | |
| City, State Disposal Date Lincoln Park, NJ 2/23/16-4/ | | | | | | 6 | Tullytown, | PA | | 712500 | | <u> </u> | t |
| | ed by (Print or Type) Title Signature | | | | | | (0, (0 | | Date | | | | |
| Gordana Lun | | | ry/Treasu | rer | | | Gordana Luna | | 02/22/ | 201 | 6 | | |

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

CK#25069

RECEIVED

| | | 140 | (Pur | suan | t to NJAC | 8:60 and 5:16) | | 2016 FA | Por | EF. | LL | 7 | |
|--------------------------------------|------------------------------|------------|------------------------|-----------------|-----------------|--------------------------------------|--|---------------|-----------------------|----------|--------|-------------|-----------|
| Date of Notification (1) | 22/16 | | 1 | Vame | of Building | Owner/Operator (| (2) ark Lake Sc | 2016 F. | - 25 | PH | 2: 8 | 36 | |
| Agencies Notified | Type Notificati | on | | Street | Address | 72 | Academy S | treet L | 103 C ICFNS | ÜNT | RO | 1 | |
| DEP | -Amended | | (| City, S | tate, Zip Co | | | | 110 | A G | | - | _ |
| ⊠ DOL | Amendmer Emergency | | · . | | | Roc | kaway, NJ | 07866 | | | | | _ |
| M DOH □ DCA | justification Cancellatio | n) | | Name | of Contact C | . Centrella | | Telepho | one Numbe | er | | | |
| | | | | FAC | CILITY INFO | RMATION | | - | | | | | _ |
| Name of Facility Where | Abatement is Ta | king Place | (3) | | | T | Type of Facility | (4) | | | | | |
| | Park 1 | Lake Sc | hool | | | | School (K-1 | 2) | | | | | |
| Street Address | 72 Ac | ademy S | Street | | | | ☐ Subchapter ☐ Other (i.e., phomes, etc.) | orivate & c | nan K-12) ommercia | l build | lings, | | |
| City (5) | Rockay | vay, NJ | 0786 | 6 | | | Square Feet 15000 | # of F | loors - | Ble | dg. A | ge +/- | |
| County (6) | ROOKAV | vay, 115 | 1 | | nty Code (7) | (STATE | Current Use (P | rior if bein | | ned) | | | _ |
| 1 | Morris | | | USE | ONLY) | | - | | | | | | _ |
| Name of Monitoring Firm | | ng Owner | A | SCM | No. | Name of Abatem | | | o . | | | | |
| (8) | MECS | | _ _ | | | | ens Environ | mental | Service | s, In | c. | | _ |
| Street Address | PO Box 3 | 341 | | | | Street Address | PO I | Box 322 | 2 | | | | |
| City, State, Zip Code | Crosswick, N | J 08515 | | | | City, State, Zip C | ode Allentow | n, NJ 0 | 8501 | | | | |
| Project Manager for Mo | | | | hone | No. | Telephone No. | | Licen | se N o. | | | | _ |
| William | Weisgarber | | (609 | 9) 29 | 8-4070 | (609) 25 | 9-9688 | | 00 |)493 | 3 | | _ |
| Start Date (10) | Sc | cheduled C | | | te (11) | Name of OSHA N | | IECS | | | | | |
| 3/4/16 Occupancy Status Duri | na Abatement (C | | 3/7/16 |) | | Street Address | 17. | iLCS | | _ | | _ | _ |
| ▼ Facility Closed/Vaca | | | | nent | | Olicel Address | PO I | Box 341 | | | | | |
| ☐ Abatement Performs | 그 사람이 가는 그렇게 하는 것이다. 그렇게 있다. | | | | F | City, State, Zip C | ode | | | | | | _ |
| Other - Describe: | 4pm Friday | - Week | end | | | | Crosswic | ks, NJ (| 08515 | | | | _ |
| Scope of Work (Check | all that apply) | | | | | | tainment with Ne | active Dr | 2001150 | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | | enovation emolition | | | Mini-End Gloveba | | | | ۵ | | | |
| | | ls l | Location | 1 | | INOI-EXE | stripted () and tv | OII-I Hable | riocedui | | bate | ment | |
| 10 120 | 323 | N N | omally | | | 5 | | | | | Тур | е | |
| Location Asbestos-Containing | | | l Solely ntenanc | | Asbesto | Description of s Containing Mat | | Amo | | | | т | |
| TO BE ABA | | | ustodial Staff? | | (i.e., t | hermal systems in surfacing, VAT, | nsulation, | (Spe SF or | | Rer | Re | Encapsulate | Enclosure |
| IN Facilit (13) | .y | 1 | (12) | | 8 | other miscellaneo | ous) | 01 01 | ш, | Remova | Repair | nso | nso |
| | | Yes | No | N/A | | | | | | <u> </u> | | ate | Гe |
| Boiler R | .oom | _ x | | | Bo | iler Gasket M | <u> </u> | 20 | sf | × | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Name of Registered Wa | aste Hauler | | 100.00 | JDEP \ auler ID | Waste | Cubic Yards of Waste | Name of Reg | _ | | | | | |
| Stevens Environ | mental Servi | ices, Inc | | 182 | 292 | 1 CU | | GROV | VS Lan | dfill | | | |
| City, State | City: State Allentown, NJ | | | | | Disposal Date 3/7/16 | City, State | Morr | isville, | DΛ | | | |
| Completed By | | | | | | | | /1/1011 | Date Date | A | | | _ |
| Mahlon E. St | 100 | nager | Signature | | | | 2/22 | 2/16 | | | | | |

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

CK 116948

| A | |
|-------|------------|
| HOPEN | Print Form |

| | | NOTI (| FICATION | State of New Jers ON OF ASBESTOS nt to NJAC 8:60 ar | ABATE | EMENT C | OT; | Fic | A7 | 10 | N. | 1 |
|---|--|---------------------------------------|---|---|--|--|-----------------------------------|------------------------|-----------------|-------------|-------------|-----------|
| Date of Notification (1), 2 / 22 / 2016 | | | Name | of Building Owner | /Operato | r (2) | | | - | D - | | |
| Agencies Notified Type Noti | | | 100000000000000000000000000000000000000 | Address HADLEY ROA | ND | | 116 FEB | 25 PI | 4 12: | 53 | | |
| DEP Ame | nded ndment #_ rgency (includin | | City, S | State, Zip Code ITH PLAINFIEL | D, NJ (| 07068 | & LIC | S COL | YTR | 01 | | |
| justif | ication) cellation | 9 | Name | of Contact | RA | r. | Tele | phone No | IG umber | | | |
| Name of Facility Where Abatement | s Taking Place | (3) | FA | CILITY INFORMAT | ION | Type of Facilit | | | | | _ | |
| Street Address 576 June | | | II. | | | School (F Subchape Other (i.e etc.) | (-12) ter 8 (Othe private & | r than K-1 commerc | l2) cial bui | ildings | , hon | nes, |
| PENNSAUKE County (6) | N | | Count | . Code (7) | | Square Feet 2760 | | Floors | | Bldg. | Age Y & | s |
| Name of Monitoring Firm Hired by Br | uilding Owner (8 |) | (STATE | Code (7) USE ONLY | | Current Use (F | BS | TAT | | | | |
| Street Address | 3 | , | 004 | | UNIC | of Abatement C QUE SYSTEM Address | ontractor (| 9) | | | | |
| 64 BROAD STREET City, State, Zip Code | | | | | 396 | WHITEHEAD | AVE. | | | | | |
| MATAWAN, NJ 07747 Project Manager for Monitoring Firm | | - T | Teleph | one No. | SOU | TH RIVER, N | | C. Control | | | | |
| TOM GEIGER Start Date (10) | Schedul | ed Çor | 732-2 | 90-2217 Date (11) | 732- | 432-8350 of OSHA Monito | | License N 01111 | 10. | | | |
| Occupancy Status During Abatement | 12 | / 4 | 3// | 16 | UNIC | QUE SYSTEN | | MERICA | ٩ | | | |
| Facility Closed/Vacated During I Abatement Performed Outside of Other – Describe: | f Normal Facility | / Haure | | n | 396 V | WHITEHEAD tate, Zip Code | AVE. | | | | | |
| Scope of Work (Check All That Apply | / / | Jan | كاده | ly | | TH RIVER, N | IJ 08882 | | | | | |
| ≥3 sf or ≥3 if ≥160 sf or ≥260 if | Comment of the Commen | Renova Demolit | | | × | Full Containn Mini-Enclosu Glovebag Pro Non-Exempte | re ocedure | | | | | |
| Location of | 1 | Locati Iormali | y | Doo | | |) dila | voil-i nab | | Abate Ty | ment | |
| Asbestos-Containing Material (AC TO BE ABATED In Facility (13) | Ma | d Solel intenar odial S (12) | ice/ | Asbestos Conta (i.e. thermal surface | scription aining Massystems sing, VAT aiscellance | aterial (ACM) insulation, , or | 100000 | ount ecify r LF) | Remova | Repair | Encapsulate | Enclosure |
| 2 ND STORY CONTROL | thouse e | No X | N/A | ACM 112: 12 | | 24/ 141 | | | - | | ate | e e |
| OUTS: DE | 1,523 | × | | ACM WIN | P | PE | 140 | UF UF | X | | | |
| Name of Registered Waste Hauler | | l N. | IDEP W | /aste Cubic Y | arde. | Nome of | D | | | | | |
| NASTE MANAGEMENT City, State | | | uler ID 125 | No. of Wast | 20 | V (72_0 220 V720 V720 V7 | Registered S NORT | | | | | |
| ELIZABETH, NJ | Title | | | Dispose TB | D | City, Stat MORRI | e SVILLE, | | | | | |
| CAROL RAIMO | OFFIC | CE M | GR | Sig | nature | rel la | im | Date | 2/2 | 2/ | 16 | |

CK #6949

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

NOTIFICATION"
"APPROVED"

| Date of Notification (1) | | Name | of Building Ow | ner/Operato | r (2) | TP | RO | 16 | 0 | " | | |
|---|---------------|-------------------|---|--------------------------|---|---|----------------------------|-----------|--------|---------|-------------|------------|
| 2/22/2016 | | | 5 | TEVEN | | RE | | P | 2 | | 70 | 4 |
| Agencies Notified Type Notification | | | Street | Address | 1 | 10 V 10 10 10 10 10 10 10 10 10 10 10 10 10 | | | | 4 | 1 | 5 |
| EPA -X Initial DEP Amended | | _ | 8 | 128 | RIVE | RRI | ١. | 801 | N D | 8 | 1 | 779 |
| DEP Amended Amendmen | t# | • | 4 1 | tate, Zip Code | | | _ | 6 | 0 | 10 | | 6 |
| Emergency | (including | | Name | ENNSA of Contact | UKE | N, N | 1 | 2812 | 0 | 7 | 3 | 1 |
| DOH justification) | | | 1 | | SIVE | PD | l Telen | hone Mii | mher | | _ | 1 |
| N. CE W. | | | FAC | CILITY INFORM | MATION | <u> </u> | 1100 |) · W | 83 | 1/4 | 25 | 7_ |
| Name of Facility Where Abatement is Takir | | | | - 1 | | Type of Facility | (4) | | | 2 | 00 | |
| Street Address | ER-1 | KA | C | Co) | | School (K | (-12) | | | | | |
| | DI | | | | | Subchapt Other (i.e. | er 8 (Other private & c | than K-1 | 2) | ilalina | | 20200 |
| 8128 R: VER | RD. | | | | | etc.) | | | ai bu | liaings | s, non | nes, |
| PENNSAUKE | <i>(</i>) | | | | | Square Feet 9456 | # of FI | oors | | Bldg. | Age | |
| County (6) | ~ | | County | Code (7) | | Current Use (P | rior if boing | domelial | | 62 | YR | <u>ک</u> . |
| CAMBEN | | | (STATE | USE ONLY) _ | | | FG. | demons | leu) | | • | |
| Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS | Owner (8) | | 100000000000000000000000000000000000000 | M No. | Name | of Abatement Co | ontractor (9) | | | | | |
| Street Address | | | 004 | -5 | UNIC | QUE SYSTEM | IS OF AN | MERICA | A INC | С. | | |
| 64 BROAD STREET | | | | | 10.000000000000000000000000000000000000 | Address | A) (= | | | | | |
| City, State, Zip Code | | | | | | WHITEHEAD | AVE. | | | | 134 | |
| MATAWAN, NJ 07747 | | | | | | state, Zip Code TH RIVER, N | 1.1 08882 | | | | | |
| Project Manager for Monitoring Firm | | 1- | Telepho | ne No. | | none No. | | cense N | ^ | | | |
| TOM GEIGER | | | | 90-2217 | | 432-8350 | | 1111 | 0. | | | |
| Start Date (10) | Scheduled | | | Date (11) | | of OSHA Monito | | | | | - | |
| Occupancy Status During Abatement (Chec | 12 | /3 | 31/ | 16 | | QUE SYSTEM | IS OF AN | IERICA | INC | Э. | | |
| | | | | | | Address | A \ / = | | | | | |
| Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm | al Facility L | Hours | | | | WHITEHEAD | AVE. | | | | | 1 1 |
| Other - Describe: | ry ap | era | ters | only | | tate, Zip Code TH RIVER, N | 1 08882 | | | | | |
| Scope of Work (Check All That Apply) | 1 | | | . / | | | 00002 | | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | Re Re | novati | ion | | | Full Containm | nent with Ne | native D | raccu | | | |
| 2100 St of 2260 If | De | molitic | on | | = | Mini-Enclosur | e | gative r | ıcssu | 16 | | |
| | | | | | > | Glovebag Pro Non-Exempte | cedure ed (*) and No | on-Friabl | е Рго | cedur | e | |
| | | ocatio | | | | | | | | Abate | | 1 |
| Location of Asbestos-Containing Material (ACM) | Used | ormally Solely | | | Description | of . | | | | Ту | ре | |
| TO BE ABATED | | tenand | ce/ | Asbestos C (i.e. them | ontaining M nal systems | aterial (ACM) | Amou (Spec | | | | ū | Е |
| In Facility (13) | | uiai St (12) | air? | su | rfacing, VAT | r, or | SF or | | Remova | Repair | ıcap | nclo |
| , , | Yes | N- I | NI/A | otne | er miscellan | eous) | | 0 | oval | pair | Encapsulate | Enclosure |
| , | 165 | No | N/A | | | | | | | | e e | |
| swoduiw | 1 | X | | ACM GIAZ | CAULK | ing + | 10 | LF | X | | | |
| | | | | GIAZ | ing | / | | | | | | |
| | | | | | / | - 1 | | | | | | |
| N | | | | | | | | | | | | |
| Name of Registered Waste Hauler | | | DEP W | | oic Yards | Name of | Registered I | Landfill | | | | - |
| WASTE MANAGEMENT | | | ıler ID I 25 | No. of V | Vaste Vx 6 | GROW | | | | | | |
| City, State | | | | Disp | osal Date | City, State | 9 | | | | | _ |
| ELIZABETH, NJ Completed by | | | | 7 | BD | | SVILLE, F | PA | | | | |
| LAROL RAIMO | Title | | | | Signature | -1 | - | Date | 0/ | 2/ | | - |
| CIINON KHIMO | OFFIC | 32 | m | CR | CM. | .020 | - m | 0 | 72. | 2/ | 11 | |

MO 22512594780

| | (F | Pursi | uant to | NJAC 8:60 | and | 12:120) | 1 | | | | D | | 2016 | | *** | |
|---|----------------------------------|------------------------|------------------------|-----------------------|-------------------------|--|-----------|---|------------------------|-----------------|---|--------------|---------|--------|--------------|--------------|
| Date of Notification (1) 02/19/2016 | | | me of Bock Fra | uilding Own nko | er/Op | erator (| (2) | | | | % C ∪ |) | B FEB | | Zm C | |
| Agencies Notified Type Notification | | Str | eet Add | ress | | | | | | | CE | | 25 | | - | |
| ➤ EPA | uding | Ve | erona, | , Zip Code NJ 0704 | 4 | | | | | | N. S. | 7 | AMIU | | V | |
| DOH justification Cancellation | uding | | me of C ck Fra | | | | | | | 20' | phoné Nur | mner — | 100 | | ₹ <u></u> ,, | |
| | (2) | | FACILI' | TY INFORM | ATIC | N | Tyr | ne of F | acility (4) |) | | | | | | \dashv |
| Name of Facility Where Abatement is Taking Pl House | ace (3) | | | | | | | Sch | ool (K-12 |) | | | | | | |
| Street Address | | | | | | | × | Oth | er (i.e. pri | Othe ivate & | r than K-1 commerc | 2) ial bu | ildin | gs, h | omes | , |
| Cib. (5) | | | | | | | V | etc. uare F | | # of | Floors | T | Bldg | g. Ag | Э | \neg |
| City (5) Verona | | | | | | | N/ | - 3 | | N/A | | | N/A | ١ | | |
| County (6) Essex | | | ounty Co | ode (7) SE ONLY) _ | | | Н | ouse | | | ng demolis | ned) | | | | |
| Name of Monitoring Firm Hired by Building Own N/A | ner (8) | | ASCM | No. | | | | | nent Cont nent, Inc | | (9) | | | | | |
| Street Address | | | | | | Street 11 R | | | en Aven | ue | | | | | | |
| City, State, Zip Code | | | | | | City, S | | A CO. S. C. | Code 07512 | | | | | | | |
| Project Manager for Monitoring Firm | ** | | | | | | | No. 5-868 | 35 | | License 00675 | No. | | | | |
| Ctart Date (15) | cheduled 0 3/03/201 | | letion D | ate (11) | | | | | Monitor nent, Inc | | | | | | | |
| 03/02/2016 0 Occupancy Status During Abatement (Check C | | | | | | Stree | t Add | dress | | | | | | | | |
| Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal | iod of Aba | teme ours | ent | | | City, | State | e, Zip | | nue | | 35-21 | | | | \dashv |
| Other – Describe: Ocuppied | | | | | | Toto | owa | , NJ | 07512 | | | | | | | |
| Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If | | ovati | | | | | × | Mini- Glove | Enclosure ebag Proc | e cedure | n Negative | | | | | |
| | ls Lo | catio | n | | | | | | | | | | A | Abate | ment | J. Section 1 |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Used S Mainte Custod (1 | enan lial St 12) | / by ce/ taff? | | s Cor nerma surfa | escription taining Il syster acing, V miscella | Matens in | erial (sulati or | | (| Amount Specify F or LF) | | Removal | Repair | Encapsulate | Enclosure |
| crawl space | Yes No N/A | | | | | | atio | n | | | 10LF | × | | | | |
| Clawi space | | | P-P- | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | 1511 | | | | |
| Name of Registered Waste Hauler D&S Abatement, Inc | | H | JDEP Wauler ID 1996 | | of W | | | | | | tered Land egement | | Α | | | |
| City, State Totowa, NJ | | 1- | | | Disp TBD | osal Da | te | | City, Sta Tullyto | | PA | | | | | |
| Completed by Ned Joksimovic | Title PM | | | | | | | | AV | | | Date 02/ | | 2016 | | |

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

CK 952248

| | | • | | | | | | | | - 0 | | 3 | List | |
|---|------------------------------------|------------|-------------------|--------------------------|------------------|---|-----------------------|--|-------------|---------------------------------|-----------------|---------|-------------|------------|
| Date of Notification (1) | | | | Building Owr Schwarz | | erator (| 2) | | | 200 | 0 5 | | | |
| Agencies Notified Type Notification | | Si | treet Add | dress | | | | | | CE | 2 5 | Š | 11 | |
| EPA Initial Amended Amendment | t# | C | ity, State | e, Zip Code Orange, N | J 070 | 79 | | | 21 | ASSIN S | 7 | | NT T | g L |
| Emergency | (including | - 1 | lame of | | | | | | Tele | phone War | nber | | <u></u> | |
| DOH justification | | E | | Schwarz | | * | | | | / | | ت | | |
| Name of Facility Where Abatement is Taki | ng Place (3) | | FACIL | ITY INFORI | MATIO | N | Type of | Facility (4) | | | | | | |
| House Street Address | | | | | | | F Sul | nool (K-12) ochapter 8 ner (i.e. pri | (Othe | er than K-12 commerci | 2) ial build | ings, h | omes | , |
| City (5) | | | | | | | Square N/A | | # of N/A | Floors | 2000 | dg. Ag | е | |
| South Orange County (6) | | | County C | Code (7) | | | | | 2357-3807-0 | ng demolis | hed) | | | |
| Essex Name of Monitoring Firm Hired by Building N/A | g Owner (8) | | ASCM | l No. | | | | ment Cont nent, Inc | | (9) | | | | |
| Street Address | | | | | | | Address osengr | en Aven | ue | | | | | |
| City, State, Zip Code | | | | <u>e</u> | | Toto | State, Zip wa, NJ | | | | | | | |
| Project Manager for Monitoring Firm | | | Telepho | | | 973- | hone No. 345-86 | | | License 1 00675 | No. | | | |
| Start Date (10) 03/01/2016 | 03/02/20 | 016 | npletion | Date (11) | | D&S | | ment, Ind | С | | | | | |
| Occupancy Status During Abatement (Ch | | | | | | | Address Rosenar | een Ave | nue | | | | | |
| Facility Closed/Vacated During Entir Abatement Performed Outside of No Other – Describe: Ocuppied | e Period of Ab ormal Facility I | Hours | nent | | _ | City, | State, Zip | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | _ | | | | 1999 | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | enova | | | | | × Mini | -Enclosure | e cedure | h Negative e nd Non-Fri | | | ·e | |
| | | | | T | | L | Non | -Exemple | u () a | na reon in | 10.0 | Abat | ement | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility | N Used Mai | ntena | | Asbest (i.e. | os Con therma | escription taining I system acing, V | Material ns insula | (ACM) tion, | | Amount (Specify SF or LF) | Remova | Repair | Encapsulate | Eliciosula |
| (13) | Van | (12) No | | - | other | miscell | aneous) | | | | val | lir | ulate | a d |
| crawl space | Yes | X | IN/A | | pipe | e insu | lation | | | 90 | x | | | |
| | | | | | | | | | | | | - | - | H |
| | | | | | | | | | | | | + | - | + |
| Name of Registered Waste Hauler | | | NJDEP | Waste | | c Yards | ; | Name of | Regis | stered Land | dfill | | 1 | - |
| D&S Abatement, Inc. | | 100 | Hauler I 20996 | D No. | of Wa |) | | | | egemen | t of PA | ١ | | |
| City, State Totowa, NJ | | | | | TBD | | | City, Sta Tullyto | | NJ | D. I | | | |
| Completed by Ned Joksimovic | Title | | | | | Signat | ure | 11 | | | Date 02/19 | /201 | 6 | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

| Check#2430 | | (F | urs | uant t | to NJAC | 8:60 and | d 5:16) | | | RET | A Jane | , | |
|--|-----------------------|-----------|----------------|--------------|-----------------|----------------------|---------------------|---------------------|-------------------|------------|--------|-------------|-----------|
| Date of Notification (1) | | - | N | ame of | Building O | wner/Ope | rator (2) | | 200 | FEB 2 | | 14 | 0 |
| 02 / _ | 22 / 16 | | D | orothy | Schatz | | | | <# / / C | FEB 2 | - | 2 | - 21 |
| Agencies Notified | Type Notification | | - | - | ddress | | | | Telephone Num | | OA | MI |). 3 |
| ☐ EPA | | | | | | | | 1 | ×5£. | S7100 | | | . 6 |
| ▼ DOLWD | Amended | | C | ity, Sta | te, Zip Cod | le | | | æ 1 | -ICF | LUI | YTO | 00. |
| □ DHSS □ | Amendment # | uding | В | ergenf | ield, NJ 0 | 7621 | | | | 1 | FS/A | G' | UL |
| DCA (NJAC 5:23-8) | justification) | ading | | | f Contact | | | | Telephone Num | ber | | 37 A.J. | |
| (, | Cancellation | | D | orothy | Schatz | | | | | | | | |
| | | | | _ | LITY INFO | ORMATI | ON | | | | | | |
| Name of Facility Where | Abatement is Taking | Place (3) | | | | | | Type of Facility (4 | 1) | (4) | | | |
| Residence | | | | | | | | School (K-12) | (Other than K-1 | 21 | | | |
| Street Address | | | | | | | | Other (i.e., pr | vate and comme | ercial bui | Idings | š., | |
| | | | | | | | | homes, etc.) | | | | | |
| City (5) | | | | | | \$ | | Square Feet | # of Floors | Blo | ig. Ag | е | |
| Bergenfield, NJ 0762 | 1 | | | | | | | | | | | | |
| County (6) | | | | County | Code (7) (S | TATE USE | ONLY) | Current Use (Pri | or it being demoi | isnea) | | | |
| Bergen | | | | | | | | | | | | | |
| Name of Monitoring Fire | m Hired by Building O | wner (8) | Α | SCM N | | | | ent Contractor (9) | | | | | |
| 1 | | | | | | Gr Tech | | | | | | | |
| Street Address | | | | | | Street Ad | | | | | | | |
| | | | | | | 76 Valle | - | | | | | | |
| City, State, Zip Code | | | | | | City, State | | | | | | | |
| | Table Fire | | Talaa | hana h | | Wayne, N Telephon | | 70 | License No. | | - | | |
| Project Manager for Mo | onitoring Firm | | reiep | hone N | | | | | 01127 | | | | |
| Start Data (40) | School | uled Con | nnlati | on Dat | 1 | 973-638- Name of | | Monitor | 01127 | | | | |
| Start Date (10) 03 / 02 | | 3 / | | | 16 | | | | | | | | |
| | | | | | | Street Ad | | onsultants,Inc | | | | | |
| Occupancy Status Duri | | | | nent | | | | Road, Bldg .# | 35F | | | | |
| Abatement Perform | | | | | cribe | City, Stat | | |) J L | | | 100 000 | |
| Time of Abatement: | AMPI | W/ | PM_ | | AM I | Fair Law | | | | | | | |
| Scope of Work (Check | all that apply) | | | | | $\neg \Box$ | Clean u | p and decontamin | ation with negat | ive pres | sure | | |
| | | | | | | _ | | ntainment with Ne | gative Pressure | | | | |
| >3 sf or >3 lf > 160 sf or >260 lf | | Rend | ovatio | n n | | X | Mini-End Gloveba | ag Procedure | Tent with Negat | ive Pres | sure | | |
| | | | 19702034070 | ·· | | | Non-Ex | empted (*) and No | n-Friable Proce | dure · | - 1 | | |
| | | 100000 | ocati | | | | | | | At | batem | ent T | ype |
| Locati Asbestos-Containir | | Used | ormal Sole | | Ashas | | cription | of aterial (ACM) | Amount | Re | Re | Enc | Enc |
| TO BE A | | Main | ntena | nce <i>l</i> | (i.e. | , thermal | systems | insulation, | (Specify | Remova | Repair | aps | Enclosure |
| IN Fa | | Custo | dial 8 (12) | Staff? | | | ing, VA | | SIF or LF) | val | | Encapsulate | ure |
| (13 |) | - | No | N/A | 1 | Other III | nocenan | 6003) | | | | O | |
| | | Yes | INO | N/A | Di- · | lotice | | | 130 LF | X | 1 0 | | |
| Basement | | | | | Pipe insu | liation | | | 130 LI | | | | |
| | | | | | | | | | | | | | 닏 |
| | | | | | | | | 0 | | L | | | L |
| | | | | | | | 50 | | | | | | |
| Name of Registered V | Vaste Hauler | | NJI | DEP Wast | e Hauler ID No. | Cubic Yar | rds of Wa | ste Name of Reg | stered Landfill | | | | |
| Gr Tech LLC | | | (| 00337 | 85 | TBI |) | T.R.R.F. Inc | | | | | |
| City, State | | | | ,0001 | | Disposa | | City, State | | | | | |
| | | | | | | TBI |) | Tullytown, I | PA | | | | |
| Wayne, NJ 07470 Completed By (Print of | or Type) Tit | le | | | | | nature/ | 1 411 50 1111, 1 | | Date | | | |
| | | | | | | | | Ac Wenad | 1 | 02/22/2 | 2016 | | |
| N.Jevtic | Ov | vner | | | | | 1/21 | | | J 1 1 1 | | | |
| DOD-41 | | | | | | | M. | 19 19 175 | | | | | |

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

UIA U.S. MAII ch# 3553

| | . 1 | | | | | | | | | | | - |
|--------------------------------------|--|------------------------------|---------------------------|-------------|---------------------|--|---------------------------------------|---|--------|----------|-------------|-----------|
| Date of Notification (1) | 2 22-16 | 75 | N | ame of E | Building Owner/C | Operator (| 2) | 2016 | _ | e-30 | | |
| Agencies Notified | Type Notification | | SI | treet Ado | dress | \wedge | L | SES & L | [| T | | |
| EPA II DEP DOL | Initial Amended | | | | e, Zip Code | N. |). 07 | 55 N | | 77 | | |
| DOL | Amendment # | | | | ST FIELD | 101 | <u> </u> | Téléphone Nies | ar | - | | - |
| DOH DOH | justification) | ,biaanig | N | afine of | | | | | | | - 11 | e |
| DOH DCA | ☐ Cancellation | | | HRP | FERRO | | | | | 100 | 10 | _ |
| Name of Facility Where | Abatement is Taking | Place (3) | | FACIL | ITY INFORMAT | ION | Type of Facility (| 4) 2 | | | | |
| Street Address | | ., | | | | | School (K-1 | 2) 8 (Other than K-12) private & commercial | build | linas | home | s. |
| | , // | | | | | | / \ etc.) | | | dg. A | | |
| City (5) WEST FIEL | d N10 | 0 | 70 | 90 | | | Square Feet | # of Floors | | 7 | | - |
| | 2000 | | 10 | county C | ode (7) SE ONLY) | | Current Use (Pri | or if being demolished | ed) | | | |
| Name of Monitoring Firm | | wner (8) | \dashv | ASCM | No. | Name | of Abatement Cor | | | | | |
| | | | | | | | VATECH | INC | | | | |
| Street Address | | | | | | Street | Address . SOX | 314 | | | | |
| City, State, Zip Code | | | | | | City, St | ate, Zip Code | SE NID | 0 | 88 | 57 | |
| Project Manager for Mo | nitoring Firm | | T | elephon | e No. | Teleph | one No. | License No | 1. | | | |
| | | Scheduled | Com | nlation D | loto (11) | | of OSHA Monitor | | 00 | 0 | | |
| Start Date (10) | 16 | 4 | 10 | | 6 | NO | vateda | INC | | | | |
| Occupancy Status Durin | 1 | | | 1 | | | Address . SOX | 814 | | | | |
| □ Abatement Perform | cated During Entire P med Outside of Norm | eriod of Ab al Facility F | ateme lours | ent | | City, St | | E NO. 0 | 2 | 25 | | |
| □ Other - Describe: | | | | | | 010 | 13/11/10 | E (01) | - | | | |
| Scope of Work (Check | All That Apply) | | | | | ìa | Full Containm | ent with Negative Pr | ressu | re | | |
| □ ≥3 sf or ≥3 lf | | | novati molitic | | | 12 | Mini-Enclosur | e | | | | |
| ≥160 sf or ≥260 lf | | A De | monuc | 311 | | 石 | Glovebag Pro | cedure | _ | | | |
| 7 | | | | | | | Non-Exempte | d (*) and Non-Friabl | e Pro | | | |
| | | IsL | ocatio | on | | .74 | | | | | ement pe | |
| Location Asbestos-Containin TO BE Al | g Material (ACM) | Used Main | rmally Solely tenan | y by ce/ | Asbestos Cor | escription ntaining M al systems | of laterial (ACM) s insulation, | Amount (Specify | Re | R | Encapsulate | Enc |
| In Fac | cility | Custo | diai Si (12) | tan? | | acing, VA miscellan | | SF or LF) | Remova | Repair | psula | Enclosure |
| (13 |) | Yes | No | N/A | | | | | _ | | te | .0 |
| | | | | | | | | | 12/ | <u> </u> | _ | _ |
| BASEMENT | 25 | | | X | 9119 | Floor | TILE | 350 5/F | X | | - | - |
| | | | | | | | | | | - | - | - |
| | - to Harden | | l M | JDEP W | acte Cubi | c Yards | Name of | Registered Landfill | | | | |
| Name of Registered Wa |) NC | | | auler ID | No. of W | | | 2.0.6.5. | 0 | | | |
| NOVATECY City, State | . 0 | 267 | | 100 | Disp | osal Date | City, Sta | te ZistillE | PI | 1. | , | |
| OID BRIDE | DE 08 | 857 |) | | 14 | Signature | 0 1 1 | (Dai | te / | | 1.0 | _ |
| Canlos Al | IEDA | | 25 | DER | | 116 | LOAM | 2 2 | 10 | 22 | 16 | |

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) FEB 25

Name of Building Owner / Operator (2) 3655708 Date of Notification (1) 2/14/2016 Agencies Notified Street Address Type Notification EPA PO Box 177 City, State & Zip Code Initial DEP Amended Vineland, NJ X DOL Telephone Number Name of Contact Emergency DOH Jesse Hand Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Residence Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) Blda. Age Square Feet # of Floors 50 County Code (7) 1200 County (6) City (5) Current Use (Prior if being demolished) Cumberland Millville Residential Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Alpha Environmental Services Street Address Street Address 2129 Route 33 City, State & Zip Code City, State & Zip Code Hamilton, NJ 08610 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 01222 609-847-2956 Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) EMSL Analytical 2/24/2016 2/22/2016 Street Address Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement 107 Haddon Ave. City, State & Zip Code Abatement Performed Outside of Normal Hours - 7am to 3pm Westmont, NJ 08108 Describe: Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Renovation ≥3 sf or ≥3 lf Glove Bag Procedures Demolition ≥160 sf ≥260 lf Non-Exempted and Non-Friable Procedure Amount Abatement Type Description of Is Location Location of (Specify Asbestos-Containing Normally Used Asbestos-Containing SF or LF) Material (ACM) Encapsulate Solely by Material (ACM) Enclsoure Remova (i.e., thermal systems Maintenance or TO BE ABATED insulation, surfacing, VAT Custodial Staff? in Facility or other miscellaneous) (12)(13)N/A Yes No Siding X 140sf Breezeway NJDEP Waste Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler of Waste Hauler ID No. Grows Landfill 00033330 ALPHA ENVIRONMENTAL City, State Disposal Date City, State Morrisville, PA Various Trenton, NJ Date Signature Title Completed By (Print or Type) Rod Richardson 2/14/2016 Project Rod Richardson Manager

| | | | NJAC 8: | | Constitution (Section | | | f | PEAL | | | | | |
|---|--------------------|-----------------------|------------|------------|-----------------------|---------------------|-----------|---------------------------|--------------------|----------------------------|-------------------|--------|--------------|-----------|
| Date of Notification (1) | | N | lame of E | Building O | wner/Op | perator (2 | 2) | | | EB 25 A | VI | - | | |
| February 19, 2016 | | 1 200 | ondele: | 200 | | | | | 2015 5 | | " L. | U | | |
| Agencies Notified Type Notification | | 92 | Street Add | 380,00 | | | | | - 1 | CB 35 | | | | |
| EPA Initial | | | | ate Rou | | li. | | 6 | STIE I | CF CO | n le | 65 | • | |
| DEP Amended | 1 | 1000 | | e, Zip Coc | de | | | | 20 | 108 00 | 5 · · · | - 4 | | |
| DOL Amendment # | | | air Law | | | | | | - L | ICENOU | A LY | 01 | | |
| DOH justification) | 3 | 1 | Name of (| | | | | | Tele | phone Num | per | - 1 | | |
| DCA Cancellation | | Р | | /lanager | | | | | | , | J | | | |
| Name of Facility Where Abatement is Taking | Place (3) | | FACIL | ITY INFO | RMATIC | | Type | of Facility (4 | 4) | | | - | | - |
| | 1 1400 (0) | h:: | | | | 1 | | | | | | | | |
| Pilot Test Building Street Address | | - | | | | - | | School (K-1 Subchapter | | r than K-12) | | | | |
| | | | | | | | | | rivate 8 | commercia | build | ings, | home | s, |
| 22-11 State Route 208 City (5) | | | | | | | | etc.) re Feet | # of | Floors | BI | dg. A | ae | _ |
| A 4/37 | | | | | | | oqua. | 0,000 | | TBD | | - 0 | J | |
| Fair Lawn, NJ County (6) | | | County C | ode (7) | | | Curre | nt Use (Prid | or if bein | ng demolishe | ed) | _ | | |
| | | | | SE ONLY) | | | | | | bakery | | | | |
| Bergen Name of Monitoring Firm Hired by Building C | wner (8) | | ASCM | No. | | Name o | of Aba | tement Con | _ | | | | | |
| J&S Environmental | (-/ | | 11832 | | - | The MA | ACK | Group, L | LC | | | | | |
| Street Address | | | 11002 | | | Street A | | | | | | | | |
| 2333 Route 22 West | | | | | | 1500 K | inas | HWY N, | STE 2 | 209 | | | | |
| City, State, Zip Code | | | - | | | | | ip Code | | 10000 | | | | |
| Union, NJ 07083 | | | | | | Cherry | Hill. | NJ 0803 | 4 | | | | | |
| Project Manager for Monitoring Firm | | | Telephon | e No. | | Telepho | | | | License No | | | | |
| Sherrill Gelsomino | | 9 | 08-419 | -7613 | | (973) 7 | '59 - | 5000 | | 00781 | | | | |
| Start Date (10) | Schedule | ed Com | pletion D | ate (11) | | Name o | of OSH | HA Monitor | | | | | | |
| 2/15/16 | | | 3/31/16 | i | | The M | ACK | Group, L | LC. | | | | | |
| Occupancy Status During Abatement (Check | Only On | e) | | | | Street / | Addres | SS | | | | | | |
| Facility Closed/Vacated During Entire P | eriod of A | Abatem | ent | | | 1500 K | angs | HWY N, | STE 2 | 209 | | | | |
| Abatement Performed Outside of Norm | al Facility | Hours | | | | City, St | ate, Z | ip Code | | | | | | |
| Other - Describe: | | | | | _ | Cherry | Hill, | NJ 0803 | 4 | | | 5030 | | |
| Scope of Work (Check All That Apply) | 090 | | | | | 5 | 7 | | | | | | | |
| ≥3 sf or ≥3 lf | THE REAL PROPERTY. | Renova | | | | R | Ful | | | Negative P | ressur | е | | |
| ≥160 sf or ≥260 lf | | emolit | ion | | | 5 | | ni-Enclosur ovebag Pro | | | | | | |
| | | | | | | | No | n-Exempted | (*) and | Non-Friable | Proce | dure | | |
| | Is | Locati | on | | | | | | | | | | ement rpe | t |
| Location of | 0.00 | Normal | | | | scription | | a annual annual | | | | 1) | PC | |
| Asbestos-Containing Material (ACM) | | d Sole intena | | | | aining M systems | | | | mount Specify | 71 | | Ē | ш |
| TO BE ABATED In Facility | Cus | todial S | Staff? | (1. e. | | cing, VA | | ation, | | or LF) | Rem | Rep | caps | nclo |
| (13) | | (12) | | | other n | miscellan | eous) | | 1 85-30 | | Remova | Repair | Encapsulate | Enclosure |
| | Yes | No | N/A | | | | | | | | _ | | е | 35.0 |
| | 103 | X | 1477 | | Floor | tile & m | nastic | , | annr | . 660 SF | X | | | |
| 1st FI, Employee Break room & adjacent hallway | | \Diamond | | | | ony Boa | | | | 05 SF | $\langle \rangle$ | | | |
| 2nd FI, Lab. Suites, Countertops & Fume Hoods | + | \Diamond | | | | | | on | | 60 PF | \Diamond | | | |
| 2nd Fl, Lab. | - | \wedge | | | AT WORKS | ting ins | | OH | - The second state | SANCERS AND AND ADDRESS OF | | | | |
| 2nd floor | X | 1. | DED !!! | laats | 43000 | insula Yards | tion | Name of | | 00 LF 🎐 | \wedge | | | |
| Name of Registered Waste Hauler | | IJ DEP W lauler ID | | of Wa | | | Name of | registe | sieu Lanuiill | | | | | |
| Newark / Freehold Carting | | 222 | | | 10.7 | | GROWS | S/TR | RF/WM | Blue | e Ric | lge | | |
| City, State | | XVIII | | Dispo | sal Date | | City, Sta | - | | | | | | |
| Newark / Freehold, NJ | | | | | 3 | 3/31/16 | | Morrisvi | lle / Ti | ullytown, F | PA | | | |
| Completed by | Title | Sig | | | | | | | | Da | te | | | |
| Steve King | V.P. | | | <u> </u> | | | | | | 2/1 | 9/16 | | | |

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

CN # 380

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

| Date of Notification (1) | | | | Name of Building Owner/Operator (2) | | | | | | | | | | | |
|--|-------------------------|-------------|----------|-------------------------------------|---|----------------------------------|-------------------------------|---|-------------------|----------|-------------|-----------|--|--|--|
| 2/28/2016 | | | | | te Property | (3 | | | - | | | | | | |
| Agencies Notified Type Notification | | | | | Address | | Sol | 1 1 | FEB | - (5) | | | | | |
| □ EPA | ✓ Initial | | | | | | | | | ₩ > | C: | | | | |
| DEP | Amended | | f | City, St | ate, Zip Code | | | (T) | G 3 | Š | II | | | | |
| ▼ DOL | Amendmen | | | Kenik | worth NJ | | | Z) | \subseteq | | 75 | | | | |
| □ рон | Emergency justification | | f | Name | of Contact | | | Telephone | | <u> </u> | 11 | 7 | | | |
| DCA | Cancellation | | | Bob | | | | , | | | € | 3 | | | |
| | | | | FAC | ILITY INFORMAT | TION | | | 0 | 5 | | | | | |
| Name of Facility Where A | batement is Takir | ng Place (3 |) | | | | Type of Facility (| 4) | | | | | | | |
| Private Property | | | | | | | School (K-1 | 2) | | | | | | | |
| Street Address | | | | | Subchapter | 8 (Other than K | | | | | | | | | |
| | | | | | | | Other (i.e. p | rivate & comme | rcial bu | ilding | s, hom | nes, | | | |
| City (5) | | | | | | | Square Feet | # of Floors | | Bldg. | Age | | | | |
| Kenilworth NJ | | | | | | | 1100 | 1 | | +50 | | | | | |
| County (6) | | | T | County | Code (7) | | Current Use (Price | or if being demol | | | | | | | |
| Union County | | | | (STATE | USE ONLY) | | | | 11 CT C CVD (172. | | | | | | |
| Name of Monitoring Firm I | Hired by Building | Owner (8) | - | ASC | M No. | Name of Abatement Contractor (9) | | | | | | | | | |
| N/A | | | | N/A | | Dina | Dinago Environment LLC | | | | | | | | |
| Street Address | | | | | | Street | Address | | | | | | | | |
| N/A | | | | | | 339 1 | _afayette St | ette St | | | | | | | |
| City, State, Zip Code | | | | | | City, S | tate, Zip Code | | | | | | | | |
| N/A | | | | | | Newa | vark NJ 07015 | | | | | | | | |
| Project Manager for Monit | oring Firm | | | Telepho | ne No. | Teleph | one No. | License | License No. | | | | | | |
| N/A | | | | N/A | | 973-491-0877 01240 | | | | | | | | | |
| Start Date (10) | | | npletion | Date (11) | Name | ne of OSHA Monitor | | | | | | | | | |
| 3/1/2016 | | 3/3/201 | | | | J&S | Environmental Corp | | | | | | | | |
| Occupancy Status During | Abatement (Chec | k Only One | ∍) | | | Street | Address | | | | | | | | |
| Facility Closed/Vacate | Period of A | baten | nent | | 2333 | 3 Route 22 West | | | | | | | | | |
| Abatement Performed Other – Describe: | Hours | 5 | | 1200 | State, Zip Code | | | | | | | | | | |
| | | | | Unio | n NJ 07083 | 083 | | | | | | | | | |
| Scope of Work (Check All | That Apply) | | | | | No. | | | | | | | | | |
| ≥3 sf or ≥3 lf | enova | | | | Full Containment with Negative Pressure | | | | | | | | | | |
| ≥160 sf or ≥260 lf | De De | emolit | ion | | - | Mini-Enclosure | | | | | | | | | |
| | | | | | | X | Glovebag Proc Non-Exempted | edure (*) and Non-Fria | able Pro | ocedu | re | | | | |
| | ocati | on | | | | | | Abatement | | | | | | | |
| Location o | Location of Norm | | | | | scription | of | | | Туре | | | | | |
| Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Used S Mainte Custodi (1) | | | | | Asbestos Con | taining M | aterial (ACM) | Amount | | | m | | | | |
| | | | | | (i.e. therma | systems | insulation, | (Specify | Re | D | nca | E | | | |
| | | | | | | cing, VA | | SF or LF) | Remova | Repair | squ | Enclosure | | | |
| | | Yes | No | N/A | | | , | | /al | 7 | Encapsulate | ure | | | |
| F | | 103 | 140 | INA | | | | | | | | | | | |
| Exterior | Exterior | | | | | gles sid | ing | 1200SF | x | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | 1 | + | | \vdash | | | |
| | **** | + | | | | | | | - | - | | | | | |
| Name of Registered Waste | Hauler | | Ki | JDEP W | note Cut | Va-st- | | | | | | | | | |
| | 40750 | auler ID | | Yards ste | 1 0 | egistered Landf | | | | | | | | | |
| Newark Carting Inc | | | | 509 | | | JSES Be | thleham land | Ifill | | | | | | |
| City, State | - | | Dispos | sal Date | City, State | 1 | | | | - | | | | | |
| Po Box 5670 Newark I | | | | | // | plebutter rd E | Bethle | hem | PA | } | | | | | |
| Completed by | - V | Sie San A | | | | | | | | | | | | | |
| Carlos Gomes President | | | | | | 1 | Med. | 2 | /20/20 | 016 | | | | | |
| | | | | | | 1 | | | | | | | | | |

Do not use this form for asbestos licensure exempted activities.



| Date of Notification (1) | | | 17.217 | | Name | of Buildin | a Owner/Operat | tor (2 | 2) | | | | | | | |
|---|-------------------|----------|-----------------------------------|---------------|---|---|---------------------------------------|----------------------|-----------------------------|--------------------|-------------|-----------|-------|------|--|--|
| | | | | | Name of Building Owner/Operator (2) St Francis Medical Center | | | | | | | | | | | |
| Agencies Notified Type Notification | | | | | Street Address | | | | | | | | | | | |
| | ☐ Initial | | | | | 601 Hamilton Ave | | | | | | | | | | |
| | nended | | 2/10 | 116 | City, State, Zip Code | | | | | | | | | | | |
| | nendme nergene | | | | Tre | nton NJ | 08629 | | | | 2 | TO. | • | 1/2 | | |
| | tification | | iuuiiig | | Name | of Contac | :t | | T | Telephone Nur | nber 7 | 25 | | 9 | | |
| | ncellat | | | | Rit | Rita Gelli | | | | | | | | | | |
| | | FA | CILITY IN | FORMATION | I | | | | Ç | 7 | 2 | | | | | |
| Name of Facility Where Abateme | aking | Place | (3) | | | | | Type of Facility (4) | | | | | | | | |
| St Francis Medical Center | | | | | | 011 11 14 14 | 0) | | | | | | | | | |
| Street Address | | | | | □ Subchapter 8 (Other than K-12) □ Other (i.e., private and commercial buildings, | | | | | | | | | | | |
| 601 Hamilton Ave | | | | ate and commi | and commercial ballangs, | | | | | | | | | | | |
| City (5) | | | Square Feet # of Floors | | | | | | | Bldg. Age | | | | | | |
| Trenton | | | 70,000 3 | | | | | | | | | | | | | |
| County (6) | | | | | | County Code (7)(STATE USE ONLY) Current Use (Prior if being demol | | | | | | | | | | |
| MERCER | | | | | | | | | | | | | | | | |
| Name of Monitoring Firm Hired b | (8) | ASCM | No. | Name of Abat | teme | ent Contractor (9) | | | | | | | | | | |
| Vertex Companies | | | | BRISTOL | EN | VIRONMENTAL, | INC. | | | | | | | | | |
| Street Address | | | | | | | Street Addres | ss | | | | | | | | |
| 700 Turner Way | | | | | | 1123 BEA | VE | R STREET | | | | | | | | |
| City, State, Zip Code | | | | | | City, State, Zi | р Сс | ode | | | | | | | | |
| Aston, PA 19014 | | | | | | | BRISTOL, | PA | 19007 | | | | | | | |
| Project Manager for Monitoring F | | | Tel | ephone | No. | Telephone No | D. | | License No. | | | | - | | | |
| Dave Turotsy | 6 | 10-558 | 8-8902 | 215-788-6 | 040 | Y. | 00509 | | | | | | | | | |
| Start Date (10) | omple | etion Da | on Date (11) Name of OSHA Monitor | | | | | | | | | | | | | |
| 2 / 21 / 16 | | | | | / 16 BRISTOL ENVIRONMENTAL, INC. | | | | | | | | | | | |
| | | | | Street Addres | | | | | | - | | | | | | |
| Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abate | | | | | | | | | R STREET | | | | | | | |
| Abatement Performed Outside of Normal Facility Hour | | | | | | scribe | City, State, Zi | | | | | _ | | - | | |
| Time of Abatement: 7:00AM-3:30PM/PM | | | | | | | BRISTOL, | | | | | | | | | |
| Scope of Work (Check all that ap | (ylqc | | | | | | Ditto i o z, | | . 10001 | | | | | | | |
| 100 20 100 Salamani | | | | | | | | | tainment with Nega | tive Pressure | | | | | | |
| | | | | | | on ⊠ Glovebag Procedure | | | | | | | | | | |
| | | | 011 | | ☐ Non- | Exe | mpted (*) and Non- | Friable Proced | lure | | | | | | | |
| | | | | Loca | | | | | | | Ab | atem | ent T | уре | | |
| Location of Non Ashestes Containing Material (ACM) Used S | | | | | | Description of | | | | 0 | Re | Re | щ | m | | |
| ASDESIUS-CUITAITIIU Waterial (ACW) | | | | | ance/ | | estos Containing e., thermal syste | | | Amount (Specify | Removal | Repair | cap | clos | | |
| IN Facility | Cust | | Staff? | 1 | surfacing, \ | VAT, | or SF or LF) | | <u>val</u> | - | Encapsulate | Enclosure | | | | |
| (13) | | | ., | (12) | 1 | 4 | other miscell | lane | ous) | | | ate | | | | |
| | | - | Yes | No | 2,300,00 | Diag In | | | | 20 5 | | | | | | |
| Basement A Bldg Elevator Area | | | | | | - | sulation | | | 30 LF | 100000 | | | | | |
| Ground Floor B Bldg Behind the | | | | | | Pipe in | sulation | _ | | 40 LF | | | | | | |
| Admin Suite | | | | | | ļ, | | | | | | <u></u> | Ш | | | |
| | | | | | | | | | | | | | Ш | | | |
| L L | | | | | | Waste | Cubic Yards o | of | Name of Registered Landfill | | | | | | | |
| BRISTOL ENVIRONMENTAL, INC. | | | | | lauler I | | Waste 1 Cu Yd | | G.R.O.W.S. | NORTH LAN | DFILL | | | | | |
| City, State | | | | | | | Disposal Date | 3 | City, State | = D4 4045 | _ | | | | | |
| BRISTOL, PA 19007 | | | | | | | 1/23/15 MORRISVILLE, PA 19067 | | | | | | | | | |
| Completed By (Print or Type) | Type) Title | | | | | | Signature | е | 0 | /. | Date | 1. | | | | |
| Gino Pizzigoni | Estimator | | | | | | Hens | 1 | Kegzenow. | Isl . | 2/19 | 116 | É | | | |

OK 3923

| | | (Pu | | | . 6:60 and 12.1 | | | | QJ Octo | 7 | | 7 | | |
|--|-------------------------------------|--|---|--|-----------------|------------------|---------------|----------------|------------|--------|-------------|-----------|----|--|
| Date of Notification (1) / 22/16 | Name of Building Owner/Operator (2) | | | | | | | | | | | | | |
| Agencies Notified Type Notificatio | n. | | Stree | Street Address 300 77 TH ST. | | | | | | | | | | |
| DEP - Amended Amendment Emergency | | o o | City, | State, Zip | EA I | | 53. | 9 | 8-2 | Y | 3 | | | |
| DOH justification DCA Cancellation |) | 3 | Nam | e of Contac | ANIC E | JARDÍ | Telepho | one Numb |)ef | | | | | |
| | | | <u></u> | | | | | | | | | | | |
| Name of Facility Where Abatement is Tak | ing Place | e (3) | | ORMATION | 77 | Type of Facility | · (4) | | | | | | | |
| RESIDE | | 1 | School (K-1 Subchapter | 2) 8 (Other t | than K-12 | 2) | | | | | | | | |
| Street Address | | 1 | Other (i.e., phomes, etc. | private & c | | | lings, | E. | - 5 | | | | | |
| City (5) SKA ISLE | | | 5 | Square Feet | # of F | loors | | dg. Age 40+ | | | | | | |
| County (6) ADE MAY | inty Code (| (7) (STATE Current Use (Prior if being demolished) | | | | | | | | | | | | |
| Name of Monitoring Firm Hired by Building | Owner | | | SCM No. Name of Abatement Contractor (9) | | | | | | | | | | |
| (8) N/A | 7.0011 | | Name of Abatement Contractor (9) ICLEMCO INIC. | | | | | | | | | | | |
| Street Address | | Street Address | 5. | Spri | ICE I | Aug- | | | | | | | | |
| City, State, Zip Code | City, State, Zip | Code | e | | . J. | 08 | 05 | 7 | | | | | | |
| Project Manager for Monitoring Firm | Telephone No. License No. | | | | | | | | | | | | | |
| | | 856-779-0472 0444 | | | | | | | | | | | | |
| Start Date (10) Sche | Name of OSHA Monitor TOSEPH (CLUMM) | | | | | | | | | | | | | |
| Occupancy Status During Abatement (Che | | Street Address 369 S. SPRUCE AUE | | | | | | | | | | | | |
| Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal | | City, State, Zip Code | | | | | | | | | | | | |
| Other - Describe: | | MARIE SHADE N.J 08052 | | | | | | | | | | | | |
| Scope of Work (Check all that apply) | | | | | ☐ Full Co | ontai | nment with Ne | egative Pre | essure | * | | | | |
| ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf | | Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | | | | |
| | n | | | | | | | | | | | | | |
| Location of | Soleh | y by | | | | | | | | Туре | | | | |
| Asbestos-Containing Material (ACM) TO BE ABATED | ntenan ustodia | | | thermal systems | insu | ulation, | (Spe | Re | D D | Enca | Enc | | | |
| IN Facility (13) | Staff? (12) | | | surfacing, VAT other miscellane | | | SF or | LF) | Remova | Repair | Encapsulate | Enclosure | | |
| (10) | Yes | No | N/A | | | | | | | B | | ate | 19 | |
| SIDING | X | | TRANSITE 1250 | | | | | X | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | 1 | | | | |
| | | | io co | | Out :- Vanda | - | Name of Box | istamed La | ndfill | | | | | |
| Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill | | | | | | | | | | | | | | |
| City, State MAPLE SHADE, N.J. Disposal Date City, State WOODBINE N.J. | | | | | | | | | | | 7 Table 1 | | | |
| Completed By Title | Signature | | | | | | | | | | | | | |
| MiCHATL (Com)_ | V | P | | | - Mu | <u> </u> | U Jee | | -21 | 00 | 11 | _ | = | |